



Home Support Services Application

Saddle Hills County

Part 1: Home Support Safety Assessment Checklist

Are there any aggressive pets in the home? *

- Yes
- No

Please elaborate, including as much detail as possible *

What precautions will be taken to ensure the safety of the Home Support Worker? *

Is there any evident mold in the home? *

- Yes
- No

Is there mold on or in the walls? *

- Yes
- No

Are there mouldy drapes, carpets, or furniture in the home? *

- Yes
- No

Is there mold in any of the closets? *

- Yes
- No

Is there any condensation on the windows? *

- Yes
- No

Are there any rotting window sills? *

- Yes
- No

Is there any damaged gypsum board (drywall) in the home? *

- Yes
- No

Is there a must smell anywhere in the home? *

- Yes
- No

Are there water stains anywhere on the ceiling? *

- Yes
- No

Is there any water staining along the baseboards? *

- Yes
- No

Is the home well maintained structurally? *

- Yes
- No

If not, please explain in detail *

Are the stairway handrails affixed firmly to the walls at the proper levels? *

- Yes
- No

Are all the electrical outlets covered (without exposed wires)? *

- Yes
- No

Are the stairs inside and outside the house in good repair (No broken boards, no gaps, etc...)?

- Yes
- No

Is the flooring and carpets in good repair (No lifting or nails visible)? *

- Yes
- No

Is there sufficient floor space available to maneuver a vacuum cleaner? *

- Yes
- No

Are the shelves and cupboards well fixed to the walls? *

- Yes
- No

Is an oxygen tank being used safely (cord manageable, no smoking while in use, etc...)? *

- Yes
- No

Is there bleach and other necessary cleaners available for the workers to use? *

- Yes
- No

Is your vacuum cleaner in good repair (no bare wires, sufficient stock of bags, etc...)? *

Yes

No

Is the client's behavior appropriate? *

Yes

No

If not, please elaborate in detail *

Is the client a smoker? *

Yes

No

Is there a wood-burning source of heat in the home? *

Yes

No

Is there a fire extinguisher in the home? *

Yes

No

Part 2: Home Support Services Application

Client Information

Client name *

Date of Birth *

Gender *

Employer

Mailing Address *

Legal Address *

Phone Number *

Please provide directions to the client's home

Emergency Contact (1):

Name *

Phone Number *

Cell Phone Number

Email

Emergency Contact (2):

Name

Phone Number

Cell Number

Email

Part 2 (Continued)

Dependents:

Please provide the Names, dates of birth, educational status, and schools attended of any dependents, if applicable

Placement (Select all that apply) *

- Senior
- Family
- Individual
- Illness/Surgery
- Respite
- Loss/Grief
- Diabetic
- Injections
- Pre/Post Natal
- Comm. Disease
- Access to Home

Type *

- Emergency
- Short-Term
- Long-term
- Other

Referral:

Were you referred by a doctor or other outside agency? *

- Yes
- No

Please Specify *

Please specify, including the name, organization, phone number, and email of the person who referred you

Please select any services you will require

- Sweeping
- Vacuuming
- Laundry
- Meal Preparation
- Light Cleaning
- Cleaning Bathrooms
- Light Gardening/ Plant Care
- Rotation of Groceries
- Cleaning Fridge/ Freezer
- Dusting
- Mopping
- Washing Dishes
- Organization
- Change Bedding
- Light Snow Shoveling
- Respite
- Companionship
- Other

Please Specify

Part 3: Fees Assessment

Income Sources

Please type out the dollar value earned from any applicable sources

Applicant's Employment (p/t or f/t)

Spouse's Employment

Commissions

Rental Property Income

Farm

Old Age Security

Canada Pension Plan

Interest from Investments

Social Assistance

Net Federal Supplements

Guaranteed Income Supplement (GIS)

Other Pensions

Total of all sources of income

Total income per month

Expenses to be Considered

Please provide a monthly breakdown of your expenses

Mortgage/Taxes/Rent

Expense details

Gas

Expense details

Electrical

Expense details

Water

Expense details

Telephone

Expense details

Cable

Expense details

Groceries

Expense details

Loan Payments

Expense details

Inurance

Expense details

Medical

Expense details

Other

Expense details

Total Monthyl Expenses

Income Minus Expenses

Home Support Services - Client Agreement

In accordance with my application for Saddle Hills County Home Support Services to place a Home Support Worker in my home, I agree to the following:

A. As the client, I acknowledge the information collected on these forms will be used for the purpose of determining my express needs and a mutually agreed upon fee for service on a sliding scale according to my income.

B. I agree to pay the hourly expense as determined by Saddle Hills County to the Saddle Hills County Home Support Services for the services of a Home Support Worker.

C. I acknowledge a minimum 24 hour notification is required to cancel my appointment, otherwise a 4 hour rate may be charged.

D. I agree to notify the Saddle Hills County Home Support Services of any changes in my circumstances that would alter my agreement with them. This is to include holidays, moving to another location or increase of hours.

E. Services will be terminated if abuse or inappropriate behavior towards any employee of the Saddle Hills County Home Support Program occurs.

Client Signature

By checking this box, which functions as your legal signature, you confirm that the information provided is as complete and accurate as possible, and that you agree to the terms outlined above

I understand that checking this box constitutes a legal signature

Notice of Collection

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of assessing eligibility and arranging for the provision of Home Support Services from Saddle Hills County. Direct any questions about this collection to: FOIP Coordinator, Saddle Hills County, RR 1, Spirit River, Alberta, Canada, T0H 3G0, 1-888-864-3760.