St. Joseph's Villa Dundas Community Access to Long-Term Care

Community Access to Long-Term Care Service Request

Section 1: To be completed by Referral Source **Date of Referral:** **Client Name:** **Phone Number:** **Date of Birth:** **HCN:** **Currently on LTC Wait List? Y/ N**	***This section MUST be completed**** **Referral Source:** **◯ Ontario Health at Home** **◯ Acute Care** **◯ St. Joseph's Villa** **◯ Other: _____** **Contact Person:** **Phone:** **Email:**
Contact Person:	**Relationship:**
Consent to Share Information with Ontario Health at Home: Y/ N **Consent provided by: ◯ Client ◯ PG&T ◯ POA/SDM** **Name:**	**Phone:**
Date of last RAI-HC/RAI-CA:	**Not Known OR ◯ See Attached**
Client communicates in English: Y/ N	**Preferred Language:**

Service Needs:

◯ Bathing	**◯ Mobility (OT/PT)**	**◯ Caregiver Supports**
◯ Foot/Nail Care	**◯ BP Checks**	**◯ Behavioural/Dementia Care Group**
◯ Salon	**◯ Nurse Practitioner**	**◯ Weekend Recreation**
◯ SW	**◯ Recreation**	

Additional Information:

Section 2: To be completed by CALTC Navigator

Client is currently on LTC Waitlist: Y/ N

Determination of Eligibility for CALTC (Applicant <u>must</u> meet all criteria):

◯ Applicant is 18 years of age or older	**◯ Applicant has a valid health card #**
◯ Applicant has a maple score of 3 or more	**◯ Applicant does not pose a risk to self or others**

1. ALC Senior waiting for discharge from hospital and CALTC program is an integral park of the discharge plan.
<u>OR</u>
2. Is a senior in the community who may be in imminent need of a higher level of care than can be provided by OHAH regular services and who would otherwise be at high risk of hospitalization or admission to a LTCH.

Completed by: **Phone:** **Date:**

Fax Completed Referrals to: _____