

**HOME AND COMMUNITY CARE SUPPORT SERVICES**  
South East

Home and Community Care Support Services South East

**SERVICE REQUESTS / REFERRALS**

Community Service Request: 1-800-869-8828 | Fax: 1-866-839-7299

Hospital Request: Please see Hospital Care Coordinator

<b>Demographics / Client Details</b>	Patient Name: _____ Health Card Number: _____
	Address: _____ Street Suite City/Town Province Postal Code
	Date of Birth: ____/____/____ Phone Number: _____ Alternate Number: _____ DD MM YYYY
	First Language: _____ Preferred Language for Service: <input type="checkbox"/> English <input type="checkbox"/> French
	Primary Contact Name: _____ Relationship: <input type="checkbox"/> POA <input type="checkbox"/> SDM <input type="checkbox"/> Other _____
	Contact Phone Number: _____ Alternate Contact Phone Number: _____
	Is patient aware of request: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Reason not aware:</i> _____
	Has SDM provided consent for referral to Home and Community Care Support Services South East <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
<b>Referral Information</b>	Name of Person requesting service: _____ Relationship to Patient: _____
	Contact Phone Number: _____ Contact Fax Number: _____
	Planned Hospital Discharge Date (if applicable): ____/____/____ DD MM YYYY
	Diagnosis (Primary): _____
	Diagnosis(es) (Secondary): <i>Include also related surgical procedures / past medical history</i>
	<b>Reason for Referral:</b>  <b>Home and Community Care Support Services South East Services Include:</b> Nursing in clinic (in-home by exception) Social Work, Speech Therapy, Nutrition, Physiotherapy, Occupational Therapy, Personal Support and assessment for Long Term Care eligibility.
Medical Responsibility will be provided by (please print): _____	
<b>Hospital Physicians</b> must ensure medical responsibility transferred to primary care physician / practitioner should treatment require medical monitoring post Hospital discharge.	
<b>Source of Information</b> – Person completing this form (please print) _____	
Signature: _____ Date: _____ Time: _____	

Developed April 2007 CC#6 – Revised April 2021



To contact any Home and Community Care Support Services South East office, you may call 310-2222 (no area code required).

**Kingston Office**

1471 John Counter Blvd., Suite 200  
Kingston, ON  
K7M 8S8  
Tel: 613-544-7090  
Fax: 613-544-1494

**Bancroft Office**

1 Manor Lane, Box 1449  
Bancroft, ON  
K0L 1C0  
Tel: 613-332-2444  
Fax: 613-332-4873

**Smiths Falls Office**

52 Abbott St., N  
Smiths Falls, ON  
K7A 1W3 Tel:  
613-283-8012 Fax:  
613-283-0308

**Belleville Office**

470 Dundas St. East  
Belleville, ON  
K8N 1G1  
Tel: 613-966-3530  
Fax: 613-966-0996

**Brockville Office**

555 California Ave., Unit 1  
Brockville, ON  
K6V 7K6  
Tel: 613-283-8012  
Fax: 613-283-0308

**OHIP Billing Fee Codes**

**Home Care Application - Code K070**

The service rendered by the most responsible physician for completion and submission of a home care service request form to Home and Community Care Support Services South East on behalf of a patient for whom the physician provides on-going medical care. The amount payable for this service is in addition to the assessment fee payable, where applicable. The amount payable for completion of the home care service request form if completed in whole or in part by a person other than the physician or the physician's employee is nil.

**Home Care Supervision - K071 & K072 & K124**

The service rendered by the most responsible physician for personally providing medical advice, direction or information to health care staff of Home and Community Care Support Services South East or a Home and Community Care Support Services South East contractor on behalf of a patient for whom the physician provides on-going medical care. The date, question, response and identity of the health care staff must be recorded in the patient's medical record. The amount payable for home care supervision without the required record of service in the patient's medical record is nil. The amount payable for home care supervision rendered on the same day as a consultation or visit by the same physician with the same patient is nil.

**K071** for Acute home care supervision (maximum 1 every week for the first 8 weeks following admission to home care program)

**K072** for Chronic home care supervision (maximum 2 per month commencing in the 9th week following admission to the home care program)

**K124** for a case conference regarding a Home and Community Care Support Services South East patient. Note that K124 requires participation by the physician most responsible for the care of the patient and at least 2 other participants that include physicians, regulated social workers, employees of Home and Community Care Support Services and/or regulated health professionals.