



Date Received _____

Date/Reason Closed _____

Better at Home – Intake Form

Better at Home provide **seniors aged 55 and older** with assistance for non-medical day-to-day tasks so that they can continue to live independently in their own homes.

Instructions - Fill in as much detail as possible. Additional information is appreciated but not necessary. Once complete, fax or email to: **Shaelee Gummer** | email: sgummer@mpnh.org

(Office use only)	Intake Date:
--------------------------	---------------------

PERSONAL INFORMATION			
Last Name		First Name	
Phone Number		Date of Birth:	
Full Address			Postal Code
Email Address			
Gender		Marital Status	
Language Spoken at Home		Ethnicity	
Other Languages Spoken		Need language specific Volunteer?	YES/NO
Emergency Contact Name		Preferred Phone Number	
Relationship		May we contact this person?	YES/NO
Is there a Preferred Contact Person?	YES/NO		

PREFERRED CONTACT PERSON INFORMATION			
Last Name		First Name	
Phone Number		Email	
Full Address			
Relationship			

HOUSEHOLD INFORMATION		
Type of accommodation		Number of bedrooms
General Condition		Other household information
Living Arrangement	<input type="radio"/> Alone <input type="radio"/> Family <input type="radio"/> Friend <input type="radio"/> Spouse <input type="radio"/> Roommate	
Does the home have any pest infestations? YES/NO	Pets? YES/NO	Smoking YES/NO

CLIENT'S PRESENT SITUATION			
Mental Health (overall description, memory, depression etc.)		Physical Health	
Doctor Name		Phone Number	
Medications	YES/NO	Approximate Number of medications?	
Mobility (low, moderate, good)		Mobility Aids?	
Hearing?		Vision?	
Other useful information			
Is the client receiving personal care or other services? (physio, case manager, VCH)			

REFERRAL SOURCE	
Name & Organization, if applicable. If self-referral, how did you hear about Better at Home?	

BETTER AT HOME SERVICES	
Service(s) requested	<input type="radio"/> Assisted grocery shopping <input type="radio"/> Housekeeping <input type="radio"/> Volunteer visiting <input type="radio"/> Transportation <input type="radio"/> Shopping shuttle <input type="radio"/> Handy person <input type="radio"/> Social/recreational programs

Service Requested	Preferred Day	Preferred time	Weekly or bi-weekly	Other notes. Male or Female Housekeeper?

NOTES AND OTHER RELEVANT INFORMATION

SERVICE FEES				
<i>Volunteer services</i> (friendly visiting, assisted grocery shopping, transportation, handy person) are provided by donation . <i>Light housekeeping services</i> are provided on a sliding scale (rates are per hour) based on your previous year's tax assessment (Notice of Assessment):				
2020 Sliding Scale Subsidy . Based on hourly rate. Income is based on previous year's "CRA Notice of Assessment"				
Single Income	Household Income	Fee Category	Basis	Charge to Client
Below \$18,360	Below \$27,960	A (at capacity)	Guaranteed Income Supplement (GIS and OAS)	\$0.00 (100% subsidy) Donations Appreciated
\$18,360-\$25,514	\$27,961-\$46,107	B (at capacity)		\$10.00 (70% subsidy)
\$25,515 - \$33,007	\$46,108-\$64,753	C (at capacity)	Above GIC cutoff, but below average income	\$15.00 (50% subsidy)
\$33,008 - \$41,500	\$64,754 - \$83,400	D	Above GIC cutoff, but below average income	\$20.00 (30% subsidy)
Over \$41,500	Over \$83,400	E	Average income for BC persons over 65+	\$25.00 (no subsidy)

For office use only					
Proof of gross income provided (most recent tax assessment with current address)					Yes/No
Would the fees charged for Better at Home services result in significant hardship for the client? (i.e. inability to pay utilities, rent, purchase medications or groceries, or meet other financial obligations? Please describe:					Yes/No
Assessed fee category:		Adjusted fee category:		Service fees explained and agreed to?	Yes/No
Intake Date:		Staff Signature:			