



**Application for Personal Care Home – Check List**

Indicate with a check mark when the following information has been discussed with the client & family. Please record n/a when not applicable or add comments when an issue or concern is identified.

- 1. The client/family has been given a copy of "Information for Application to Personal Care Home". Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 2. The client/family has been asked whether Veteran Status applies. Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 3. Then client/family has been told the next panel date & that they will receive a phone call on the day of panel informing them of acceptance or rejection. This will be followed with a letter. Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 4. The client/family has named 2 PCH choices on the application. It is understood that the patient must accept the first choice bed or have named removed from list. 2nd choice can be declined without risk of removal from list. Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 5. It is clearly indicated who is the client's next of kin or contact person(s). Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 6. The client has signed the application form (if competent). Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 7. The importance of having an 'Enduring Power of Attorney' has been discussed/is already in place. Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 8. 'Guide to Services & Charges in Manitoba' has been given to client/family. Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 9. Client/family has most recent Notice of Income Tax Assessment for the Business Office (in the event of client already waiting placement in hospital) or for the PCH of choice. Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 10. If there is a spouse involved, they have received the 'Involuntary Separation' Information Sheet. Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 11. Is there a signed, current HCD +/-or ACP? Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 12. Are immunizations up to date? Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 13. The 'Care While Waiting Personal Care Home Placement Policy as explained to client/family. 'Personal Care Home Placement from Hospital' is signed & copy to client/family. Yes \_\_\_\_\_ Comments \_\_\_\_\_
- 14. The client/family are aware that relocation will occur to either another Hospital or PCH in Southern Region. Yes \_\_\_\_\_ Comments \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_