



**ASSISTED LIVING FOR HIGH RISK SENIORS
ELIGIBILITY WORKSHEET**

Surname: _____		First Name: _____	
CHRIS #: _____		Date of Birth (DD/MM/YYYY): _____	
HCN: _____		Version Code _____	

To be eligible for assisted living as a high risk senior all of the following criteria must be met:	MET
<p>Profile 3 <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable The Patient does not have an informal caregiver, or has an informal caregiver, who is/is not living with the Patient, but is unable to provide the required support; and the Patient has a Cognitive Performance Scale of 2+ and is assessed as being no more than “occasionally incontinent” as defined by the RAI instrument. Patient has all or a combination of the following:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Mild to moderate cognitive impairment • <input type="checkbox"/> Mild to moderate difficulty with short term memory • <input type="checkbox"/> Mild to moderate difficulty with cognitive skills for daily decisions making • <input type="checkbox"/> Mild to moderate difficulty making oneself understood • <input type="checkbox"/> Mild to moderate difficulty eating <p>OR</p> <p>Patient does not demonstrate profile 1, 2, or 3 characteristics of a high-risk senior, however, as a health care professional it has been determined that extraordinary circumstances exist that justify the provision of assisted living services to the patient for the following rationale:</p>	
7. Patient is able to remain safely at home between visits.	<input type="checkbox"/>
8. Patient does not require immediate or 24-hour availability of nursing care or other professional services.	<input type="checkbox"/>
9. Patient’s home has the physical features necessary to enable the service to be provided (e.g., home could accommodate mobility/transfer devices).	<input type="checkbox"/>
10. The risk that a service provider who provides the services to the person will suffer serious physical harm while providing the services:	<input type="checkbox"/>
<ul style="list-style-type: none"> • <input type="checkbox"/> Has not been identified • <input type="checkbox"/> Is not significant • <input type="checkbox"/> Is significant however the following measures have been identified to reduce the risk so that it is no longer significant. Describe measures: E.g., Patient lives in a rooming house in a high-risk area with residents using drugs. Family members will escort the HSP to client’s room. 	

Type of assisted living service requested: Mobile Campus (insert name): _____. Patient has been made aware that housing application for the campus model is required.

ADDITIONAL INFORMATION:

Completed by (Name): _____ **Date (DD/MM/YYYY):** _____

*North East LHIN Care Coordinator: *Enters info discussed/collected directly into CHRIS Notes template
 “Assisted Living for High Risk Seniors Referral” then *Destroys worksheet.*