

Scott's House Application for Admission

Date _____

Scott's House is a 501c3 nonprofit. Scott's House rents a room for free to people under the hospice care of a hospice agency. The tenant is responsible for his/her own wellbeing. Scott's House accepts and encourages donations to pay for its operations.

Tenant Information:

Name _____

Phone Number _____ Email Address _____

Tenant's Most Recent Address and Living Situation _____

Date of Birth _____ Household Income _____

Marital Status: _____ Number of Dependents: _____

Diagnosis: _____

Special Care and/or Dietary Needs: _____

Does Tenant Intend to Utilize an Aid in Dying Protocol: Yes ___ No ___. If Yes, Please State Intentions:

COVID Vaccination History _____ Most recent COVID Test: _____

Does Tenant have any Infectious Diseases? Yes ___ No ___: If yes please state Infectious Diseases:

Primary Care Physician: _____

Is there a Power of Attorney: _____ Is there a Medical Directive? _____

Name of Power of Attorney _____

Contact Info for Power of Attorney _____

Is there a will: Yes ___ No ___ . Name and Contact Info of Executor _____

Funeral Arrangements: _____

Primary Caregiver Information: _____

Primary Caregiver Employment: _____

Name of Hospice Agency: _____

Is Tenant Bedbound: Yes ___ No ___ . Commode ___ Catheter ___ Bedpan ___ Other _____

I understand that I am responsible for registering with a hospice agency prior to becoming a tenant and required to pay for any additional care as I may require. I understand that if my care needs exceed, or no longer require, the care offered at Scott's House, as solely determined by Scott's House, that I will implement an alternative plan and alternative living arrangements within seven (7) days after written notice from Scott's House.

I understand that my behavior, and/or my caregiver's, family's or visitor's behavior must not be disruptive to others at Scott's House or present a danger to me or others. I understand that if my behavior, my caregiver's, family's or visitor's behavior is disruptive or presents a danger, as determined by Scott's House, I and/or that other person will be removed from the premises immediately and not allowed to return. Smoking is not allowed at Scott's House and is considered to be disruptive behavior.

I understand that Scott's House staff is trained to perform care tasks that a family member at home may be trained or instructed to do. This includes helping me to take my medications. Scott's House tenants are often at fall risk. Scott's House is not responsible for falls the tenant may suffer.

Scott's House is not responsible if tenant contracts a COVID infection while being a tenant of Scott's House. Tenant is required to provide proof of a COVID test at least 24 hours prior to being allowed to be a tenant of Scott's House. Scott's House follows all public health orders in place. If a tenant or Scott's House staff contracts a COVID infection while at Scott's House, Scott's House will work with the family and hospice agency in implementing a contingency plan in providing alternative living arrangements.

Pets are allowed at Scott's House only with Scott's House written permission. Because of allergies, cats are not generally allowed overnight.

I understand that my family and I are responsible for the security of any money, jewelry or other personal items that I bring to Scott's House. A list of those items brought into Scott's House upon admittance follows:

I understand that Scott's House is not a long-term care facility and that my stay at Scott's House will be limited to the last two months of life or for respite care. Whether my care needs no longer require the level of care available at Scott's House, will be solely determined by Scott's House.

Only two visitors are allowed at one time unless Scott's House grants prior approval. All visitors must provide proof of vaccine or COVID test within 24 hours. I understand that I am solely responsible for the well-being of family and visitors while visiting me at Scott's House, including but not limited to falling, tripping or contracting any infectious diseases.

Signature of Tenant or Health Power of Attorney

Date

Hospice Agency Acceptance and Approval

Date

