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

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** **Do you currently attend ADP at St. Joseph's Villa?**	***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 must 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.** **OR** **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:**	

Please Fax completed referrals to: 905 627 1836 / Attn: CALTC – Program Navigator