Scott's House
Residence for End-of-Life

Scott's House Application for Admission

Phone: 505-984-1133 Email: info@scottshouse.org
287 Rodeo Rd., Santa Fe, NM 87505

Scott's House is a tax-exempt (501c3 qualified) nonprofit corporation. Scott's House provides, in its discretion and subject to its admission criteria attached hereto as Exhibit A, a room for free to people under the hospice care of a hospice agency. All residents are responsible for their own healthcare. Scott's House does not charge for its services; however, donations are gratefully accepted to help pay for its operations.

Date of Application: _____ Date of Admission: _____ Name _____

Application Information

Phone _____ Email _____

Gender: M ☐ F ☐ Other

Pronouns: she/her ☐ he/him ☐ they/them ☐ other ☐

Tenant's Most Recent Address and Living Situation: _____

Forwarding Address for Condolence Cards: _____

Do you identify as a member of the LGBTQ+ community? Yes ☐ No ☐

Veteran: Yes ☐ No ☐ Race/Ethnicity: _____ Religion: _____

Date of Birth: _____ Household Income: _____ Marital Status: _____ Number of Dependents: _____

Diagnosis: _____

Prognosis: _____

Special Care and/or Dietary Needs: _____ Currently smoke cigarettes and/or medical/recreational marijuana? Yes ☐ No ☐

Height: _____ Weight: _____ Are you interested in learning about end-of-life option, including medical aid in dying (MAID) and VSED: Yes ☐ No ☐

COVID Vaccination History: _____ Most recent COVID Test: _____ Does resident have any Infectious Diseases? Yes ☐ No ☐

If yes please state Infectious Diseases: _____ Allergies: _____

Primary Care Physician: _____

Is there a Power of Attorney: Yes ☐ No ☐ Is it in effect currently? Yes ☐ No ☐ Is there a Medical Directive? Yes ☐ No ☐

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? Yes ☐ No ☐ Primary Caregiver Information: _____

Primary Caregiver Employment: _____ Name of Hospice Agency: _____

Mobility: Completely bedbound ☐ Wheelchair ☐ Walker/Cane ☐ No assistance ☐

Toileting: Incontinent/Brief ☐ Bedpan ☐ Bedside commode ☐ No assistance ☐

Initial: ☐

Scott's House was established to provide compassionate end-of-life care for individuals who are in the final one month of life. Scott's House is not a long-term care facility. We understand that determining the time course of a person's end of life process can be complicated and inexact. We use evidence-based standards to determine the appropriateness of each potential resident's admission to Scott's House. These include Performance Status Scores that assess nutrition, mobility, mental alertness. For residents with neurological conditions with unpredictable time courses, such as dementia, stroke, Parkinson's Disease and others, admission will only be available for residents determined to be in the final one month of their life based on Performance Status criteria. After one month the resident must relocate to a more suitable residence.

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, alcohol, the use of illicit substances and cannabis are 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 resident may suffer.

Scott's House is not responsible if the resident contracts a COVID infection while residing at Scott's House. resident is required to provide proof of a COVID test at least 24 hours prior to being allowed to being a resident of Scott's House. Scott's House follows all public health orders in place. If a resident 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/Trustee or other lawful successor in interest has seven days to remove my personal possessions form 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 I am not a tenant and have no rights under the Uniform Owner-Resident Relations Act, N. M. S. A. 1978, § 47-8-1. et. seq. I understand that my stay at Scott's House will be limited to the last two months of life. 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. 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 agree: ☐

Upon completion, please save and email this PDF to info@scottshouse.org, or print and fill out.

_____ _____

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

_____ _____

Hospice Agency Acceptance and Approval — Date

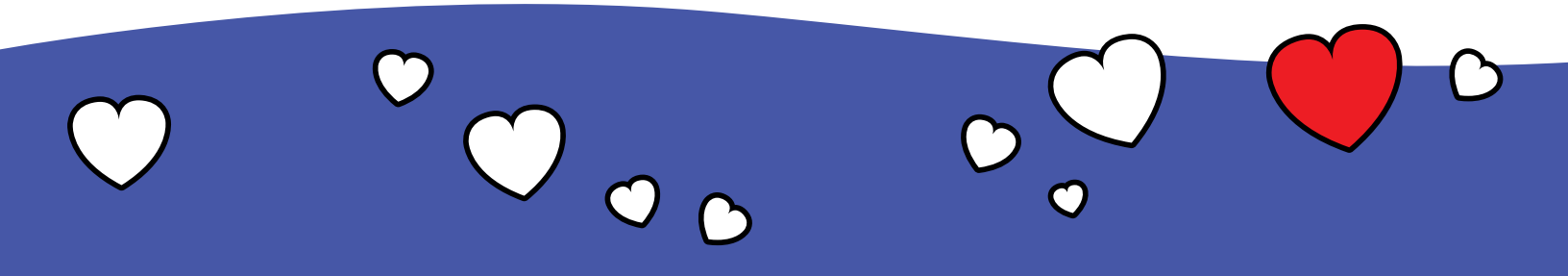
Initial: ☐

Revised 12/23/25

Exhibit A

SCOTT'S HOUSE
ADMISSION CRITERIA

- Resident must be registered with a hospice agency.
- Latest doctor's medical reports shall be provided to Scott's House prior to admission.
- A full list of current medications shall be provided.
- Scott's House Admission Application is submitted to Scott's House for consideration prior to admission.
- Resident has a short-term life expectancy of less than one month.
- DNR shall be executedand on file.
- The resident desires to be a Scott's House resident and to be cared for by volunteers.
- The resident does not have a known contagious disease. Scott's House reserves the right to deny admission to a resident with an active contagious disease.
- The resident's care needs can be met in a non-medical setting and will not exceed the staff's capabilities. Scott's House is not able to provide care for a resident requiring IV medications, a resident who is at risk of aspiration, and a resident with such other conditions or circumstances as determined in the discretion of Scott's House.
- The hospice provider recommends the admission and agrees upon the plan of care. The plan of care will be with the involvement and consent of the resident and responsible family member or designated patient representative.
- Scott's House will solely determine order of admission.
- No smoking.
- Resident and resident's family must have no combative or anger issues.
- No alcohol or illicit substances are allowed on the premises.
- The resident must disclose height and weight. The resident must weigh no more than 200 lbs.
- Resident must be accompanied by hospice agency nurse, and hospice agency nurse shall administer the first medications before leaving facility.
- There must be a discharge plan provided in the event the resident's condition stabilizes. Scott's House reserves the right to give the resident seven (7) days written notice of termination of the residency to effectuate alternative living arrangements for any reason, within the discretion of Scott's House.
- Funeral home information shall be provided.
- Admission hours are 9:00 AM to 9:00 PM.

Revised 1/3/24

Initial: