

Scott's House Application for Admission

Date _____

Scott's House is a 501c3 nonprofit corporation. 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: _____ Height: _____ Weight: _____

Does Tenant Intend to Utilize a Medical 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 it in effect currently? ___ Is there a Medical Directive? _____

Name of Power of Attorney/Medical Agent _____

Is the designated agent authorized to act on your behalf presently? _____

Contact Info for Power of Attorney _____

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

Who has the original will? _____ How can it be accessed? _____

Funeral Arrangements: _____ Are arrangements pre-paid? _____

Primary Caregiver Information: _____

Primary Caregiver Employment: _____

Name of Hospice Agency: _____

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

Scott's House is not a medical facility. 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 volunteers are trained to perform personal care tasks that a family member at home may be trained or instructed to do. 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 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 my Personal Representative has seven days to remove my personal possessions from Scott's House custody, otherwise Scott's House can dispose as Scott's House sees fit. 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 Scott's House is not 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.

I recognize that people photograph and write about Scott's House and its residents. I hereby authorize and approve the use of my image, identity and information, including the basic facts of my residence at Scott's House on hospice care, in Scott's House collateral materials, its website and in publications by third parties. I waive any expectation of confidentiality for the purpose of such photographs and writings." Please check this box if you do not agree.

Signature of Tenant or Agent under Health Power of Attorney / Surrogate Decision Maker Date

Hospice Agency Acceptance and Approval Date

Revised 3/20/23