

Client Walk In/Filled out In Office

Seniors Centre Without Walls Moose Jaw 2024
Registration Form

Registration Date: _____ Done by: _____

Do you have a copy of your income tax with you today Yes No

Follow up needed to see the income tax form Yes No

Next Meeting for your individualized personal care plan will be with Dorreen. Would you like her a) to come to your home or b) you would like to come to the office?

Care plan date booked with Dorreen is: _____

CLIENT CONTACT INFORMATION

First Name:

Last Name:

Home Phone:

Cell Phone:

Email:

Address and postal code

If you live on a farm: Rural Municipality
of:

Land location and directions

Are you a Veteran: Yes/ No

Veterans Spouse: Yes/ No

Are you filling this form out on behalf of
someone else?
If yes, do you have power of attorney?
Do you have a copy of the POA with you
today?

Marital Status: Married Widowed Divorced Separated Single

Other:

Birthdate a) Prefer not to answer or _____ / _____ <i>Month Day year not needed</i> Age range: 55 - 65, 65-75, 75 – 85, 85 – 95, 95 – 105, 105 and over	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other
Emergency Contact Information Person: Name: _____ Relationship to you: _____ Their phone numbers: a) home _____ b) cell _____ c) work _____ d) Other _____	
Type of Housing: House Townhouse Duplex Mobile Home Apartment Farm/Ranch Acreage Other: _____	

- **Please bring with you to your appointment for your care plan:**
- **Your income tax forms**
- **Power of attorney if you have one**

Staff Use Only:

- Now, Make an appointment for the client with Dorreen for care plan intake.
- Give client a business card with the appointment with Dorreen wrote on the back.
- Now, Give this registration form to Dorreen.

End of Registration Questions

Seniors Centre Without Walls

Your Personalized Individual Care Plan

Date: _____

If agency doing the referral:

Name of Agency: _____

Name of referring person _____ phone: _____

Email: _____

Reason for referral: _____

What services can we help you with:

House cleaning/laundry:

 Weekly Bi-weekly Monthly One time Assistance with meal preparation – How can we be of help with meal prep? Home maintenance (such as repairs, yard work, mowing, odd jobs, painting, gardening) Companion for Transportation (to appointments, errands, social outing)*(Only lightweight foldable wheelchairs and walkers can be accommodated for when using transportation. Client must be able to get in and out of vehicle on their own with light assistance.)* Snow shoveling -we use a private contractor. Please fill out the snow form and Shilo will get you a free estimate. Drop offs/deliveries (for example: groceries, medication, pet supplies) Friendly visiting in the home or social outings, with our companions Friendly visit by phone. *We use the Red Cross Friendly Phone Program (please fill out the Red Cross Form and Shilo will send this in for you to the Red Cross).* Other:

Follow up needed to get Power of Attorney form	Yes No
Power of attorney in file	Yes No
Do you live alone? Yes No	
Name and age of any other household member(s):	
Do you access other services:	
<input type="checkbox"/> Home Care	<input type="checkbox"/> Meals on Wheels
<input type="checkbox"/> Depot Clinic	<input type="checkbox"/> Veteran Affairs
<input type="checkbox"/> Other:	<input type="checkbox"/> Mental Health
	__SAID __SIS
<input type="checkbox"/>	
Aids and Assistance:	
<input type="checkbox"/> Use a cane	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Use a walker	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Life-line device
<input type="checkbox"/> Use a Wheelchair	
<input type="checkbox"/> Other - please specify:	

Do you have any other concerns that we should know about?
(Examples: physical disability, mental health, hearing impairment, visual impairment, mobility impairment, allergies, health related, etc.)

Would you like a referral to another agency in Moose Jaw?

Is there anything we can help you with as an advocate?

Are you aware of the Saskatchewan Individualized Funding for Home Care Services (if you are of lower income and a higher level of care)? Yes No

Individualized funding gives you increased choice and flexibility in home care. You, or your guardian, receive funding to arrange and manage your own support services from the government. You do not need to pay this back. Funding is based on assessed need and is used for supportive home care services, such as personal care or home management. You can hire a care aid to help you with home care at home.

Would you like more information on the program? Yes No (If yes – CC to Ronda)

- You may be eligible for individualized funding if you are:
 - Eligible for home care support services;
 - Require long-term supportive care

The following questions are for our grant reporting and assist us to get future grant funding to keep the program going.

Do you consider yourself a vulnerable person? Please circle all the apply:

- Woman
- Indigenous
- Living with disabilities
- A newcomer
- Primarily speak languages other than English or French
- LGBTQ2+
- Black or otherwise racialized
- Living in rural and remote settings, and
- Facing other barriers
- Other

Ethnic and Cultural Heritage – do you identify as:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Indigenous or Inuit | <input type="checkbox"/> Black | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> East-Asian | <input type="checkbox"/> South-Asian | <input type="checkbox"/> Southeast-Asian |
| <input type="checkbox"/> White/European | <input type="checkbox"/> Latino | <input type="checkbox"/> Metis |
| <input type="checkbox"/> Other: | | |

If you are a paying client: You can pay at the time of service or you can charge it up and pay once a month. Charged Payments are due at the end of the month. We will mail you an invoice. You can pay by Cheque or cash. Or do an etransfer to: etransferscap@gmail.com
And use the word SCWW as the password.

Your tier level is please circle: A – B – C or is Veteran A – B – C

You will be paying this amount for services \$ _____ for the first _____ hours.

- Dorreen will explain the hours and sliding scale fee that is on the price sheet.

- Would you like to book an appointment for services today?
 - Type of service needed _____
 - Date of service _____

Questions and other comments and follow up needed:

Please sign the waiver on the next page.

Waiver & Indemnity Agreement

Waiver–I, **RELEASE** Seniors Centre Without Walls (Saskatchewan) (“SCWW”) and Senior Citizens Assistance Program from liability from all claims resulting in personal injury, accidents, illnesses (including death) and property loss arising from my participation in SCWW Programs (the “Activities”).

Indemnity–I agree to **INDEMNIFY** SCWW from all claims, liability, expenses, losses, costs, damages or causes of action arising because of my involvement in the Activities and to reimburse it for the same.

Acknowledgment–I **HAVE READ** this agreement, **FULLY UNDERSTAND** its terms and that I am giving up substantial rights, including my right to sue. I **ACKNOWLEDGE** I am signing the agreement freely and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Client Signature

Date

(Note–Care-giver can only sign if s/he is the Senior’s Power of Attorney or has been designated the Senior’s Guardian by a Court.) Copy of power of attorney must be on file in the office.