	Saskatchewan Ministry of Health	Institutional Supportive Care Homes Information System Manual	Status: Current
		Guideline/General Information	Effective Date: April, 2012
Approved By: Community Care Branch		Page: 1 of 1	
Section: Special Care Homes		Branch Contact: 787-7126	
Title: Institutional Care Home Manual			

INTENT:

To provide guidance to special-care homes, hospitals and health centres related to the recording of information and provision of forms to the Ministry of Health for new admissions, transfers, discharges, or changes in level of care classifications as they occur. Forms received late will result in inaccurate bed utilization data and incomplete resident listings.

LEGISLATIVE AUTHORITY:

*The Regional Health Services Act
The Housing and Special-care Homes Act
The Special-care Homes Rates Regulations*

RELATED GUIDELINES (Links):

GUIDELINE/GENERAL INFORMATION:

Program Guidelines for Special-care Homes



Saskatchewan
Ministry of
Health

INSTITUTIONAL SUPPORTIVE CARE

INFORMATION SYSTEM MANUAL

Created: April 1998
Updated: April 2012

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INTRODUCTION TO THE SUPPORTIVE CARE INFORMATION SYSTEM

Preface

This manual has been developed to help special-care homes, hospitals, health centres and Saskatchewan Ministry of Health function more effectively in the maintenance of the Supportive Care Information System.

It can be used as a reference for existing staff and as a training aid for new personnel.

The primary responsibility of the Ministry of Health is the operation of information systems. The Income Assessment, Operations Unit of the Drug Plan and Extended Benefits is responsible for the calculation, notification, and maintenance of the income testing portion of the Institutional Supportive Care System.

Maintaining the Information System

In order to maintain an accurate and up-to-date system, information concerning new admissions, discharges, or changes in level of care classifications must be recorded and forwarded to the Ministry of Health as they occur. Forms received late will result in inaccurate bed utilization data and incomplete resident listings.

Monthly Cycle of Reports and Forms

The processing of forms and reports is done on a regular monthly cycle. The timeliness of forms and reports has a direct effect on the monthly cycle (e.g. income testing of residents, Adult Day attendance, resident lists).

Changes that occur in the first two weeks of the month should be reported immediately so that we may process the information and update our files in time to pass to Saskatchewan Ministry of Social Services - Seniors Income Plan the most accurate and up-to-date information possible.

Changes that occur in the last two weeks of the month should be reported in a timely fashion so that we may in turn process the information to return to you an accurate resident listing.

The flow of information should be as timely as possible so that at any given point during the cycle, the information we possess is as accurate and up-to-date as it can be.

Mailing Address

Please send all completed forms and correspondence relating to the Supportive Care Information System to:

The Ministry of Health
3475 Albert Street
Regina, SK S4S 6X6

Information System Inquiries

If you have any questions or require clarification concerning the Supportive Care Information System, please feel free to call the staff at the Ministry of Health.

Refer to Section J (Contacts) for phone numbers.

Facility Address

Please notify us of any changes.

Ordering Forms

To order the forms referenced in this manual, fill out an order sheet (Appendix VIII) and mail, phone or fax your order to:

Government Services
Health Forms Distribution
3475 Albert St
Regina, SK S4S 6X6

Attention: Ernie Moro

Phone:(306) 787-2056
Fax: (306) 787-0194

On Line Forms

Some of the Institutional Supportive Care forms contained in this manual can now be printed from the Saskatchewan Ministry of Health website. Launch your web browser and enter the following address: <http://www.health.gov.sk.ca>. Choose **Forms** on the left side menu. The forms are listed on the website under 'I'.

Currently some of these forms are 'static' forms, which means you cannot fill them in on-line. They must be printed, filled in, and **mailed** to the address on page 2. Others

may be filled in on line, printed, and mailed to our office. When printing the Institutional Supportive Care Admission/Discharge form please do so on legal size paper.

Refer to Section K (Appendix VIII) for a sample of the Order Sheet.

Online Manual

The Institutional Supportive Care Manual may now be obtained from the Saskatchewan Ministry of Health website. Launch your web browser and enter the following address: **<http://www.health.gov.sk.ca/isch-manual>**.

Person Health Registration System (PHRS)

The PHRS is an automated file that contains information on all residents of Saskatchewan who hold a current Health Services Card. The Ministry of Health cross-references Name, Health Services Number, Date of Birth, Marital Status, and Sex with the PHRS which is maintained by Saskatchewan Ministry of Health.

The Ministry's information is updated and/or corrected by verification to the PHRS. Upon receipt of your resident list, if the information provided by the PHRS is in conflict with the information obtained from the resident or family, clarification may be made by the facility/resident or family by contacting:

Health Registration Branch
1942 Hamilton Street
Regina, SK S4P 3V7

Phone: 787-3251 (Regina)
 1-800-667-7551 (Toll Free)

This branch will inform you of the proper procedures to follow to facilitate changes to the Health Services Card if they are necessary.

A. GENERAL INFORMATION CONCERNING FORMS

There are two types of forms used to report information to the Ministry of Health. They are: Institutional Supportive Care Admission/Discharge (Health 31-7794) and Long Term Care Level of Care Change (Health 31-7779).

The Institutional Supportive Care Admission/Discharge form used by the Supportive Care Information System contains three types of information: Facility Information, Resident/Client Information, and Income Information.

The Institutional Supportive Care Admission/Discharge form has three copies:

- On admission, complete and submit Copy 1 (white) to the Ministry of Health.
- On discharge, complete Copy 2 (yellow) and return to the Ministry of Health.
- Retain Copy 3 (pink) for your records.

There are some areas of the form that are common to all types of admission. To avoid repetition, these areas will be described in detail in this section. For those areas not mentioned here refer to Section B – Type of Admission. **Those fields marked with an asterisk in this manual must be completed on the admission/discharge form. If they are not completed, the form may be returned to your facility for the missing information.**

Refer to Section K (Appendices I and II - Institutional Supportive Care Admission/Discharge Form) for field locations.

Field Description

***Type of Admission** (Field 1)

Indicate the resident's type of admission. Type of admission is not to be reflected by the type of bed the resident is occupying but rather the reason the resident is being admitted (e.g. occupying a respite bed but is long term care, waiting placement). In this situation temporary care, respite should not be used. The resident should be admitted as long term care, waiting placement.

***Health Services Number** (Field 2):

This field is for the nine-digit Health Services Number (HSN) assigned to each resident of Saskatchewan by Saskatchewan Ministry of Health. Transcribe from the Health Services Card.

***Name** (Field 3):

To be provided in surname, given name and initial order, as indicated on the Health Services Card.

Please do not provide nicknames, maiden names, titles or marks indicating the name used by the resident (For example, Smith, Helen A. not Smith, Mrs. Helen "Nellie" A.)

***Date of Birth** (Field 4):

Enter the year, month and day of birth. (Month and year are shown on the Health Services Card). Enter the year in four digits, e.g. 1927 and the month and day in numerals such as 04 for the month of April and 01 for the first day of the month (1927/04/01).

***Sex** (Field 5):

Please ensure that this field is completed.

***Name of Facility** (Field 6):

For special care homes enter the legal name of your facility as it appears on your Special Care Home Operating Licence. For hospitals and health centres enter the name under which your facility is registered.

Location of Facility (Field 7):

Enter the city, town or village in which your facility is situated.

***Facility Number** (Field 8):

Enter:

- the five-digit identification number assigned to each special care home by the Ministry of Health, or
- the three-digit identification number assigned to hospitals and health centres by Saskatchewan Ministry of Health.

Non-Saskatchewan Resident (Field 9):

The Ministry of Health uses this field to identify residents who come to Saskatchewan and enter a long-term care facility (special care home, hospital or health centre) before receiving a Health Services Card. This field does not require a number. It is to be used to show the province in which the resident previously resided. A temporary eight-digit number will be assigned by the Ministry of Health until the three-month waiting period has expired and the resident has been issued a Health Services Card.

NOTE: For reciprocal billing purposes hospitals must contact Out-of-Province Health Services at:

Medical Services Branch

3475 Albert Street

Regina, Saskatchewan

S4S 6X6

Phone: (306) 787-3475 (local)
1-800-667-7523 (Toll Free)

Social Insurance (SIN) Number (Field 10):

This number is required by the Income Assessment, Operations Unit for long term care residents in order to cross-reference with Canada Revenue Agency (residents who have given consent) and the Guaranteed Income Supplement (GIS) file.

We recommend that the facility make a practice of obtaining this number during the admission process.

***Marital Status** (Field 12):

Select the appropriate category. Should a resident's marital status change, it is important that the Health Registration Branch be notified. See Person Registry System (PHRS) page 3. In addition, changes in marital status should be recorded on the resident list. As a result of the change, the resident charge will be recalculated to accurately reflect the current situation.

***Current Level of Care** (Field 13):

When completing the Current Level of Care section, please note that you are asked to provide your most recent classification of each resident's care requirements. For example, if a resident is receiving Level 4 care, indicate this on the admission form.

Refer to Section H (Glossary of Definitions) for a more detailed explanation of the different levels of care.

The purpose of the following sections is to gain a clear understanding of the care situation that existed prior to admission and why a change in that care situation was necessary.

***Type of Residence Prior to Admission** (Field 18):

'Apartment' - indicate whether the resident resided in a Senior citizens' housing/Public housing complex, or in an Assisted living/Enriched housing complex.

Refer to Section H (Glossary of Definitions) for an explanation of the different types of apartment complexes.

Senior Citizens' Housing/Public Housing - **answer 'Yes'** - if the individual previously resided in subsidized housing

Assisted Living/Enriched Housing - **answer 'Yes'** - if the individual previously resided in a building designed to provide formal or informal services and activities in common amenity spaces.

'Other Care Home' - these include Group Homes and Approved Homes. **NOTE:** DO NOT check this category when residents are being admitted from another long-term care facility. The appropriate category is 'Special-care Home or Level 2, 3, or 4 care in hospital'.

Refer to Section H (Glossary of Definitions) for an explanation of Group Homes and Approved Homes.

'Boarding House/rooming house/hotel' - refers to a situation where an adult, non-family resident is given room and board only.

'Rehab facility' - a facility providing treatment, recovery, and rehabilitation care for patients disabled by injury or illness.

***Living Arrangements Prior to Admission (Field 19):**

The chosen category should relate to the type of residence specified in Field 18.

If the resident and spouse were living in a hospital, special-care home, other care home or boarding house/rooming house/hotel - mark "with spouse and others."

If the resident was living in a hospital, special-care home, other care home or boarding house/rooming house/hotel without a spouse - mark "with others."

Services Received Prior To Admission (Field 20):

The categories chosen for this field should include only those services received in the month previous to admission. One or more may apply, but this section may be left blank if none of the services listed are appropriate.

Please note: 'Home Care' refers to the provincial Home Care Program administered by the Regional Health Authority Boards across the province. It does not refer to care received from family and friends.

Refer to Section H (Glossary of Definitions) for definition of Home Care.***Main Factor Contributing To Admission (Choose One) (Field 21):**

Check only that factor which was clearly the most significant in contributing to the admission of the resident. Upon transfer from another facility, if no factor listed meets your requirements, use the factor specified by the transferring facility.

***Authorized Official/Date (Fields 27 and 28):**

These sections **must** be signed and dated by the facility official upon completion of the admission form.

B. TYPE OF ADMISSION

Long Term Care Admission

Purpose:

- to capture pertinent information on residents who are admitted to special-care homes, hospitals, or health centres for long term care.

All applicable Fields 1 through 29 (**excluding Field 14**) of the admission form are to be filled out by the facility and resident/supporter at the time of admission.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the fields.

Refer to Section D (Income Testing) for an explanation of Fields 22 through 26, and Field 29.

Are You a Veteran? (Field 11):

This field is to be completed if the resident identifies himself or herself as a veteran. He/she may wish to call the Veterans Affairs Canada Saskatchewan District Office. See Section D page 39 for more information.

***Admission Date or Hospital Paying Date (Field 15):**

Indicate the admission date as the date the resident arrived (reclassified date in hospitals) as opposed to the date that charges to the resident commenced.

Temporary absences from a facility to acute care in hospital do not require a discharge and re-admission unless payment for the long-term care bed is discontinued.

Transfer from another facility (Field 16):

Check this field if the resident is entering your facility as a long term care resident from a long term care stay in another special care home, hospital, or health centre. This field does NOT apply when a resident is entering your facility from another care setting for a purpose other than long-term care (eg. transferring from an acute care bed to your facility).

Waiting LTC Placement (Field 17):

Check this field if the resident is entering your facility while a permanent long term care placement is found in another special care home, hospital, or health centre. If the resident who was initially admitted to your facility as waiting LTC placement has now been transferred to a permanent long-term care bed in your facility complete a **discharge** form from 'Waiting LTC Placement'. Complete a new **admission** form for the resident being admitted to the permanent long-term care bed in your facility.

See next page for an example of a completed Long Term Care Admission.

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE ADMISSION		Type of Admission <input checked="" type="checkbox"/> Long Term Care <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care
Please Print				
Health Services Number 1 2 3 4 5 6 7 8 9		Name (Surname, Given, Initial) MOUSE, MICKEY		Date of Birth Year: 1 9 3 Month: 0 0 5 Day: 1 4 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Name of Facility WILLIAM BOOTH SPECIAL CARE HOME		Location of Facility REGINA		Facility Number 1 5 1 9 2
Non-Saskatchewan Resident Name of Province/State		Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Current Level of Care (Long Term Care and Temporary Care only): Level 1 <input type="checkbox"/> Supervisory Care Level 2 <input type="checkbox"/> Limited Personal Care Level 3 <input checked="" type="checkbox"/> Intensive Personal/Nursing Care Specify The Classification of Level 4 Care: Level 4a <input type="checkbox"/> (Specialized Supervisory Care) Level 4b <input type="checkbox"/> (Supportive Care) Level 4c <input type="checkbox"/> (Restorative Care) Level 5 <input type="checkbox"/> Rehabilitation
Social Insurance (SIN) Number 		Purpose of Temporary Care Admission: (Choose One) <input type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management		
Are You a Veteran? <input checked="" type="checkbox"/> Yes		Admission Date or Hospital Paying Date Year: 2 0 0 0 0 7 1 5		
If applicable: <input type="checkbox"/> Transfer from another facility <input checked="" type="checkbox"/> Waiting LTC Placement				
Type of Residence Prior to Admission: (Place normally resided) <input type="checkbox"/> House (single family detached) <input type="checkbox"/> Special-care home or Level 2, 3, or 4 care in hospital/health centre <input type="checkbox"/> Apartment (Self-contained, including attached housing) <input type="checkbox"/> Personal care home <input checked="" type="checkbox"/> -Senior citizens' housing/Public Housing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other care home (group, approved etc.) <input type="checkbox"/> -Assisted living/Enriched Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Boarding house/rooming house/hotel <input type="checkbox"/> Rehab facility				
Living Arrangements Prior to Admission: (Must correspond with Type of Residence above) <input type="checkbox"/> Lived alone <input checked="" type="checkbox"/> With spouse only <input type="checkbox"/> With spouse and other(s) <input type="checkbox"/> With other family member(s) <input type="checkbox"/> With others				
Services Received Prior to Admission: (Check only those services received within previous month) <input type="checkbox"/> Home Care <input type="checkbox"/> Night Care <input type="checkbox"/> Mental health <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Addictions counselling <input checked="" type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Temporary care (respite, convalescence, etc.) <input type="checkbox"/> Rehab/therapy <input type="checkbox"/> Hospital - Emergency <input type="checkbox"/> Long Term Care				
Main Factor Contributing to Admission: (Choose One) <input checked="" type="checkbox"/> Accident or illness of resident <input type="checkbox"/> Needs inappropriate for another facility <input type="checkbox"/> Gradual loss of functional abilities <input type="checkbox"/> Relief for supporter in community <input type="checkbox"/> Death or serious illness of resident's spouse/supporter <input type="checkbox"/> Lack of social contact <input type="checkbox"/> Breakdown in support previously provided by another supporter				
If Married or Common-law, please complete: Spouse's Name <u>MINNIE</u>				
Health Services Number 9 8 7 6 5 4 3 2 1		Date of Birth Year: 1 9 3 Month: 1 0 2 Day: 0 1		
Social Insurance (SIN) Number 				
Income Information Required (Long Term Care Only): Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side B) and a photocopy of the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) for you and your spouse (if applicable).				
Answer the following questions only if applicable: 1 Are you financially responsible for dependants under age 18; or 18 years of age or older and in full time attendance at an educational institution; or a dependent adult as defined in The Dependent Adults Act? Yes <input type="checkbox"/> Number of dependants _____ 2 Is the full cost of your care paid for by a Third Party Agency? Yes <input type="checkbox"/> Specify Agency _____				
I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval.				
RESIDENT'S SIGNATURE OR SPOUSE'S/SUPPORTER'S SIGNATURE _____		DATE _____		
NAME OF SPOUSE/SUPPORTER (Please Print) _____		RES: _____ BUS: _____ TELEPHONE # OF SPOUSE/SUPPORTER _____		
ADDRESS OF SPOUSE/SUPPORTER (Please Print) _____				
AUTHORIZED OFFICIAL _____				
White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health Pink Copy - Retain for your records Health 31 - 7794 (2005/12)				

Adult Day Program

Purpose:

- to maintain or increase the individual's capacity to perform the activities of daily living
- to prevent premature long-term institutionalization by offering relief to care providers in the community.

Basic Adult Day Program Services

- social and recreational activities
- snacks and a noon or evening meal
- personal care e. g. baths, trimming nails, hair care
- nursing care
- rest and exercise

Client Charges

- As of October 1, 2009 all clients should be charged the standard fee for adult day program services of \$8.15 per day.
- A separate transportation charge applies if the clients use transportation provided by the adult day program. In those instances where the region/program provides the transportation, the charge should not be a barrier to program attendance and the charge should be such that it is affordable for individuals on limited income.
- The standard Adult Day Program fee should be adjusted annually in keeping with adjustments to the Old Age Security and Guaranteed Income Supplement (OAS/GIS) pensions.

For an Adult Day Program Admission, complete Fields 1 through 12, Field 15, Field 18 through 21, and Fields 27 and 28.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the different fields.

***Admission Date or Hospital Paying Date (Field 15):**

Enter the **first day the client attended** the Adult Day Program even though this date may differ from the date the client was actually accepted into the Adult Day Program.

***Date of Discharge (Field 31)**

A discharge form must be completed when clients attending the Adult Day Program become long term care residents in your facility. The program fee is discontinued and the attendance days need not be recorded on the List of Participants and Monthly Attendance Report. See Section G for information on this report.

Discharge statistics are only useful if they reflect the client's status at the time attendance terminates and the date of termination. Facilities should not keep inactive clients on the caseload unless there is a strong possibility that the client will attend again within a short time.

Any client who has not attended for twelve consecutive months should be discharged. Facilities may set mandatory discharge policies shorter than twelve months. Please indicate the last day the client attended the program as the date of discharge.

If a resident of a long-term care facility is attending any Adult Day Program outside their facility of residence but within the region, there is no charge for this resident in the program. However, the resident must be admitted and the attendance days recorded on the List of Participants and Monthly Attendance Report.

See next page for an example of a completed Adult Day Program Admission.

Refer to Section H (Glossary of Definitions) for the definition of Adult Day Program.

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE ADMISSION			Type of Admission <input type="checkbox"/> Long Term Care <input checked="" type="checkbox"/> Adult Day Program <input type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care
Please Print					
Health Services Number 1 2 3 4 5 6 7 8 9		Name (Surname, Given, Initial) MOUSE, MICKEY		Date of Birth Year: 1 9 3 0 0 5 1 4 Month: Day: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Facility WILLIAM BOOTH SPECIAL CARE HOME		Location of Facility REGINA		Facility Number 1 5 1 9 2	
Non-Saskatchewan Resident Name of Province/State Social Insurance (SIN) Number Are You a Veteran? <input type="checkbox"/> Yes		Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Current Level of Care (Long Term Care and Temporary Care only): Level 1 <input type="checkbox"/> Supervisory Care Level 2 <input type="checkbox"/> Limited Personal Care Level 3 <input type="checkbox"/> Intensive Personal/Nursing Care Specify The Classification of Level 4 Care: Level 4a <input type="checkbox"/> (Specialized Supervisory Care) Level 4b <input type="checkbox"/> (Supportive Care) Level 4c <input type="checkbox"/> (Restorative Care) Level 5 <input type="checkbox"/> Rehabilitation	
Admission Date or Hospital Paying Date Year: 2 0 0 0 0 7 1 5 Month: Day:		Purpose of Temporary Care Admission: (Choose One) <input type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management			
If applicable: <input type="checkbox"/> Transfer from another facility <input type="checkbox"/> Waiting LTC Placement					
Type of Residence Prior to Admission: (Place normally resided) <input type="checkbox"/> House (single family detached) <input type="checkbox"/> Special-care home or Level 2, 3, or 4 care in hospital/health centre <input type="checkbox"/> Apartment (Self-contained, including attached housing) <input type="checkbox"/> Personal care home -Senior citizens' housing/Public Housing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other care home (group, approved etc.) -Assisted living/Enriched Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Boarding house/rooming house/hotel <input type="checkbox"/> Rehab facility					
Living Arrangements Prior to Admission: (Must correspond with Type of Residence above) <input type="checkbox"/> Lived alone <input checked="" type="checkbox"/> With spouse only <input type="checkbox"/> With spouse and other(s) <input type="checkbox"/> With other family member(s) <input type="checkbox"/> With others					
Services Received Prior to Admission: (Check only those services received within previous month) <input type="checkbox"/> Home Care <input type="checkbox"/> Night Care <input type="checkbox"/> Mental health <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Addictions counselling <input checked="" type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Temporary care (respite, convalescence, etc.) <input type="checkbox"/> Rehab/therapy <input type="checkbox"/> Hospital - Emergency <input type="checkbox"/> Long Term Care					
Main Factor Contributing to Admission: (Choose One) <input type="checkbox"/> Accident or illness of resident <input type="checkbox"/> Needs inappropriate for another facility <input type="checkbox"/> Gradual loss of functional abilities <input type="checkbox"/> Relief for supporter in community <input type="checkbox"/> Death or serious illness of resident's spouse/supporter <input checked="" type="checkbox"/> Lack of social contact <input type="checkbox"/> Breakdown in support previously provided by another supporter					
If Married or Common-law, please complete: Spouse's Name _____ Health Services Number _____ Date of Birth _____ Social Insurance (SIN) Number _____					
Income Information Required (Long Term Care Only): Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side E) and a photocopy of the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) for you and your spouse (if applicable).					
Answer the following questions only if applicable: 1 Are you financially responsible for dependants under age 18; or 18 years of age or older and in full time attendance at an educational institution; or a dependent adult as defined in The Dependent Adults Act? Yes <input type="checkbox"/> Number of dependants _____ 2 Is the full cost of your care paid for by a Third Party Agency? Yes <input type="checkbox"/> Specify Agency _____					
I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval.					
RESIDENT'S SIGNATURE OR SPOUSE'S/SUPPORTER'S SIGNATURE _____			DATE _____		
NAME OF SPOUSE/SUPPORTER (Please Print) _____			RES: _____ BUS: _____ TELEPHONE # OF SPOUSE/SUPPORTER _____		
ADDRESS OF SPOUSE/SUPPORTER (Please Print) _____					
AUTHORIZED OFFICIAL _____					
White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health			Pink Copy - Retain for your records Health 31 - 7794 (2005/12)		

Temporary Care Admission

Purpose:

- to collect information on individuals who receive care for a short period of time.

Length of stay for Temporary Care residents would normally not exceed a period of 60 days with the exception of rehabilitation units where stays may be longer.

***Purpose of Temporary Care Admission (Field 14):**

This field was designed to collect more precise information about the reason why temporary care is being provided. **Select one category that was the primary purpose for admission.**

Respite

Submitted by all types of facilities providing 24-hour care.

Complete Fields 1 through 9 (if applicable), Fields 12 through 21 (**excluding Fields 16 and 17**), and Fields 27 and 28.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the fields.

See next page for an example of a completed Temporary Care Admission - Respite Care.

Refer to Section H (Glossary of Definitions) for definition of Respite.

Out of Province Residents

If an individual admitted to respite is not a Canadian citizen or a permanent resident and is not entitled to be issued a Saskatchewan Ministry of Health Card (except for Lloydminster), the resident's monthly charge is the full cost of care. Please refer to Section D Question 2 for the description of full cost of care.

Level 1 Residents

A Level 1 resident is required to pay the minimum resident charge for stays 60 days or less. After more than 60 consecutive days, a Level 1 would be required to pay the full cost of care. Please refer to Section D Question 2 for the description of full cost of care.

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE ADMISSION				Type of Admission <input type="checkbox"/> Long Term Care <input type="checkbox"/> Adult Day Program <input checked="" type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care
Please Print						
Health Services Number 1 1 2 2 3 3 4 4 5		Name (Surname, Given, Initial) JAMES, JESSE		Date of Birth Year: 1 9 1 Month: 7 1 1 Day: 2 3		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Name of Facility PRAIRIE PIONEERS LODGE			Location of Facility SWIFT CURRENT		Facility Number 0 3 1 4 2	
Non-Saskatchewan Resident Name of Province/State		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Widowed		Current Level of Care (Long Term Care and Temporary Care only): Level 1 <input type="checkbox"/> Supervisory Care Level 2 <input type="checkbox"/> Limited Personal Care Level 3 <input type="checkbox"/> Intensive Personal/Nursing Care Specify The Classification of Level 4 Care: Level 4a <input checked="" type="checkbox"/> (Specialized Supervisory Care) Level 4b <input type="checkbox"/> (Supportive Care) Level 4c <input type="checkbox"/> (Restorative Care) Level 5 <input type="checkbox"/> Rehabilitation		Purpose of Temporary Care Admission: (Choose One) <input checked="" type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management
Social Insurance (SIN) Number 		Admission Date or Hospital Paying Date Year: 2 0 0 0 Month: 6 1 Day: 4				
Are You a Veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
If applicable: <input type="checkbox"/> Transfer from another facility <input type="checkbox"/> Waiting LTC Placement						
Type of Residence Prior to Admission: (Place normally resided) <input type="checkbox"/> House (single family detached) <input type="checkbox"/> Special-care home or Level 2, 3, or 4 care in hospital/health centre <input type="checkbox"/> Apartment (Self-contained, including attached housing) <input type="checkbox"/> Personal care home -Senior citizens' housing/Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Boarding house/rooming house/hotel -Assisted living/Enriched Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rehab facility						
Living Arrangements Prior to Admission: (Must correspond with Type of Residence above) <input type="checkbox"/> Lived alone <input type="checkbox"/> With spouse only <input type="checkbox"/> With spouse and other(s) <input type="checkbox"/> With other family member(s) <input checked="" type="checkbox"/> With others						
Services Received Prior to Admission: (Check only those services received within previous month) <input checked="" type="checkbox"/> Home Care <input type="checkbox"/> Night Care <input type="checkbox"/> Mental health <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Addictions counselling <input type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Temporary care (respite, convalescence, etc.) <input checked="" type="checkbox"/> Rehab/therapy <input type="checkbox"/> Hospital - Emergency <input type="checkbox"/> Long Term Care						
Main Factor Contributing to Admission: (Choose One) <input type="checkbox"/> Accident or illness of resident <input type="checkbox"/> Needs inappropriate for another facility <input type="checkbox"/> Gradual loss of functional abilities <input checked="" type="checkbox"/> Relief for supporter in community <input type="checkbox"/> Death or serious illness of resident's spouse/supporter <input type="checkbox"/> Lack of social contact <input type="checkbox"/> Breakdown in support previously provided by another supporter						
If Married or Common-law, please complete: Spouse's Name _____ Health Services Number _____ Date of Birth _____ Social Insurance (SIN) Number _____						
Income Information Required (Long Term Care Only): Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side B) and a photocopy of the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) for you and your spouse (if applicable). Answer the following questions only if applicable: 1 Are you financially responsible for dependants under age 18, or 18 years of age or older and in full time attendance at an educational institution, or a dependent adult as defined in The Dependent Adults Act? Yes <input type="checkbox"/> Number of dependants _____ 2 Is the full cost of your care paid for by a Third Party Agency? Yes <input type="checkbox"/> Specify Agency _____						
I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval.						
RESIDENT'S SIGNATURE OR SPOUSE'S/SUPPORTER'S SIGNATURE _____			DATE _____			
NAME OF SPOUSE/SUPPORTER (Please Print) _____			RES: _____ BUS: _____			
ADDRESS OF SPOUSE/SUPPORTER (Please Print) _____			TELEPHONE # OF SPOUSE/SUPPORTER _____			
AUTHORIZED OFFICIAL _____						
White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health			Pink Copy - Retain for your records Health 31 - 7794 (2005/12)			

Convalescence

Submitted by special-care homes and health centres **only**.

Special-care Homes - complete Fields 1 through 9 (if applicable), Fields 12 through 21 (**excluding Field 16 and 17**), and Fields 27 and 28.

If the convalescent stay in a special care home extends beyond 60 days, the resident will be required to submit income information and pay the long term care resident charge.

Health Centres - complete Fields 1 through 9 (if applicable), Fields 12 through 21 (**excluding Fields 13, 16, and 17**), and Fields 27 and 28.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the fields.

See next page for an example of a completed Temporary Care Admission - Convalescence.

Refer to Section H (Glossary of Definitions) for a definition of Convalescence.

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE ADMISSION			Type of Admission <input type="checkbox"/> Long Term Care <input type="checkbox"/> Adult Day Program <input checked="" type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care
Please Print					
Health Services Number 6 8 7 0 0 3 3 4 5		Name (Surname, Given, Initial) PARKER, BONNIE		Date of Birth Year: 1 9 4 Month: 7 0 3 Day: 1 1 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Name of Facility L. GERVAIS MEMORIAL HEALTH CENTRE		Location of Facility GOODSOIL		Facility Number 0 0 0 4 5	
Non-Saskatchewan Resident Name of Province/State		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Current Level of Care (Long Term Care and Temporary Care only): Level 1 <input type="checkbox"/> Supervisory Care Level 2 <input type="checkbox"/> Limited Personal Care Level 3 <input type="checkbox"/> Intensive Personal/Nursing Care Specify The Classification of Level 4 Care: Level 4a <input type="checkbox"/> (Specialized Supervisory Care) Level 4b <input type="checkbox"/> (Supportive Care) Level 4c <input type="checkbox"/> (Restorative Care) Level 5 <input type="checkbox"/> Rehabilitation	
Social Insurance (SIN) Number		Purpose of Temporary Care Admission: (Choose One) <input type="checkbox"/> Respite Care <input checked="" type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management		Are You a Veteran? <input type="checkbox"/> Yes	
Admission Date or Hospital Paying Date Year: 2 0 0 Month: 0 2 Day: 2 5		If applicable: <input type="checkbox"/> Transfer from another facility <input type="checkbox"/> Waiting LTC Placement			
Type of Residence Prior to Admission: (Place normally resided) <input checked="" type="checkbox"/> House (single family detached) <input type="checkbox"/> Special-care home or Level 2, 3, or 4 care in hospital/health centre <input type="checkbox"/> Apartment (Self-contained, including attached housing) <input type="checkbox"/> Personal care home -Senior citizens' housing/Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other care home (group, approved etc.) -Assisted living/Enriched Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Boarding house/rooming house/hotel <input type="checkbox"/> Rehab facility					
Living Arrangements Prior to Admission: (Must correspond with Type of Residence above) <input type="checkbox"/> Lived alone <input type="checkbox"/> With spouse only <input checked="" type="checkbox"/> With spouse and other(s) <input type="checkbox"/> With other family member(s) <input type="checkbox"/> With others					
Services Received Prior to Admission: (Check only those services received within previous month) <input type="checkbox"/> Home Care <input type="checkbox"/> Night Care <input type="checkbox"/> Mental health <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Addictions counselling <input checked="" type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Temporary care (respite, convalescence, etc.) <input type="checkbox"/> Rehab/therapy <input type="checkbox"/> Hospital - Emergency <input type="checkbox"/> Long Term Care					
Main Factor Contributing to Admission: (Choose One) <input type="checkbox"/> Accident or illness of resident <input checked="" type="checkbox"/> Needs inappropriate for another facility <input type="checkbox"/> Gradual loss of functional abilities <input type="checkbox"/> Relief for supporter in community <input type="checkbox"/> Death or serious illness of resident's spouse/supporter <input type="checkbox"/> Lack of social contact <input type="checkbox"/> Breakdown in support previously provided by another supporter					
If Married or Common-law, please complete: Spouse's Name _____ Health Services Number _____ Date of Birth _____ Social Insurance (SIN) Number _____					
Income Information Required (Long Term Care Only): Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side B) and a photocopy of the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) for you and your spouse (if applicable). Answer the following questions only if applicable: 1 Are you financially responsible for dependants under age 18; or 18 years of age or older and in full time attendance at an educational institution; or a dependent adult as defined in The Dependent Adults Act? Yes <input type="checkbox"/> Number of dependants _____ 2 Is the full cost of your care paid for by a Third Party Agency? Yes <input type="checkbox"/> Specify Agency _____					
I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval.					
RESIDENT'S SIGNATURE OR SPOUSE'S/SUPPORTER'S SIGNATURE _____			DATE _____		
NAME OF SPOUSE/SUPPORTER (Please Print) _____			RES: _____ BUS: _____		
ADDRESS OF SPOUSE/SUPPORTER (Please Print) _____			TELEPHONE # OF SPOUSE/SUPPORTER _____		
AUTHORIZED OFFICIAL _____					
White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health			Pink Copy - Retain for your records Health 31 - 7794 (2005/12)		

Geriatric Assessment

Submitted by those facilities with geriatric assessment units **only**.

Complete Fields 1 (Type of Admission will be 'Temporary Care') through 9 (if applicable), Field 12, Field 13 (Level of care should be '5'), Field 14 (Purpose of Temporary Care Admission should be 'Assessment'), Fields 15 through 21 (**excluding Field 16 and 17**), and Fields 27 and 28.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the fields.

See next page for an example of a completed Temporary Care Admission - Assessment.

Refer to Section H (Glossary of Definitions) for definition of Geriatric Assessment.

Rehabilitation

Submitted by those facilities designated as Rehabilitation Units **only**.

Complete Fields 1 (Type of Admission will be 'Temporary Care') through 9 (if applicable), Field 12, Field 13 (Level of care should be '5'), Field 14 (Purpose of Temporary Care Admission should be 'Rehabilitation'), Fields 15 through 21 (**excluding Field 16 and 17**), and Fields 27 and 28.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the fields.

See next page for an example of a completed Temporary Care Admission - Rehabilitation.

Refer to Section H (Glossary of Definitions) for definition of Rehabilitation.

Palliative

Submitted by all special care homes, hospitals and health centres for those admissions classified in the level 2-4 range.

Please Note:

- Indicate on the admission form the type of palliative admission and the current level of care of the resident.
- For early and intermediate stage, the minimum resident charge will be applied to palliative stays 60 days or less. If the stay extends beyond 60 days, the resident will be income tested and will be required to pay the income tested resident charge.
- Temporary residents admitted originally as Early/Intermediate are not eligible to have their resident charge waived should they become acute care management or end stage. The patient must be physically discharged to the hospital, health centre, or home and readmitted as palliative acute care management or end stage.
- No charge will be applied to those residents who are admitted to the facility specifically for end stage palliative or acute care management of palliative symptoms.
- Residents of health care facilities who were originally admitted for long term care are not eligible to have their resident charge waived should they become palliative.

Palliative Early/Intermediate Stage - complete Fields 1 through 9 (if applicable), Fields 12 through 21 (**excluding Field 16 and 17**), and Fields 27 and 28.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the fields.

See next page for an example of a completed Temporary Care Admission - Palliative Early/Intermediate Stage.

Refer to Section H (Glossary of Definitions) for a definition of Palliative.

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE ADMISSION		Type of Admission <input type="checkbox"/> Long Term Care <input type="checkbox"/> Adult Day Program <input checked="" type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care
Please Print				
Health Services Number 1 2 1 2 1 2 1 2 1		Name (Surname, Given, Initial) NEUMAN, VICTOR		Date of Birth Year: 1 9 3 3 Month: 0 9 Day: 2 3 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Name of Facility L. GERVAIS MEMORIAL HEALTH CENTRE		Location of Facility GOODSOIL		Facility Number 0 0 0 4 5
Non-Saskatchewan Resident Name of Province/State		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Current Level of Care (Long Term Care and Temporary Care only): Level 1 <input type="checkbox"/> Supervisory Care Level 2 <input type="checkbox"/> Limited Personal Care Level 3 <input type="checkbox"/> Intensive Personal/Nursing Care Specify The Classification of Level 4 Care: Level 4a <input checked="" type="checkbox"/> (Specialized Supervisory Care) Level 4b <input type="checkbox"/> (Supportive Care) Level 4c <input type="checkbox"/> (Restorative Care) Level 5 <input type="checkbox"/> Rehabilitation
Social Insurance (SIN) Number _____		Purpose of Temporary Care Admission: (Choose One) <input type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management		
Are You a Veteran? <input type="checkbox"/> Yes		A admission Date or Hospital Paying Date Year: 2 0 0 0 Month: 0 6 Day: 0 1		
If applicable: <input type="checkbox"/> Transfer from another facility <input type="checkbox"/> Waiting LTC Placement				
Type of Residence Prior to Admission: (Place normally resided) <input checked="" type="checkbox"/> House (single family detached) <input type="checkbox"/> Special-care home or Level 2, 3, or 4 care in hospital/health centre <input type="checkbox"/> Apartment (Self-contained, including attached housing) <input type="checkbox"/> Personal care home -Senior citizens' housing/Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other care home (group, approved etc.) -Assisted living/Enriched Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Boarding house/rooming house/hotel <input type="checkbox"/> Rehab facility				
Living Arrangements Prior to Admission: (Must correspond with Type of Residence above) <input type="checkbox"/> Lived alone <input type="checkbox"/> With spouse only <input type="checkbox"/> With spouse and other(s) <input checked="" type="checkbox"/> With other family member(s) <input type="checkbox"/> With others				
Services Received Prior to Admission: (Check only those services received within previous month) <input checked="" type="checkbox"/> Home Care <input type="checkbox"/> Night Care <input type="checkbox"/> Mental health <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Addictions counselling <input type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Temporary care (respite, convalescence, etc.) <input type="checkbox"/> Rehab/therapy <input type="checkbox"/> Hospital - Emergency <input type="checkbox"/> Long Term Care				
Main Factor Contributing to Admission: (Choose One) <input type="checkbox"/> Accident or illness of resident <input type="checkbox"/> Needs inappropriate for another facility <input type="checkbox"/> Gradual loss of functional abilities <input type="checkbox"/> Relief for supporter in community <input type="checkbox"/> Death or serious illness of resident's spouse/supporter <input type="checkbox"/> Lack of social contact <input checked="" type="checkbox"/> Breakdown in support previously provided by another supporter				
If Married or Common-law, please complete: Spouse's Name _____ Health Services Number _____ Date of Birth _____ Social Insurance (SIN) Number _____				
Income Information Required (Long Term Care Only): Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side B) and a photocopy of the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) for you and your spouse (if applicable).				
Answer the following questions only if applicable: 1 Are you financially responsible for dependants under age 18, or 18 years of age or older and in full time attendance at an educational institution; or a dependent adult as defined in The Dependent Adults Act? Yes <input type="checkbox"/> Number of dependants _____ 2 Is the full cost of your care paid for by a Third Party Agency? Yes <input type="checkbox"/> Specify Agency _____				
I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval.				
RESIDENT'S SIGNATURE OR SPOUSE'S/SUPPORTER'S SIGNATURE _____		DATE _____		
NAME OF SPOUSE/SUPPORTER (Please Print) _____		RES: _____ BUS: _____ TELEPHONE # OF SPOUSE/SUPPORTER _____		
ADDRESS OF SPOUSE/SUPPORTER (Please Print) _____				
AUTHORIZED OFFICIAL _____				
White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health		Pink Copy - Retain for your records Health 31 - 7794 (2005/12)		

Palliative End Stage - complete Fields 1 through 9 (if applicable), Fields 12 through 21 (excluding Field 16 and 17), and Fields 27 and 28.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the fields.

See next page for an example of a completed Temporary Care Admission - Palliative End Stage.

Refer to Section H (Glossary of Definitions) for a definition of End Stage Palliative.

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE ADMISSION		Type of Admission <input type="checkbox"/> Long Term Care <input type="checkbox"/> Adult Day Program <input checked="" type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care
Please Print				
Health Services Number 3 4 3 4 3 4 3 4 3		Name (Surname, Given, Initial) BALDWIN, MICHAEL		Date of Birth Year: 1 9 5 Month: 0 6 Day: 0 5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Name of Facility MAINPRIZE MANOR		Location of Facility MIDALE		Facility Number 0 8 1 4 5
Non-Saskatchewan Resident Name of Province/State	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Current Level of Care (Long Term Care and Temporary Care only): Level 1 <input type="checkbox"/> Supervisory Care Level 2 <input type="checkbox"/> Limited Personal Care Level 3 <input type="checkbox"/> Intensive Personal/Nursing Care Specify The Classification of Level 4 Care: Level 4a <input checked="" type="checkbox"/> (Specialized Supervisory Care) Level 4b <input type="checkbox"/> (Supportive Care) Level 4c <input type="checkbox"/> (Restorative Care) Level 5 <input type="checkbox"/> Rehabilitation		Purpose of Temporary Care Admission: (Choose One) <input type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input checked="" type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management
Social Insurance (SIN) Number _____		Are You a Veteran? <input type="checkbox"/> Yes		
Admission Date or Hospital Paying Date Year: 2 0 0 0 Month: 0 8 Day: 1 5				
If applicable: <input type="checkbox"/> Transfer from another facility <input type="checkbox"/> Waiting LTC Placement				
Type of Residence Prior to Admission: (Place normally resided) <input checked="" type="checkbox"/> House (single family detached) <input type="checkbox"/> Special-care home or Level 2, 3, or 4 care in hospital/health centre <input type="checkbox"/> Apartment (Self-contained, including attached housing) <input type="checkbox"/> Personal care home -Senior citizens' housing/Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other care home (group, approved etc.) -Assisted living/Enriched Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Boarding house/rooming house/hotel <input type="checkbox"/> Rehab facility				
Living Arrangements Prior to Admission: (Must correspond with Type of Residence above) <input type="checkbox"/> Lived alone <input type="checkbox"/> With spouse only <input type="checkbox"/> With spouse and other(s) <input checked="" type="checkbox"/> With other family member(s) <input type="checkbox"/> With others				
Services Received Prior to Admission: (Check only those services received within previous month) <input checked="" type="checkbox"/> Home Care <input type="checkbox"/> Night Care <input type="checkbox"/> Mental health <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Addictions counselling <input type="checkbox"/> Hospital - Inpatient <input checked="" type="checkbox"/> Temporary care (respite, convalescence, etc.) <input type="checkbox"/> Rehab/therapy <input type="checkbox"/> Hospital - Emergency <input type="checkbox"/> Long Term Care				
Main Factor Contributing to Admission: (Choose One) <input type="checkbox"/> Accident or illness of resident <input type="checkbox"/> Needs inappropriate for another facility <input type="checkbox"/> Gradual loss of functional abilities <input checked="" type="checkbox"/> Relief for supporter in community <input type="checkbox"/> Death or serious illness of resident's spouse/supporter <input type="checkbox"/> Lack of social contact <input type="checkbox"/> Breakdown in support previously provided by another supporter				
If Married or Common-law, please complete: Spouse's Name _____				
Health Services Number _____		Date of Birth Year: _____ Month: _____ Day: _____		
Social Insurance (SIN) Number _____				
Income Information Required (Long Term Care Only): Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side B) and a photocopy of the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) for you and your spouse (if applicable).				
Answer the following questions only if applicable: 1 Are you financially responsible for dependants under age 18; or 18 years of age or older and in full time attendance at an educational institution, or a dependent adult as defined in The Dependent Adults Act? Yes <input type="checkbox"/> Number of dependants _____ 2 Is the full cost of your care paid for by a Third Party Agency? Yes <input type="checkbox"/> Specify Agency _____				
I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval.				
RESIDENT'S SIGNATURE OR SPOUSE'S/SUPPORTER'S SIGNATURE _____		DATE _____		
NAME OF SPOUSE/SUPPORTER (Please Print) _____		RES: _____ BUS: _____ TELEPHONE # OF SPOUSE/SUPPORTER _____		
ADDRESS OF SPOUSE/SUPPORTER (Please Print) _____				
AUTHORIZED OFFICIAL _____				

White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health		Pink Copy - Retain for your records Health 31 - 7794 (2005/12)		

Palliative Acute Care Management - complete Fields 1 through 9 (if applicable), Fields 12 through 21 (**excluding Field 16 and 17**), and Fields 27 and 28.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the fields.

See next page for an example of a completed Temporary Care Admission - Acute Care Management.

Refer to Section H (Glossary of Definitions) for a definition of Acute Care Management of Palliative Symptoms.

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE ADMISSION			Type of Admission <input type="checkbox"/> Long Term Care <input type="checkbox"/> Adult Day Program <input checked="" type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care
Please Print					
Health Services Number 3 4 3 4 3 4 3 4 3		Name (Surname, Given, Initial) BALDWIN, MICHAEL		Date of Birth Year: 1 9 5 0 Month: 0 6 Day: 0 5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Facility MAINPRIZE MANOR		Location of Facility MIDALE		Facility Number 0 8 1 4 5	
Non-Saskatchewan Resident Name of Province/State		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Current Level of Care (Long Term Care and Temporary Care only): Level 1 <input type="checkbox"/> Supervisory Care Level 2 <input type="checkbox"/> Limited Personal Care Level 3 <input type="checkbox"/> Intensive Personal/Nursing Care Specify The Classification of Level 4 Care: Level 4a <input checked="" type="checkbox"/> (Specialized Supervisory Care) Level 4b <input type="checkbox"/> (Supportive Care) Level 4c <input type="checkbox"/> (Restorative Care) Level 5 <input type="checkbox"/> Rehabilitation	
Social Insurance (SIN) Number		Are You a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Temporary Care Admission: (Choose One) <input type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input checked="" type="checkbox"/> Palliative: Acute Care Management	
Admission Date or Hospital Paying Date Year: 2 0 0 0 Month: 0 9 Day: 1 5					
If applicable: <input type="checkbox"/> Transfer from another facility <input type="checkbox"/> Waiting LTC Placement					
Type of Residence Prior to Admission: (Place normally resided) <input checked="" type="checkbox"/> House (single family detached) <input type="checkbox"/> Special-care home or Level 2, 3, or 4 care in hospital/health centre <input type="checkbox"/> Apartment (Self-contained, including attached housing) <input type="checkbox"/> Personal care home -Senior citizens' housing/Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other care home (group, approved etc.) -Assisted living/Enriched Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Boarding house/rooming house/hotel <input type="checkbox"/> Rehab facility					
Living Arrangements Prior to Admission: (Must correspond with Type of Residence above) <input type="checkbox"/> Lived alone <input type="checkbox"/> With spouse only <input type="checkbox"/> With spouse and other(s) <input checked="" type="checkbox"/> With other family member(s) <input type="checkbox"/> With others					
Services Received Prior to Admission: (Check only those services received within previous month) <input checked="" type="checkbox"/> Home Care <input type="checkbox"/> Night Care <input type="checkbox"/> Mental health <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Addictions counselling <input type="checkbox"/> Hospital - Inpatient <input checked="" type="checkbox"/> Temporary care (respite, convalescence, etc.) <input type="checkbox"/> Rehab/therapy <input type="checkbox"/> Hospital - Emergency <input type="checkbox"/> Long Term Care					
Main Factor Contributing to Admission: (Choose One) <input type="checkbox"/> Accident or illness of resident <input type="checkbox"/> Needs inappropriate for another facility <input type="checkbox"/> Gradual loss of functional abilities <input checked="" type="checkbox"/> Relief for supporter in community <input type="checkbox"/> Death or serious illness of resident's spouse/supporter <input type="checkbox"/> Lack of social contact <input type="checkbox"/> Breakdown in support previously provided by another supporter					
If Married or Common-law, please complete: Spouse's Name _____ Health Services Number _____ Date of Birth _____ Social Insurance (SIN) Number _____					
Income Information Required (Long Term Care Only): Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side B) and a photocopy of the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) for you and your spouse (if applicable). Answer the following questions only if applicable: 1 Are you financially responsible for dependants under age 18, or 18 years of age or older and in full time attendance at an educational institution; or a dependent adult as defined in The Dependent Adults Act? Yes <input type="checkbox"/> Number of dependants _____ 2 Is the full cost of your care paid for by a Third Party Agency? Yes <input type="checkbox"/> Specify Agency _____					

I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval.

RESIDENT'S SIGNATURE OR SPOUSE'S/SUPPORTER'S SIGNATURE _____ NAME OF SPOUSE/SUPPORTER (Please Print) _____ ADDRESS OF SPOUSE/SUPPORTER (Please Print) _____ AUTHORIZED OFFICIAL _____	DATE _____ RES: _____ BUS: _____ TELEPHONE # OF SPOUSE/SUPPORTER _____
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White Copy - Complete on admission; Return to HISC - Sask Health
 Yellow Copy - Complete on discharge; Return to HISC - Sask Health
 Pink Copy - Retain for your records
 Health 31 - 7794 (2005/12)

Night Care

Purpose:

- A relief service offered by health care facilities to family or other primary care-providers in the community.
- Individuals who receive night care on a regularly scheduled basis should not be discharged until they leave the program.
- If the night care program is accessed on an intermittent or sporadic basis, an admission and discharge must be completed for each care episode.

Complete Fields 1 through 9 (if applicable), Field 12 through 21 (**excluding Fields 13, 14, 16, and 17**), and Fields 27 and 28.

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the different fields.

Refer to Section H (Glossary of Definitions) for definition of Night Care.

See next page for an example of a completed Night Care Admission.

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE ADMISSION			Type of Admission <input type="checkbox"/> Long Term Care <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Temporary Care <input checked="" type="checkbox"/> Night Care
Please Print					
Health Services Number 7 8 1 2 5 6 4 3 9		Name (Surname, Given, Initial) SIMPSON, HOMER		Date of Birth Year: 1 9 5 7 Month: 0 5 1 Day: 0	
Name of Facility WAWOTA & DISTRICT SPECIAL CARE HOME		Location of Facility WAWOTA		Facility Number 1 1 1 4 5	
Non-Saskatchewan Resident Name of Province/State		Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Current Level of Care (Long Term Care and Temporary Care only): Level 1 <input type="checkbox"/> Supervisory Care Level 2 <input type="checkbox"/> Limited Personal Care Level 3 <input type="checkbox"/> Intensive Personal/Nursing Care Specify The Classification of Level 4 Care: Level 4a <input type="checkbox"/> (Specialized Supervisory Care) Level 4b <input type="checkbox"/> (Supportive Care) Level 4c <input type="checkbox"/> (Restorative Care) Level 5 <input type="checkbox"/> Rehabilitation	
Social Insurance (SIN) Number _____		Purpose of Temporary Care Admission: (Choose One) <input type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management		Are You a Veteran? <input type="checkbox"/> Yes	
Admission Date or Hospital Paying Date Year: 2 0 0 0 Month: 0 8 Day: 1 5					
If applicable: <input type="checkbox"/> Transfer from another facility <input type="checkbox"/> Waiting LTC Placement					
Type of Residence Prior to Admission: (Place normally resided) <input checked="" type="checkbox"/> House (single family detached) <input type="checkbox"/> Special-care home or Level 2, 3, or 4 care in hospital/health centre <input type="checkbox"/> Apartment (Self-contained, including attached housing) <input type="checkbox"/> Personal care home -Senior citizens' housing/Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other care home (group, approved etc.) -Assisted living/Enriched Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Boarding house/rooming house/hotel <input type="checkbox"/> Rehab facility					
Living Arrangements Prior to Admission: (Must correspond with Type of Residence above) <input type="checkbox"/> Lived alone <input type="checkbox"/> With spouse only <input checked="" type="checkbox"/> With spouse and other(s) <input type="checkbox"/> With other family member(s) <input type="checkbox"/> With others					
Services Received Prior to Admission: (Check only those services received within previous month) <input type="checkbox"/> Home Care <input type="checkbox"/> Night Care <input checked="" type="checkbox"/> Mental health <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Addictions counselling <input type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Temporary care (respite, convalescence, etc.) <input type="checkbox"/> Rehab/therapy <input type="checkbox"/> Hospital - Emergency <input type="checkbox"/> Long Term Care					
Main Factor Contributing to Admission: (Choose One) <input type="checkbox"/> Accident or illness of resident <input type="checkbox"/> Needs inappropriate for another facility <input checked="" type="checkbox"/> Gradual loss of functional abilities <input type="checkbox"/> Relief for supporter in community <input type="checkbox"/> Death or serious illness of resident's spouse/supporter <input type="checkbox"/> Lack of social contact <input type="checkbox"/> Breakdown in support previously provided by another supporter					
If Married or Common-law, please complete: Spouse's Name _____					
Health Services Number _____		Date of Birth _____			
Social Insurance (SIN) Number _____					
Income Information Required (Long Term Care Only): Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side B) and a photocopy of the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) for you and your spouse (if applicable).					
Answer the following questions only if applicable: 1 Are you financially responsible for dependants under age 18; or 18 years of age or older and in full time attendance at an educational institution; or a dependent adult as defined in The Dependent Adults Act? Yes <input type="checkbox"/> Number of dependants _____ 2 Is the full cost of your care paid for by a Third Party Agency? Yes <input type="checkbox"/> Specify Agency _____					
I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval.					
RESIDENT'S SIGNATURE OR SPOUSE'S/SUPPORTER'S SIGNATURE _____			DATE _____		
NAME OF SPOUSE/SUPPORTER (Please Print) _____			RES: _____ BUS: _____		
ADDRESS OF SPOUSE/SUPPORTER (Please Print) _____			TELEPHONE # OF SPOUSE/SUPPORTER _____		
AUTHORIZED OFFICIAL _____					
White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health			Pink Copy - Retain for your records Health 31 - 7794 (2005/12)		

C. LONG TERM CARE/LEVEL OF CARE CHANGE

Purpose:

- To be completed when the designated level of care of a long term care resident changes. This form is to be used by **all** facilities that have long term care residents.

Submit Copy 1 (white) of this form (Health 31-1779) to the Ministry of Health; retain Copy 2 (yellow) for your records. See page 2 of this manual for information on how to obtain these forms.

FACILITY INFORMATION

Name of Facility

Location of Facility

Facility Number

RESIDENT INFORMATION

Name of Resident

Saskatchewan Ministry of Health Services Card Number

Out-of-Province Health Card (if applicable)

Refer to Section A (General Information Concerning Forms) for a detailed explanation of the different fields.

Date of Change

Enter the date on which the individual's care needs were reclassified.

New Level of Care

Enter the new level of care, as determined by the long-term care facility or the regional assessment unit, using the "Criteria for Levels of Care".

Refer to Section H (Glossary of Definitions) for a more detailed explanation of levels of care.

See next page for an example of a completed Level of Care Change form.



Ministry of Health

Long Term Care
Level of Care Change

Please Print

Facility Information		
Name of Facility Santa Maria	Location of Facility Regina	Facility Number 15208

Resident Information	
Name of Resident (Surname, Given, Initial) Mouse, Mickey	Date of Change: Year Month Day 2 0 0 0 0 1 1 5
Health Services Number 123456789	Out-of-Province Health Care – state Province New Level of Care: <input type="checkbox"/> 1 If Level 4: <input checked="" type="checkbox"/> 4a <input type="checkbox"/> 2 <input type="checkbox"/> 4b <input type="checkbox"/> 3 <input type="checkbox"/> 4c

White Copy – Return to Sask Health
Yellow Copy – Retain For Your Records

Authorized Official

Health 31-7779/298

D. INCOME TESTING

Spousal Information (Field 22)

Complete this section if marital status is married or common-law.

Marital Status Changes

Please have the resident/supporter notify Health Registration Branch when there is a change in marital status. See Person Registry System (PHRS), page 3. In addition, facilities should record changes in marital status on the resident list. As a result of the change, the resident charge will be recalculated to accurately reflect the current situation.

Contact Health Registration Branch at 787-3251 (in Regina) or Toll Free at 1-800-667-7551.

Refer to Introduction To The Supportive Care Information System – Person Registry System) for information on what is required to report a marital status change.

Income Information Required (Field 23)

1. Income Tested Resident Charge (ITRC)

The ITRC is the amount charged to persons receiving non-acute care, according to *The Special-care Homes Rates Regulations*. The ITRC is adjusted quarterly and is indexed to the economic increase in OAS/GIS benefits.

All individuals waiting long term care placement will pay the income tested resident charge regardless of the facility type (i.e. special care home, hospital, health centre).

A resident admitted for temporary care must pay the minimum resident charge for a stay 60 days or less and the income-tested resident charge if their stay is more than 60 consecutive days. This will apply to temporary care admissions for respite, convalescence (special care homes only), and palliative (early/intermediate only). A system-generated Income Information Request will be produced and returned to the facility requesting income information on the individual.

Refer to Section K (Appendix III) for an example of the Income Information Request.

Resident charges are based on annual reported income from Line 150 of the Income Tax Return, which includes earned interest from bank accounts and investments. Personal assets (land, houses, bank accounts etc.) are not taken into account in determining the resident charge.

NOTE: Any resident who fails/refuses to provide the necessary income information will be assessed the maximum charge.

2. Complete this portion of the form

Long Term Care residents - at time of admission

3. Calculation of Resident Charge

Residents pay the standard resident charge (\$1014 at April 1, 2012) plus 50% of the portion of their income between \$1,238 and \$3,073.

For married residents (including common-law couples), the couple's incomes are combined, divided equally, and the formula applied to determine the income-tested resident charge

4. Optional Designation for Determining Resident Charge

Married residents and common-law couples who live in separate dwellings for reasons beyond their control may choose to complete an Optional Designation Form for the purpose of determining the resident charge. With this designation only the resident's income is considered when calculating the charge. It should be noted that this option is only of benefit in situations where the resident's income is lower than that of their spouse. Choosing this designation does not change a couple's marital status.

As well, legal separation will be recognized for purposes of determining the resident charge. When a resident is separated from their spouse pursuant to a separation agreement or a judicial separation only the resident's income is used in determining the resident charge when the designation form is completed.

Refer to Section K (Appendix IX) for a sample of the Optional Designation Form.

5. Answer the following two questions only if applicable.

Question 1 – Financial responsibility for dependants who are under age 18: or 18 years of age or older and in full-time attendance at an educational institution; or a dependent adult as defined in the Dependent Adults Act.

In the case of dependent adults, resident should answer 'yes' if the resident or their spouse are providing significant financial assistance for the individual, otherwise leave blank. Resident should provide 'Schedule 5 – Details of Dependant' from the tax return.

Question 2 – Full Cost Of Care Paid By A Third Party Agency

In special circumstances, a third party agency may be obligated to provide for the full cost of care of a resident **as reasonably estimated by the facility**. Full cost of care means that the third party agency is covering all expenses incurred by the facility in maintaining the resident in that facility.

Please leave Question 2 blank if the income tested resident charge is paid by the third party agency. This is not considered to be full cost of care.

- 6. Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side B) and a photocopy of the most recent year's notice of assessment(s) from Canada Revenue Agency (CRA) for the resident and spouse (if applicable).**

Resident's Signature or Spouse's/Supporter Signature (Field 24)

The resident **must** sign the form or, if he/she is unable, then the spouse or supporter **must** sign for the resident. Supporter usually means the person who has Power of Attorney.

Name of Spouse/Supporter (Field 25)

Please print the name of the resident's spouse/supporter to be contacted should clarification of income be required.

Address of Spouse/Supporter (Field 26)

Please print the address of the resident's spouse/supporter to be contacted should clarification of income be required.

Date (Field 28)

This section **must** be dated by the facility official upon completion of the form.

Telephone Number of Spouse/Supporter (Field 29)

Please provide both residence and business (if applicable) in order that we may reach the individual during our office hours. This should correspond with the person named in Fields 25 and 26 above.

7. Registered Indian Persons

Level 2 or 3 Care

Indian and Northern Affairs Canada (INAC) is responsible for the FULL COST OF CARE for Registered Indian persons receiving Level 2 or 3 care. Billings should be directed to:

Indian and Northern Affairs Canada
Saskatchewan Region
Room 200
#1 First Nations Way
REGINA, SK S4S 7K5

Phone: (306) 780-5945

Level 4 Care

The income tested resident charge applies to all Registered Indian persons receiving Level 4 care.

Those residents 65 years of age or over are responsible for paying the income tested resident charge.

Effective July 1, 2002 those residents under 65 years of age who don't have the resources to pay for their care should be billed to either the provincial or federal government as indicated below.

Provincial

Contact the nearest Saskatchewan Ministry of Social Services regional office for those residents living off reserve prior to admission.

Federal

Contact Indian and Northern Affairs Canada (INAC) for those residents living on reserve prior to admission:

Indian and Northern Affairs Canada
Saskatchewan Region
Room 200
#1 First Nations Way
REGINA, SK S4S 7K5

Phone: (306) 780-5945

Continue to bill Health Canada for those residents whose income tested resident charge was paid for by First Nations and Inuit Health Branch prior to July 1, 2002:

Health Canada – First Nations and Inuit Health Branch
Non-insured Health Benefits
Chateau Towers - 1920 Broad Street
REGINA, SK S4P 3V2

Phone: (306) 780-7458

Based on the foregoing, it is very important that you be aware of any change in level of care. This is particularly so in the case of a change from Level 3 to Level 4. If not monitored, you could be faced with the situation of having to reimburse INAC as they will have been paying the full cost of care for Level 2 or 3. Please ensure the billings are directed to the appropriate government department as noted above.

Refer to Section K (Appendix X) for the Information Sheet Registered First Nations

Explanation of Terms and Benefits

Guaranteed Income Supplement (GIS)

Guaranteed Income Supplement (GIS) is a monthly benefit administered by the federal government and paid to residents of Canada who receive a basic, full or partial Old Age Security (OAS) pension and who have little or no other income. Both married residents and common-law couples who live in separate dwellings for reasons beyond their control may qualify for involuntary separation under this program.

For more information, please contact:

Service Canada
Income Security Programs
1783 Hamilton Street
REGINA SK S4P 2B6

Phone: 1-800-277-9914 (Toll Free)
1-800-277-9915 (Toll Free - French)

Seniors Income Plan (SIP) Benefits

This benefit requires explanation (even though not included on the form) as it is often confused with SAP. Saskatchewan Ministry of Social Services administer both benefits

The Seniors Income Plan is a provincial supplement administered by Saskatchewan Ministry of Social Services. There is no application for this benefit. Payments are made automatically based on the amount of federal GIS a senior receives. The SIP payment is combined with the monthly OAS/GIS payment. Not all seniors qualify for this benefit.

Drug Plan & Extended Benefits Branch

Seniors' Drug Plan

Effective July 1, 2008, an income test component was introduced to the Seniors' Drug Plan. Saskatchewan residents who are 65 years of age and older with a reported income (Line 236) that is less than the eligibility amount used for the Federal Age Tax Credit will be eligible; he/she must submit a complete application (Form A) to be approved for benefits. This program ensures that Saskatchewan seniors pay \$20* per prescription for drugs listed in the Saskatchewan Formulary or approved under Exception Drug Status.

The Seniors' Drug Plan does not include seniors who are covered under federal government programs, such as the federal Non-Insured Health Benefits Program or Veterans Affairs Canada.

Seniors with Guaranteed Income Supplement (GIS) or Seniors Income Plan (SIP) will continue to have a \$200 or \$100 semi-annual deductible. Individual prescriptions under these two programs will be \$20.

Seniors with Special Support coverage will pay the lesser of the Special Support co-payment or the \$20 per prescription.

Patients with the following coverage WILL NOT be affected and will continue to be covered in the same manner as they have in the past:

- Saskatchewan Aids to Independent Living (SAIL)
- Palliative Care
- Seniors receiving SIP and residing in a long term care facility

Prescriptions covered

Prescription drugs listed in the Saskatchewan Formulary and approved under Exception Drug Status.

How To Apply

Application forms are available:

- online at www.health.gov.sk.ca/seniors-prescription-drug-plan
- at your pharmacy
- by contacting the Drug Plan and Extended Benefits Branch toll-free at 1-800-667-7581 or in Regina at 787-3317

Form A - CRA Application/Consent One-Time Application Form

To apply for the Seniors' Drug Plan program, each eligible senior must complete and sign an application and consent form. By using Form A, he/she gives the Drug Plan and Extended Benefits Branch permission to update your coverage annually.

Form B - Annual Application

To apply for the Seniors' Drug Plan, this form can be completed and submitted with income information each year.

Special Support Program

Further benefits may be available to seniors and non-seniors under the Special Support Program, which requires an application and income testing. If the annual cost of covered drugs exceeds 3.4% of the family income, then the family may qualify for a lower co-payment to reduce the family share of drug costs. Seniors with Special Support coverage will pay the lesser of the Special Support co-payment or the \$20.00 per prescription.

Other

Non-seniors who are covered under Family Health Benefits, seniors who receive SIP and seniors residing in special-care homes who receive GIS have a six-month deductible of \$100. After the \$100 is reached, the resident pays 35% of the covered drug costs and the Drug Plan pays the remaining 65%. The six-month deductible periods are from January 1 to June 30 and July 1 to December 31.

*Maximum Allowable Cost and Low Cost Alternative pricing policies apply.

+Pharmacists and Physicians must apply on behalf of their client for Exception Drug Status. Approval for coverage will be based on medical criteria.

For further information, please contact:

Saskatchewan Ministry of Health
Drug Plan & Extended Benefits
3475 Albert Street
REGINA, SK S4S 6X6

Phone: (306) 787-3317 (Regina)
1-800-667-7581 (Toll Free)
(306) 787-8679 (fax)

Hospital Drug Charges

Refer to memo HCL 1511 dated November 6, 1992 when calculating the medication charges for eligible Level 2, 3 and 4 patients. If you have questions regarding any hospital drug charges, please call the Hospital Pharmacy Dept. within your Region.

Supplementary Health Coverage

The Supplementary Health Program provides select additional health services to people nominated by Saskatchewan Ministry of Social Services. This program may cover certain dental services, drugs, medical supplies and appliances, optical services, chiropractic services and emergency medical transportation costs.

To be eligible, residents of long-term care facilities must be nominated by the administration of the long-term care facility and be receiving Seniors Income Plan (SIP) benefits. The facility completes a Health Coverage Advice form and forwards to Saskatchewan Ministry of Social Services.

Refer to Section K (Appendix IV) for a sample of the Health Coverage Advice form.

If you have questions of eligibility or wish to order the Health Coverage Advice Form contact:

Saskatchewan Ministry of Social Services
Seniors Income Plan

Phone: 787-2681 (Regina)
1-800-667-7161 (Toll Free)
(306) 787-9993 (fax)

For information on supplementary benefits refer to the following website or contact:
www.health.gov.sk.ca/ps_supplementary.html

Saskatchewan Ministry of Health
Drug Plan & Extended Benefits

Phone: 787-3124 (Regina)
1-800-266-0695 (Toll Free)
(306) 787-8679 (fax)

Saskatchewan Assistance Plan (SAP) Benefits

The Income Security Programs Branch of Saskatchewan Ministry of Social Services provides income support services to families and individuals to lessen, remove, or prevent the causes and effects of poverty, hunger and dependency.

The Saskatchewan Assistance Plan (SAP) provides financial assistance to people in need, who have minimal other income thereby lessening the effects of poverty. SAP also nominates clients for supplementary health coverage. In order to receive SAP, application must be made to the Saskatchewan Ministry of Social Services for a financial services worker to determine eligibility.

Saskatchewan Aids to Independent Living (SAIL) Benefits

This program facilitates the independence of persons with permanent physical disabilities and those with select chronic conditions. There is an extensive range of benefits but those particularly relevant to long-term care include home oxygen, therapeutic nutritional products and mobility devices through the Special Needs Equipment Program operated by the Saskatchewan Abilities Council.

For more information on SAIL benefits, please refer to the following website or contact:
www.health.gov.sk.ca/ps_sail.html

Saskatchewan Ministry of Health
Drug Plan & Extended Benefits
3475 Albert Street
REGINA, SK S4S 6X6
Phone: (306) 787-7121

Veterans

Veteran's benefits through Veterans Affairs Canada are case specific. If an individual identifies himself or herself as a veteran or believes that they have service that would qualify them for veteran's benefits, contact should be made with the nearest Veterans Affairs Canada District Office. There are two Veterans Affairs Canada District Offices in Saskatchewan to serve client needs:

Regina District

108 – 1783 Hamilton Street
Regina SK S4P 2B6
Telephone – 1-866-522-2122 (Toll Free)
(306) 780-5559 (fax)

Saskatoon District

501 – 101 22nd Street East
Saskatoon SK S7K 0E1
Telephone – 1-866-522-2122 (Toll Free)
(306) 975-4306 (fax)

New Long-Term Care Admissions

Income-Tested Resident Charge CRA Consent Side A /Annual Consent Side B Form

In addition to completing the Institutional Supportive Care Admission Form (H31-7794) it will be necessary for the resident/supporter to complete the CRA Consent/Annual Consent Form (See Appendix XI). However, in order to set their current resident charge Saskatchewan Ministry of Health requires a copy of pages 1 to 3 of the Income Tax Return(s) or the Notice of Assessment(s) showing Total Income - Line 150 for both resident and if applicable, their spouse no matter which option is selected. This form is to be completed to determine which option the resident and if applicable, the spouse wishes to have for the annual review process. **Drug Plan & Extended Benefits Branch only obtains Line 150 from CRA once a year which is at the time of the annual review. We are not online with CRA, therefore the income information cannot be obtained throughout the year.**

If resident and spouse (if applicable) **want the automated process**, they must complete and sign Side A of the CRA Consent. Signing the “Consent to Canada Revenue Agency” section authorizes the Drug Plan & Extended Benefits Branch to obtain income (Line 150) from CRA.

If resident and spouse (if applicable) **want the annual process**, they must complete and sign Side B of the Annual Consent. They must also attach a copy of their, and if applicable, their spouse’s Notice of Assessment or pages 1 to 3 of the income tax return.

A legal Power of Attorney (POA) may sign the CRA Consent form if they have more than just financial authority. A copy of the POA documents must be attached.

Long Term Care Resident Nomination and Consent Form (H31-7795)

The Long Term Care Resident Nomination and Consent Form must be completed and forwarded to Saskatchewan Ministry of Health in situations where a resident does not have a legal power of attorney. This allows Saskatchewan Ministry of Health to discuss personal information regarding the calculation of the resident charge with someone other than the resident. If resident has a legal power of attorney, and the CRA Consent Form and power of attorney document is provided the Resident Nomination and Consent form is not required.

Refer to Section K (Appendix V) for a sample of the Nomination and Consent form.

Optional Designation for Determining Resident Charge (H31-7797)

The Optional Designation Form must be submitted with the Institutional Supportive Care Admission Form. This form should only be completed if the designation is of benefit that is in situations where the resident's income is lower than that of their spouse. With this designation only the resident's income is considered when calculating the charge. This designation does not change a couple's marital status.

As well, legal separation will be recognized for purposes of determining the resident charge. When a resident is separated from their spouse pursuant to a separation agreement or a judicial separation only the resident's income is used in determining the resident charge when the designation form is completed.

Refer to Section K (Appendix IX) for a sample of the Optional Designation Form.

Explanation of Terms and Benefits Sheet

At the time of admission to long-term care please provide the resident/supporter with the Explanation of Terms and Benefits sheet. This sheet outlines some of the programs available.

If the resident is receiving Guaranteed Income Supplement, ask if the resident is receiving Seniors Income Plan payments (see page 36 – SIP Benefits). If yes, the facility should nominate the resident for Supplementary Health Coverage by completing a Health Coverage Advice form (Appendix IV).

Refer to Section K (Appendix VI) for Explanation of Terms and Benefits sheet.

Information Sheet Income Tested Resident Charge

This sheet explains the calculation of the income tested resident charge. Please note that the resident charge can change quarterly with changes to Old Age Security (OAS) and Guaranteed Income Supplement (GIS) amounts. Please provide all new Long Term Care (LTC) residents with a copy of this information sheet.

Refer to Section K (Appendix VII) for the Information Sheet Income - Tested Resident Charge

Interim Charge

If your facility/regional health authority board charges the minimum until Saskatchewan Ministry of Health sets the correct charge, please advise resident/supporter that they will be responsible for paying the difference between the minimum charge and the set charge. Conversely if the maximum is charged, the resident/supporter will be credited for any overpayments.

Per Diem Charge and Prorating Resident's Monthly Charge

Where a resident resides in a facility for less than a full calendar month, the resident will pay with respect to the partial month of residence an amount calculated by first determining a per diem charge. This calculation is obtained by dividing the monthly resident charge by the number of days in the month during which the resident resided. To obtain the partial month charge multiply the per diem charge by the number of days in the month the resident resided in the facility. For a full calendar month use the monthly charge.

Residents Admitted in Two Facilities

If a resident is in a facility as long-term care and is admitted temporarily into another facility, the resident should not be charged at both facilities. The facilities/Regional Health Authorities would have to enter into an agreement in respect to the resident charge.

Long-Term Care Transfers From One Facility To Another Facility

In the case of a long-term care admission being a transfer from another facility it is not necessary to have resident/supporter provide income information if he/she has previously been income-tested and assessed a resident charge. Simply indicate in the Income Information Section of the Institutional Supportive Care Admission/Discharge Form (H31-7794) that the resident transferred from a special-care home/hospital (indicate name of the facility). If the Income Assessment, Operations Unit has not previously received the income information, they will request it. Contact could be made with the other facility to determine if the resident charge was set or contact the Income Assessment, Operations Unit at Saskatchewan Ministry of Health. Please ask the resident/supporter if they previously completed the Income-Tested Resident Charge CRA Consent/Annual Consent Form. See Section D – Income Testing and/or Appendix XI CRA Consent/Annual Consent Form.

Married or Common-Law Couples Where Both Are In Long-Term Care Facilities

At the time of a new admission it would be helpful to make a notation on the Institutional Supportive Care Admission Form that the new resident's spouse is also in a long-term care facility. This would allow us to accurately calculate the resident charges for both. A resident at the time of admission may have benefited by completing the Optional Designation Form but when their spouse becomes a resident it may be necessary to combine their incomes and have their charges the same. We cannot have a situation where one resident charge is set using his/her income only (involuntary-separated) and the spouse's resident charge is set using combined income. They must both be either involuntary-separated or both on combined incomes.

If either resident deceases, please ensure that the marital status is changed for the surviving spouse in the long-term care facility. This would allow us to accurately calculate the resident charge according to the current marital status.

Children Under 18 Years of Age Receiving Long Term Care

POLICY

Effective immediately, Saskatchewan Ministry of Health will pay the minimum resident charge for children under 18 years of age receiving institutional long-term care to the end of the month in which the child becomes 18 years of age.

This policy change does not apply:

- to children who are permanent Wards of the Ministry of Social Services (SS) or
- to children for whom there is a legal responsibility on the part of a third party agency to pay the resident charge.

It should be noted that if a child becomes a permanent Ward of the Ministry of Social Services during this time, Saskatchewan Ministry of Health would cease payment of the resident charge.

Charges for medications, medical supplies, and personal items will remain the responsibility of the parents/guardians.

SS remains responsible for payment of the long term care resident charge for all children under 18 years of age who are permanent Wards of the Ministry of Social Services

At age 18, an individual may apply for Social Assistance as a single adult. If eligible, SS would then cover the income-tested resident charge and the individual may also qualify for benefit programs to address drug and supply costs.

PROCESS

The Regional Health Authority or affiliated/contracted agency will continue to submit the Institutional Supportive Care Admission form for all children under 18 years of age who are admitted to long term care.

Through the admission form, Saskatchewan Ministry of Health will be able to determine the children for whom payment should be made by Saskatchewan Ministry of Health. However, if a Regional Health Authority is aware of a child being admitted to long term care where Saskatchewan Ministry of Health would be responsible for the resident charge, the Regional Health Authority should inform the Income Assessment, Operations Unit (Saskatchewan Ministry of Health): 787-5023 (Regina) or 1-800-667-4884 (Toll Free).

Saskatchewan Ministry of Health will make the necessary payments to the regional health authority on a quarterly basis. The region, in turn, will make this money available to the facility in which the child is receiving long term care, if the facility is the normal recipient of the charges.

Request for Recalculation of Resident Charge

A resident may at any time request a recalculation of the resident's monthly charge if:

- the resident disagrees with the resident monthly charge calculated; or
- the resident's or spouse's financial circumstances have changed significantly and a recalculation may be warranted; or
- the resident is disadvantaged by the use of total annual income (Line 150 of the tax return) in determining the resident charge and wishes to have the use of net annual income (Line 236 of the tax return) considered.

A request for recalculation of the resident charge may be made at any time by submitting a written request to Saskatchewan Ministry of Health along with supporting documentation. If the resident charge is recalculated, it will be retroactive to the first day of the month in which the request was submitted.

E. INSTITUTIONAL SUPPORTIVE CARE DISCHARGE

Purpose:

- to capture the discharge information for all admitted residents and clients within the Institutional Supportive Care Program.

Submit Copy 2 (yellow) of the form to the Ministry of Health; retain Copy 3 (pink) for your records. See page 2 of this manual on how to obtain these forms.

All facility and resident/client information will appear on the discharge copy of the form.

The facility is required to fill out the following fields:

***Reason for Discharge** (Field 30):

Select one category that was the most important in determining discharge.

'Functional improvement or recovery' will normally be used when the person's care needs have decreased significantly and alternate placement is located at a lower level of care, community care or self care.

'Care provider in community able and willing to support resident/client' will normally apply when the individual's condition has not changed significantly but a family member is now prepared to provide the required care.

'Resident request for transfer' will apply when the resident of a facility has requested a move to another facility (e.g. from a rural facility to an urban facility in order to be closer to family members).

'Transfer for other reasons' will apply when the resident of a facility is moved to another facility for other reasons than the resident's request (e.g. facility closure).

'Care needs changed' can be used in the following cases:

- the care needs of a person in an adult day program have become too difficult to manage in the program.
- a person in an acute care hospital with care needs classified as level 2, 3, or 4 has located placement in a long term care facility.
- the care needs of a person in a special-care home have become too difficult to manage and a placement has been located in a more appropriate facility.

***Date of Discharge (Field 31):**

For long term care residents and all types of temporary care admissions indicate the date of discharge as the date the resident left the facility, as opposed to the date that charges to the resident ceased. It is up to the facility/RHA to determine the extra charges beyond the discharge date per the admission agreement. There is a possibility that there could be some days that aren't charged to any resident, as the room was not occupied or not ready for occupancy. The responsibility for the day-to-day operation of health services rests with the Regional Health Authorities.

It is not necessary to discharge residents who are temporarily away from the facility for acute care purposes unless payment for the bed has been stopped. If, for any reason, the resident does not return to your facility please use the discharge date as the date the resident left your facility, the reason why and alternative arrangements. For example, the resident goes to hospital from your facility with the expectation that he/she will return, but deceases in hospital. The discharge date from your facility is the date the resident left for hospital. The reason for discharge and alternative arrangements should correspond with this date (reason – care needs changed, alternative arrangements – level 5 or 6 stay in hospital).

Please note: If a resident's type of admission within the same facility changes, it is necessary to complete a discharge and readmit on the Institutional Supportive Care admission form reflecting the new admission type (i.e. Temporary care to Long-term care).

***Alternative Arrangements (Field 29):**

Please select only one category. If the resident has deceased, leave this section blank.

'Level 5 or Level 6 stay in hospital' is for residents who are transferred to a hospital for care outside the Level 2 - 4 range.

'Level 2, 3 or 4 in special-care home/hospital/health centre' is for residents who transfer to a special-care home that is licensed under The Housing and Special-care Homes Act or to a hospital/health centre bed where care in the range Level 2 - 4 is being provided.

'Other Care Home' includes Group Homes and Approved Homes and should not be checked on a discharge form when residents are being discharged to another long-term care facility. The appropriate category is 'Level 2, 3, or 4 in special-care home/hospital'.

NOTE: Please ensure that all fields are completed on the discharge before submitting the form to Saskatchewan Ministry of Health.

See next page for a completed copy of the discharge form.

Refer to Section H (Glossary of Definitions) for an explanation of Group Homes and Approved Homes.

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE DISCHARGE		Type of Admission <input type="checkbox"/> Long Term Care <input checked="" type="checkbox"/> Adult Day Program <input type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care															
Please Print																			
Health Services Number	Name (Surname, Given, Initial)	Date of Birth		<input checked="" type="checkbox"/> Male															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 12.5%;">1</td><td style="width: 12.5%;">2</td><td style="width: 12.5%;">3</td><td style="width: 12.5%;">4</td><td style="width: 12.5%;">5</td><td style="width: 12.5%;">6</td><td style="width: 12.5%;">7</td><td style="width: 12.5%;">8</td><td style="width: 12.5%;">9</td></tr> </table>	1	2	3	4	5	6	7	8	9	MOUSE, MICKEY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 33%;">Year</td><td style="width: 33%;">Month</td><td style="width: 33%;">Day</td></tr> <tr><td style="text-align: center;">1 9 3</td><td style="text-align: center;">0 0 5</td><td style="text-align: center;">1 4</td></tr> </table>	Year	Month	Day	1 9 3	0 0 5	1 4	<input type="checkbox"/> Female	
1	2	3	4	5	6	7	8	9											
Year	Month	Day																	
1 9 3	0 0 5	1 4																	
Name of Facility		Location of Facility		Facility Number															
WILLIAM BOOTH SPECIAL CARE HOME		REGINA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 12.5%;">1</td><td style="width: 12.5%;">5</td><td style="width: 12.5%;">1</td><td style="width: 12.5%;">9</td><td style="width: 12.5%;">2</td></tr> </table>	1	5	1	9	2										
1	5	1	9	2															
Admission Date or Hospital Paying Date		Purpose of Temporary Care Admission: (Choose One) <input type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 33%;">Year</td><td style="width: 33%;">Month</td><td style="width: 33%;">Day</td></tr> <tr><td style="text-align: center;">2 0 0 0</td><td style="text-align: center;">0 7</td><td style="text-align: center;">1 5</td></tr> </table>		Year	Month	Day	2 0 0 0	0 7	1 5												
Year	Month	Day																	
2 0 0 0	0 7	1 5																	
<table style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Reason for Discharge (select one only) <input type="checkbox"/> Functional improvement or recovery <input type="checkbox"/> Care provider in community able and willing to support resident/client <input checked="" type="checkbox"/> Resident request for transfer <input type="checkbox"/> Transfer for other reasons <input type="checkbox"/> Moved out of area/province <input type="checkbox"/> Permanent placement <input type="checkbox"/> Care needs changed <input type="checkbox"/> Deceased </td> <td style="width: 50%; vertical-align: top;"> Date of Discharge 2 0 0 0 0 9 1 3 (YY/MM/DD) Alternative Arrangements (leave blank if person deceased) <input type="checkbox"/> Level 5 or Level 6 in hospital <input checked="" type="checkbox"/> Level 2, 3, or 4 in Special-care home/hospital/health centre <input type="checkbox"/> Other care home (personal care, group, approved, etc) <input type="checkbox"/> Community care (Home Care, Adult Day Program, etc.) <input type="checkbox"/> Self/family care </td> </tr> </table>					Reason for Discharge (select one only) <input type="checkbox"/> Functional improvement or recovery <input type="checkbox"/> Care provider in community able and willing to support resident/client <input checked="" type="checkbox"/> Resident request for transfer <input type="checkbox"/> Transfer for other reasons <input type="checkbox"/> Moved out of area/province <input type="checkbox"/> Permanent placement <input type="checkbox"/> Care needs changed <input type="checkbox"/> Deceased	Date of Discharge 2 0 0 0 0 9 1 3 (YY/MM/DD) Alternative Arrangements (leave blank if person deceased) <input type="checkbox"/> Level 5 or Level 6 in hospital <input checked="" type="checkbox"/> Level 2, 3, or 4 in Special-care home/hospital/health centre <input type="checkbox"/> Other care home (personal care, group, approved, etc) <input type="checkbox"/> Community care (Home Care, Adult Day Program, etc.) <input type="checkbox"/> Self/family care													
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White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health		Pink Copy - Retain for your records Health 31 - 7794 (2005/12)																	

F. RESIDENT LISTS

Purpose:

- the resident list is a computer-generated document which gives the current status of each resident in your facility for a certain time period.
- the information on these lists is generated from the admission, level of care change and discharge forms received from your facility.

Once a month the resident list will be sent to your facility for verification. The residents on this list are shown by program type (i.e. Long Term Care, Temporary Care (includes Respite, Convalescence, Palliative), Night Care, and Temporary Care – Rehab (includes Assessment)).

1. PROCEDURES

Upon receiving the resident list, please follow the procedures outlined below:

- examine the data, making changes if the information presented is inaccurate or adding information that is missing. Any change in marital status may also be recorded on this list. **When adding names to the resident list, please include the nine-digit HSN as well as the surname and first name.**

Please note: changes to names are not to be made as this field has been updated by a cross reference to the Person Registry System (PHRS). See Introduction To The Supportive Care Information – Person Registry System to notify Saskatchewan Ministry of Health of changes to names, birth dates, and marital status.

- please verify, sign, and return a copy of each program type to the Ministry of Health . This copy is retained in our office for audit purposes. You may fax the resident list to the Ministry of Health at (306) 787-7589.

- retain a copy in your office for reference purposes.

A verified copy must be returned even though there may not have been any changes.

Please keep in mind that the resident listing is for verification purposes only. Changes that have occurred since the printing of the resident list must be reported by using the appropriate form. Also, please take note of the requested return date specified in the letter.

Note: Any changes to the marital status made on the resident listing are for resident charge purposes only. To change the marital status with Saskatchewan Ministry of Health see Introduction To The Supportive Care Information – Person Registry System.

2. RESIDENT COUNTS

Total Number of Residents in Program

Everyone who was a resident for some part of the reporting month is included in this count. For example, a resident list covering the period 01 FEB 96 to 29 FEB 96 would include in this count residents who were admitted and discharged during February but would not include a resident who was discharged in January or a resident who was admitted in March.

Total Number of Residents at Period End

This count represents the number of residents who were in your facility on the last day of the reporting month. This figure should accurately reflect the current resident count. If it does not, it could mean that forms were received late or have not yet been forwarded to the Ministry of Health.

3. FOOTNOTES

* Require income information

This footnote indicates Saskatchewan Ministry of Health did not receive the income information with the admission form or with the Income Information Request letter.

** Pending

This footnote indicates Saskatchewan Ministry of Health has received some information but requires additional income information and/or clarification.

4. MISSING CHARGES

Contact the Income Assessment, Operations Unit if charges have not been set in a reasonable time frame. Pay particular attention to those residents who have been discharged without a charge as they will not appear on the next month's resident list.

See next page for a sample of the resident list.

Saskatchewan Ministry of Health

Institutional Supportive Care Resident List for Aug, 1997 Resident Charge effective Sep 1, 1997

Facility #: 501
 Facility Name: WASCANA REHABILITATION CENTRE, REGINA
 Program: Long Term Care

Health No	Client Name Date	Resident Charge	Sex	Marital Status	Admission/ Paying Date	Care Level	Change Date	Discharge
234567890	ARTHUR, BEATRICE	\$773	Female	Separated	04-Jun-96	4b		
345678901	ATTENBOROUGH, DICK	*	Male	Widowed	27-Oct-95	4b		
456789012	BARR, ROSEANNE	\$919	Female	Spouse - CAF/RCMP	20-Jan-93	4		
567890123	BURGESS, MEREDITH	\$792	Male	Married	28-Dec-90	3		
678901234	GRAHAM, WILLIAM	**	Male	Married	03-Oct-89	4a	29-Dec-89	
789012345	MITCHELL, CAMERON	\$821	Male	Single	21-May-97	4b		23-Aug-97

Total number of residents in program=====> 6

Total number of residents at period end=====> 5

Verified for accuracy by: _____

** Pending
 * Require income information

G. ADULT DAY PROGRAM MONTHLY LIST OF PARTICIPANTS AND ATTENDANCE REPORT

Purpose:

- a computer-generated document containing information on clients for whom we have received admission information for a specified time period.
- the information on this list is generated from the admission, discharge and attendance information received from your facility.

Once a month, the Ministry of Health will provide your facility with this report.

1. PROCEDURES

Upon receiving your report, please follow the procedures outlined below:

- examine the data, making changes if the information presented is inaccurate or adding information that is missing. Any change in marital status may also be recorded on this list.

Please note: changes to names are not to be made as this field has been updated by a cross reference to the Person Health Registration System (PHRS). See Introduction To The Supportive Care Information – Person Registry System to notify Saskatchewan Ministry of Health of changes to names and marital status.

- Record attendance figures to the nearest half-day for each client attending for the month. On the last page record the total days of attendance for the month.

- **Do not** record attendance days for any long term care residents in your facility who attend the program (See Section B Type of Admission – Adult Day Program).

- Use the blank lines provided to enter the following information for any new clients:

- Client Name - surname first, then given name and initial.
- Health No. – nine-digit number taken from the participant's Health Services Card.

- Verify, sign, and return the monthly report to the Ministry of Health. You may fax the attendance report to the Ministry of Health at (306) 787-7589.

In addition please ensure all new admissions and discharges are reported to the Ministry of Health on the Institutional Supportive Care Admission/Discharge Form (H31-7794).

See next page for a sample of the List of Participants and Monthly Attendance form.

Saskatchewan Ministry of Health

List of Participants and Monthly Attendance for Aug, 1997

20-Aug-97

Facility #: 15192

Facility Name: William Booth Special Care Home

Program: Adult Day Program

Health No	Client Name	Sex	Marital Status	Date of Admission	Date of Discharge	Days in Aug, 1997*
112233445	JAMES, JESSE	Male	Widowed	01-Jan-97	04-Aug-97	_____
123456789	MOUSE, MICKEY	Male	Married	15-Jul-96		_____
687003345	PARKER, BONNIE	Female	Common-law	31-Aug-95		_____
670089111	THUMB, THOMAS	Male	Single	01-Aug-97	31-Aug-97	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Record attendance figures to the nearest half day

Total _____

Use blank lines to enter NAME, HEALTH SERVICES NUMBER and ATTENDANCE for any new participants.

Total number of participants in program=====> 4

Total number of participants at period end====> 2

Verified for accuracy by: _____

H. GLOSSARY

Acute Care Management of Palliative Symptoms: in the early, intermediate, and end stage of the palliative process an individual may require acute care management of his/her palliative symptoms. This may include, but is not restricted to, pain management, hydration therapy, nausea and vomiting control, and dyspnea.

Adult Day Program: to maintain or increase the individual's capacity to perform the activities of daily living, and to prevent premature long-term institutionalization by offering relief to care providers in the community.

Apartment: any self-contained unit where the individual is able to lock the door to their own living quarters, even though they may be located in a multi-unit building with or without a main door security system. Individual has some control over who enters their private quarters.

Approved Homes: provide a supportive residential environment in the community for a maximum of five individuals who require assistance in daily living. They are licensed under The Mental Health Services Act.

Assisted Living: individual lives in a self contained apartment where the building is designed for, and management provides, hotel services such as meals, laundry and housekeeping, etc. on a formal and regular basis. Rent includes these additional services.

Convalescence: the provision of a period of additional recuperative time following surgery or serious illness. It is intended to provide clients with the opportunity for recovery of health/independence in order to return safely to the community setting. Convalescent care is a fully insured health service (currently excludes special care homes). It is not intended to be a substitute for long term care or respite service availability.

End Stage Palliative: the time frame for the end stage is typically 4 to 6 weeks of active dying (however, time frames are difficult to determine, and in some cases, this end stage may be longer or shorter). There are typically day-to-day changes with deterioration proceeding at a dramatic pace. The end stage of palliative care is usually characterised by an increased intensity of need: increased assistance required for physical and psychological need, family exhaustion, and requirement for intense medical, nursing and therapeutic involvement for symptom control.

Enriched Housing: individual lives in a self-contained apartment where the building design includes common amenity space available for additional activities and services to enrich the lives of the tenants. Hotel services (meals, laundry, housekeeping) or other services are informal or optional on a fee-for-service basis. The rent is based on a percentage of the tenant's income. The balance is subsidized by the government.

Extended Care: services provided to persons of all ages on a continuing basis under medical and professional nursing supervision.

Field: refers to an area on a form where data is recorded (e.g. 'Admission Date or Hospital Paying Date' field).

Geriatric Assessment Unit: The objective of this specialized geriatric service, under the direction of or through consultation with a specialist in geriatric medicine, is to optimize health, maximize function, promote independence and where possible, prevent or delay institutionalization.

This is accomplished by an interdisciplinary team that provides assessment and recommendations for management of elderly patients with multiple, complex needs.

The interdisciplinary team often includes, but is not limited to, medical, nursing, physiotherapy, occupational therapy, nutritional, speech, recreational and pharmacy professionals.

Group homes: provide services within a family type setting and are established by volunteer community boards. Group homes provide lodging and services such as supervision, personal care and/or individual programming to children and adults who are mentally or physically challenged. These homes are licensed under The Residential Services Act.

Health Centre: a local place where an individual can go to or call to for assistance and information regarding any health-related need. Community health centres provide three main services:

- health promotion and prevention services,
- clinical services, and
- access to emergency services.

Health centres attached to or part of a 24-hour facility may be appropriate for other short-term inpatient services such as observation, assessment, and convalescent or rehabilitation services.

Home Care: a publicly subsidized, community based health program whereby services such as nursing, homemaking, and meals are delivered to clients in their own homes.

Hospital: an establishment for the admission and care of sick and injured persons, obstetrical patients, and newborns in which bed care and diagnostic and treatment services are provided to such persons but does not include a facility within the meaning of The Mental Health Act other than a facility that is operated in conjunction with, or as part, of a general hospital.

Integrated Facility: a single structural and organizational entity that incorporates the functions of an acute care facility and a special care home

Level 2 Personal Care: for persons who require supervision and assistance with personal hygiene and grooming. These persons are safely ambulant with or without mechanical aids or independent at wheelchair level. They are usually continent and able to feed self. Some supervision and direction may be required for minor behavioural problems.

Level 3 Intensive Personal or Nursing Care: usually associated with the person having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future barring the occurrence of an additional disease or accident. This care, while carried out under the supervision of a Registered Nurse or a Registered Psychiatric Nurse, and directed by the patient's personal physician, is usually provided by special care aides. Persons may be ambulant, semi-ambulant, wheelchair, chair or bed-fast.

Level 4 Extended Care: for persons of all ages who do not require acute hospital care and treatment but do require regular and continuous medical attention, highly skilled technical nursing provided under appropriate supervision on a 24 hour basis and, in addition, special techniques for the improvement or maintenance of function. Patients whose primary disability is mental deterioration may be fully ambulant. Almost all other patients at this level will be bed-fast, bed-and-chair fast, or semi-ambulant with the use of aids including wheel chairs. The aims of treatment are to achieve maximum recovery of function or to prevent further deterioration.

The three classifications of care at Level 4 are:

- (a) Specialized Supervisory Care - where the emphasis lies on the management of advanced mental deterioration with its attendant problems. Physical conditions requiring continuing medical supervision are likely to coexist.
- (b) Supportive Care - where the emphasis lies on skilled nursing care and specialized techniques to arrest or retard deterioration.
- (c) Restorative Care - where the emphasis lies on a slow-paced restorative program designed to improve functional ability to the extent that care at home or at Level 2 or 3 might be achieved.

Level 5 Intensive Rehabilitation: for persons with physical disabilities resulting from injuries, illnesses, or congenital conditions who require active, aggressive rehabilitation provided by a team of rehabilitation personnel under the direction of or by consultation with a specialist in physical medicine. It is designed to restore or improve functional ability. Maximum benefits from this intensive rehabilitation can usually be expected within a relatively short time, usually within three months. Patients at this level will have all ranges of mobility from complete dependence on mechanical aids to fully independent ambulation.

Long Term Care: ongoing care required because of chronic health conditions or an individual's inability to provide self-care. Long-term care can be provided at home, in the community, in the hospital, or in a special care home.

Night Care: a relief service offered by health care facilities that provides evening and night accommodation, supervision, and/or care to clients on a temporary or intermittent basis so as to afford the primary care provider an opportunity for some uninterrupted rest from care responsibilities.

OAS: Old Age Security Pension is a monthly benefit available from the Federal Government, if applied for, to anyone 65 years or over. OAS residence requirements must also be met.

Palliative: an individual is designated as palliative through the Regional Health Authority board's assessment and case management process when:

- the individual is diagnosed with a terminal illness where life expectancy is weeks or months; and
- the individual and his/her supporters have determined that treatment for cure of their disease is no longer the primary objective.

Personal Care Homes: residences that provide room and board, and care services to adult, non-family residents. These homes are privately owned and operated, and are licensed by Saskatchewan Ministry of Health. Residents admitted to personal care homes must have an assessment completed by the local Regional Health Authority.

Public Housing: a self-contained suite (apartment, condominium or duplex style living) where the rent is based on a percentage of the tenant's income. The government subsidizes the balance. Other tenants in the building may not be seniors.

Rehabilitation: restoration following disease, illness or injury, to the highest possible level of function. In addition to medical care, the term applies to the availability of such services as physiotherapy, occupational, speech, and other therapies whose main objective is to restore function.

Respite: short-term care in a facility for up to 60 days, offered to persons who normally reside at home but are dependent on family members. This category includes:

"Relief of Supporter" - the intent of this type of respite care is to provide a planned period of relief for the usual caregiver.

"Crisis Intervention" - this type of respite care situation is unplanned and provided when there has been a sudden breakdown in the resident's support system (e.g. illness of the usual caregiver). The resident receives care temporarily until alternative support arrangements have been made or the original support system is strengthened.

Senior Citizens' Housing: a self-contained suite (apartment, condominium or duplex style living) where the rent is based on a percentage of the tenant's income. The balance is subsidized by the government. All, or the majority, of other tenants are seniors.

Special Care Home: a publicly subsidized facility which is licensed under The Housing and Special Care Homes Act to provide institutional long-term care services to people requiring more care and supervision than can be provided in their own homes.

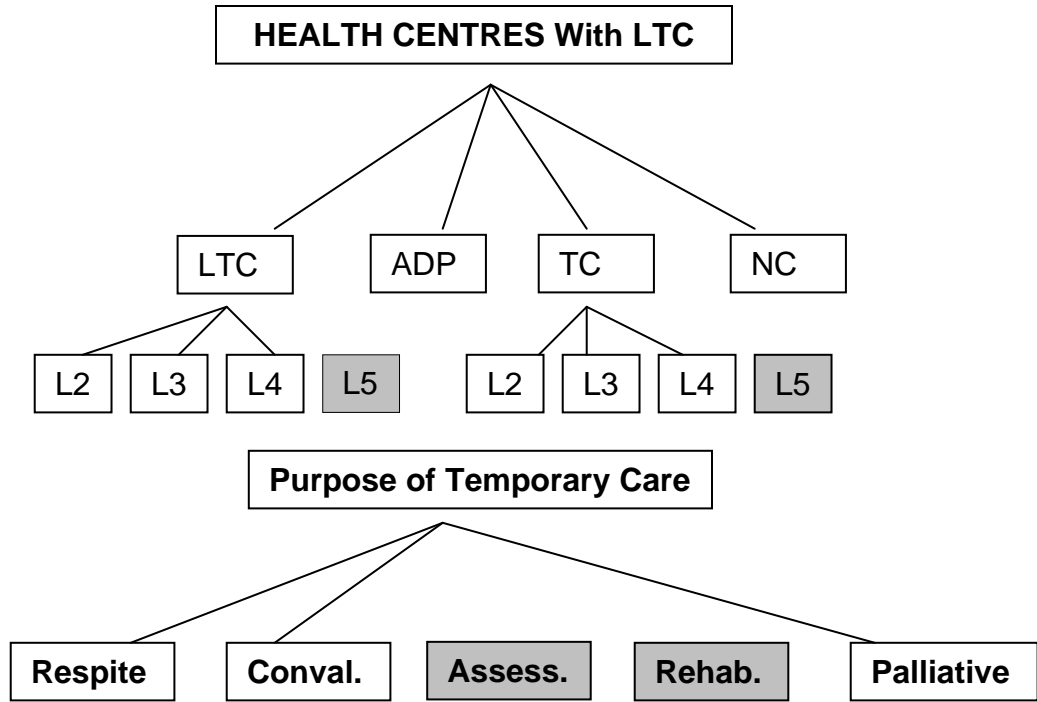
Temporary Care: the provision of care that occurs for a defined period of time with the expectation that the individual will return to their place of residence prior to admission. May include respite care, convalescence, assessment, rehabilitation or palliative care.

I. REPORTING BY FACILITY TYPE

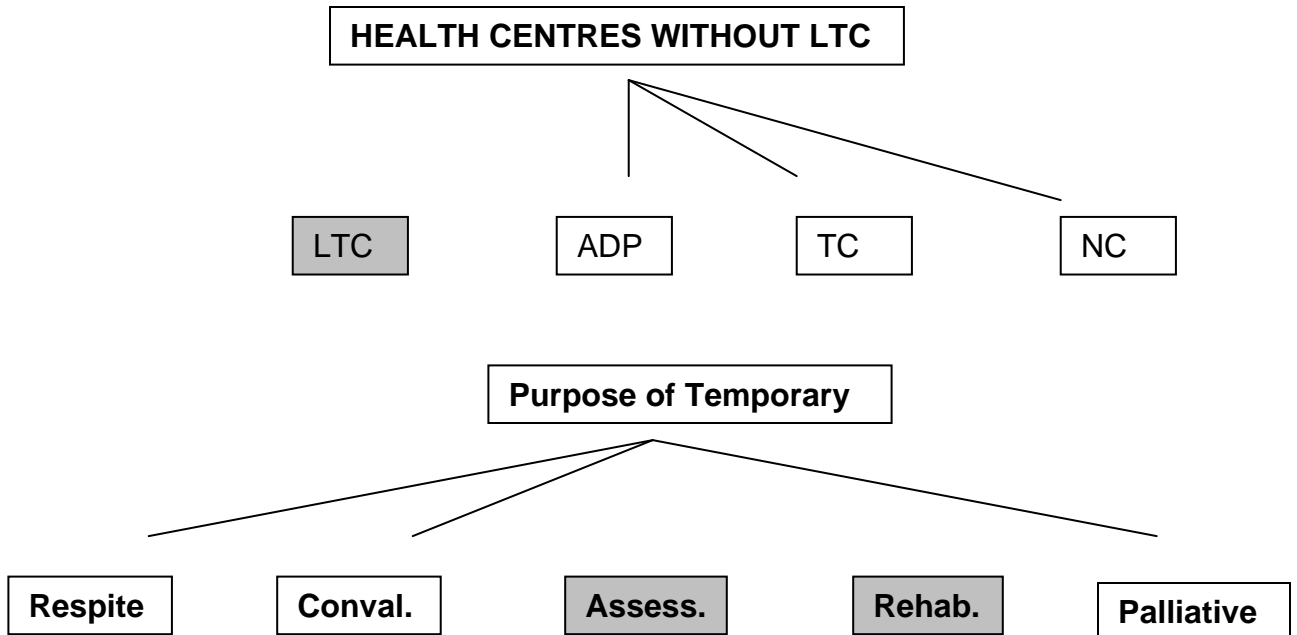
KEY:

Shaded areas	-	Not Applicable for that type of facility
LTC	-	Long Term Care
ADP	-	Adult Day Program
TC	-	Temporary Care
RC	-	Rehabilitation Centre
NC	-	Night Care
L2	-	Level 2 (Limited Personal Care)
L3	-	Level 3 (Intensive Personal/Nursing Care)
L4	-	Level 4 (Extended Care): - 4a - Specialized Supervisory Care - 4b - Supportive Care - 4c - Restorative Care
L5	-	Level 5 (Rehabilitation)
Conval.	-	Convalescence
Assess.	-	Assessment
Rehab.	-	Rehabilitation
Palliative	-	Palliative

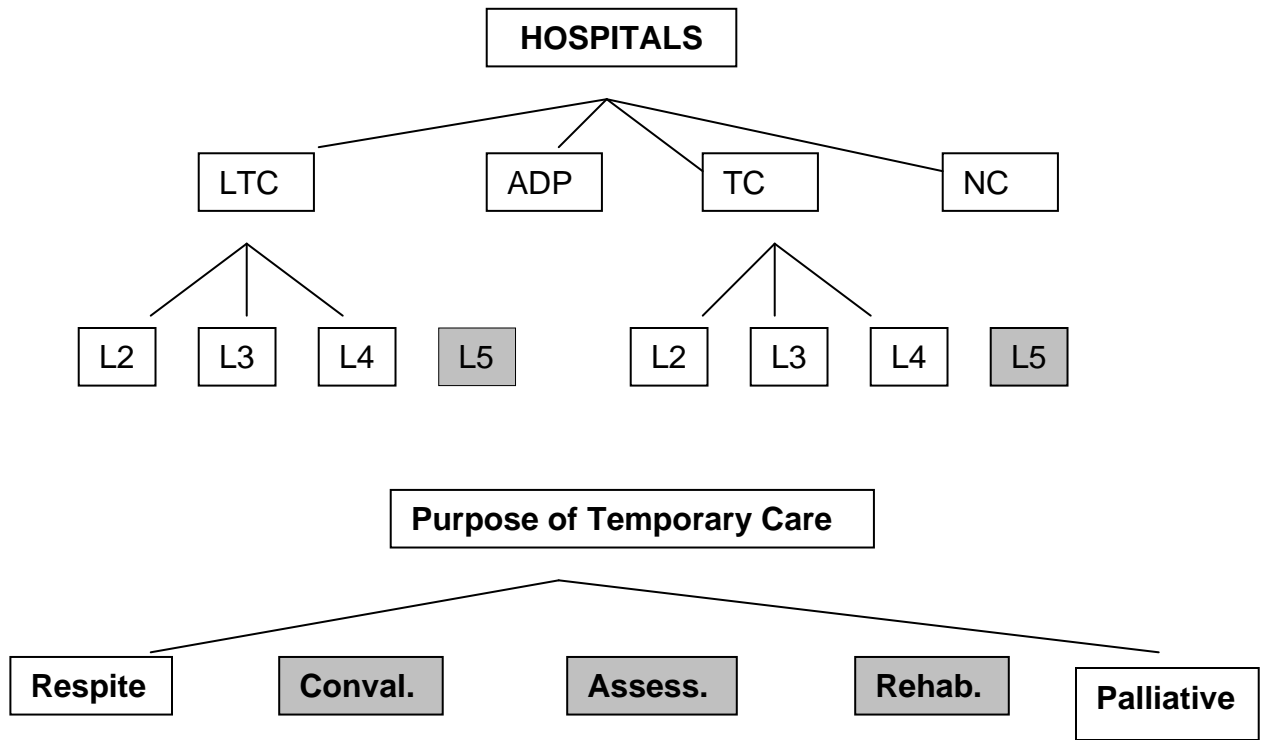
Flowchart of Allowable Combinations For HC With LTC



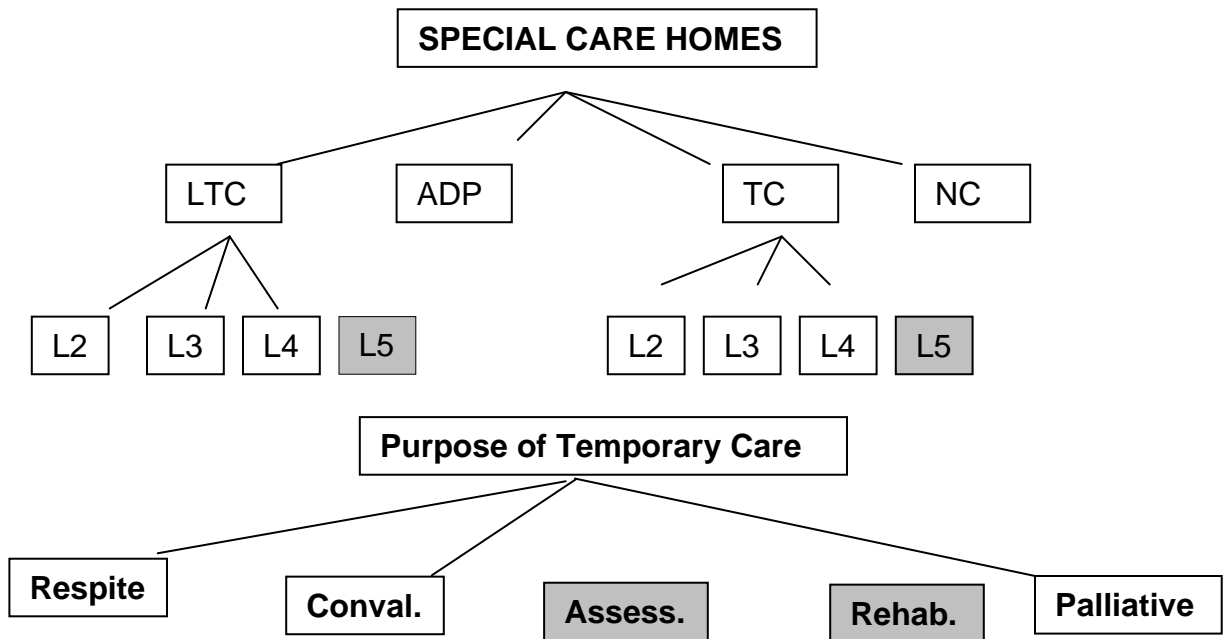
Flowchart of Allowable Combinations For HC Without LTC



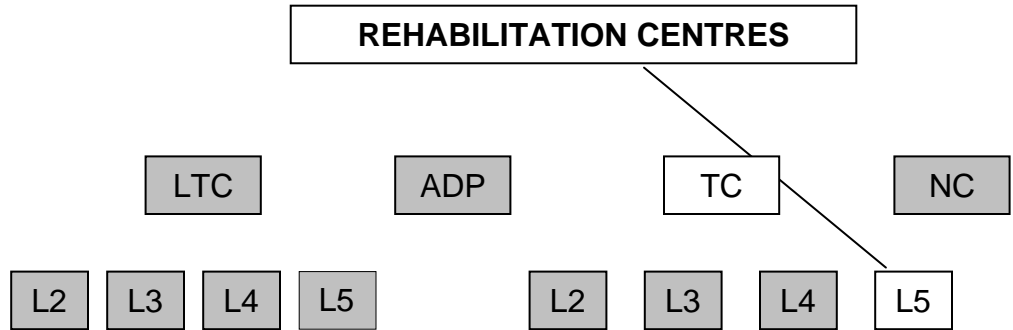
Flowchart of Allowable Combinations For Hospitals



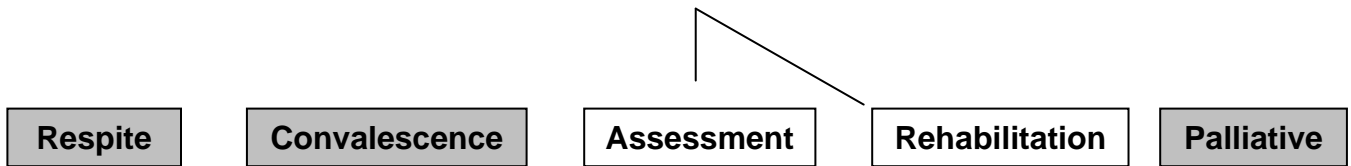
Flowchart of Allowable Combinations For SCH



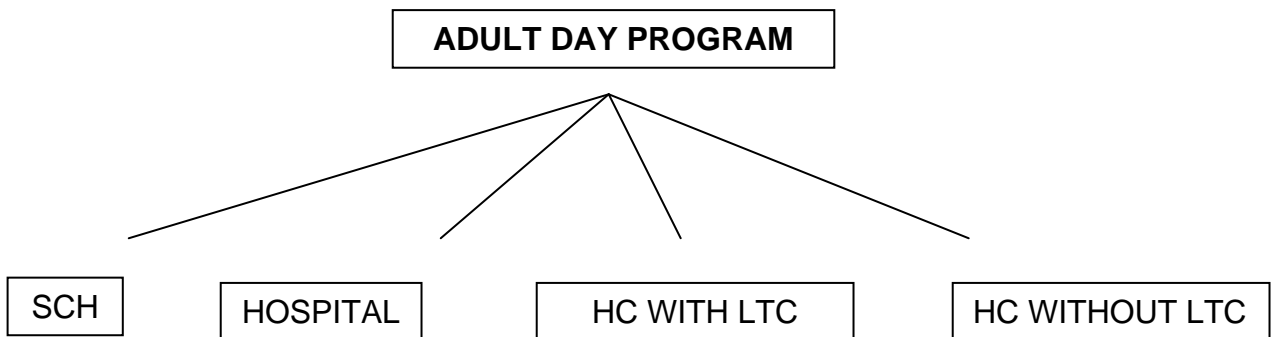
Flowchart of Allowable Combinations For RC



Purpose of Temporary Care



Flowchart For ADP



J. CONTACTS

1. Institutional Supportive Care

Questions relating to the completion of these forms:

Admission/Discharge (H31-7794) & Long Term Care - Level of Care Change (H31-7779)

Resident Lists, Adult Day Program Monthly List of Participants and Attendance Report

2. Income Testing/Income Information (Field 21)

Questions relating to the completion of this portion of the Institutional Supportive Care Admission Form, Long Term Care Resident Nomination and Consent Form (H31-7795), Optional Designation Form, CRA Consent/Annual Consent Form:

Contact number(s)	(306) 787-5023
	Toll Free Line 1-800-667-4884
	Fax (306) 787-8679

K. APPENDIX

APPENDIX I – Institutional Supportive Care Admission

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE ADMISSION		Type of Admission <input type="checkbox"/> Long Term Care <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care
Please Print				
Health Services Number (2)		Name (Surname, Given, Initial) (3)		Date of Birth (4) Year Month Day
				<input type="checkbox"/> Male <input type="checkbox"/> Female (5)
Name of Facility (6)		Location of Facility (7)		Facility Number (8)
Non-Saskatchewan Resident Name of Province/State (9)	Marital Status: (12) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Current Level of Care (Long Term Care and Temporary Care only): (13) Level 1 <input type="checkbox"/> Supervisory Care Level 2 <input type="checkbox"/> Limited Personal Care Level 3 <input type="checkbox"/> Intensive Personal/Nursing Care Specify The Classification of Level 4 Care: Level 4a <input type="checkbox"/> (Specialized Supervisory Care) Level 4b <input type="checkbox"/> (Supportive Care) Level 4c <input type="checkbox"/> (Restorative Care) Level 5 <input type="checkbox"/> Rehabilitation	Purpose of Temporary Care Admission: (Choose One) (14) <input type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management	
Social Insurance (SIN) Number (10)	Are You a Veteran (11) <input type="checkbox"/> Yes	Admission Date or Hospital Paying Date (15) Year Month Day		
If Applicable: (16) <input type="checkbox"/> Transfer from another facility		(17) <input type="checkbox"/> Waiting LTC Placement		
Type of Residence Prior to Admission: (Place normally resided) (18) <input type="checkbox"/> House (single family detached) <input type="checkbox"/> Special-care home or Level 2, 3, or 4 care in hospital/health centre <input type="checkbox"/> Apartment (Self-contained, including attached housing) <input type="checkbox"/> Personal care home -Senior citizens' housing/Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other care home (group, approved etc.) -Assisted living/Enriched Housing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Boarding house/rooming house/hotel <input type="checkbox"/> Rehab facility				
Living Arrangements Prior to Admission: (Must correspond with Type of Residence above) (19) <input type="checkbox"/> Lived alone <input type="checkbox"/> With spouse only <input type="checkbox"/> With spouse and other(s) <input type="checkbox"/> With other family member(s) <input type="checkbox"/> With others				
Services Received Prior to Admission: (Check only those services received within previous month) <input type="checkbox"/> Home Care <input type="checkbox"/> Night Care <input type="checkbox"/> Mental health <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Addictions counselling <input type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Temporary care (respite, convalescence, etc.) <input type="checkbox"/> Rehab/therapy <input type="checkbox"/> Hospital - Emergency <input type="checkbox"/> Long Term Care				
Main Factor Contributing to Admission: (Choose One) (21) <input type="checkbox"/> Accident or illness of resident <input type="checkbox"/> Needs inappropriate for another facility <input type="checkbox"/> Gradual loss of functional abilities <input type="checkbox"/> Relief for supporter in community <input type="checkbox"/> Death or serious illness of resident's spouse/supporter <input type="checkbox"/> Lack of social contact <input type="checkbox"/> Breakdown in support previously provided by another supporter				
If Married or Common-law, please complete: Spouse's Name (22) _____ Health Services Number _____ Date of Birth _____ Social Insurance (SIN) Number _____				
Income Information Required (Long Term Care Only): Submit a completed CRA Consent Form (Side A) or Annual Consent Form (Side B) and a photocopy of the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) for you and your spouse (if applicable). (23)				
Answer the following questions only if applicable: 1 Are you financially responsible for dependants under age 18, or 18 years of age or older and in full time attendance at an educational institution; or a dependent adult as defined in The Dependent Adults Act? Yes <input type="checkbox"/> Number of dependants _____ 2 Is the full cost of your care paid for by a Third Party Agency? Yes <input type="checkbox"/> Specify Agency _____				
I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval.				
RESIDENT'S SIGNATURE OR SPOUSE'S/SUPPORTER'S SIGNATURE (24)		DATE (28)		
NAME OF SPOUSE/SUPPORTER (Please Print) (25)		RES: (29) BUS: _____		
ADDRESS OF SPOUSE/SUPPORTER (Please Print) (26)		TELEPHONE # OF SPOUSE/SUPPORTER _____		
AUTHORIZED OFFICIAL (27)				
White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health Pink Copy - Retain for your records Health 31 - 7794 (2005/12)				

APPENDIX II – Institutional Supportive Care Discharge

Saskatchewan Health		INSTITUTIONAL SUPPORTIVE CARE DISCHARGE	
Please Print			
Health Services Number (2) 	Name (Surname, Given, Initial) (3)	Date of Birth (4) Year Month Day	Type of Admission <input type="checkbox"/> Long Term Care <input type="checkbox"/> Adult Day Program <input type="checkbox"/> Temporary Care <input type="checkbox"/> Night Care (1) <input type="checkbox"/> Male (5) <input type="checkbox"/> Female
Name of Facility (6)		Location of Facility (7)	
		Facility Number (8) 	
Admission Date or Hospital Paying Date (15) Year Month Day		Purpose of Temporary Care Admission: (Choose One) <input type="checkbox"/> Respite Care <input type="checkbox"/> Convalescence (14) <input type="checkbox"/> Assessment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Palliative: Early/Intermediate <input type="checkbox"/> Palliative: End Stage <input type="checkbox"/> Palliative: Acute Care Management	
(Large empty area for notes or additional information)			
Reason for Discharge (select one only) <input type="checkbox"/> Functional improvement or recovery <input type="checkbox"/> Care provider in community able and willing to support resident/client <input type="checkbox"/> Resident request for transfer <input type="checkbox"/> Transfer for other reasons <input type="checkbox"/> Moved out of area/province (30) <input type="checkbox"/> Permanent placement <input type="checkbox"/> Care needs changed <input type="checkbox"/> Deceased		Date of Discharge 2 0 (YY/MM/DD) (31) Alternative Arrangements (leave blank if person deceased) <input type="checkbox"/> Level 5 or Level 6 in hospital <input type="checkbox"/> Level 2, 3, or 4 in Special-care home/hospital/health centre <input type="checkbox"/> Other care home (personal care, group, approved, etc) (32) <input type="checkbox"/> Community care (Home Care, Adult Day Program, etc.) <input type="checkbox"/> Self/family care	
White Copy - Complete on admission; Return to HISC - Sask Health Yellow Copy - Complete on discharge; Return to HISC - Sask Health		Pink Copy - Retain for your records Health 31 - 7794 (2005/12)	

APPENDIX IV – Health Coverage Advice

Saskatchewan



Social Services
 2151 Scarth Street
 Regina SK Canada
 S4P 2H8
 Phone: (306) 787-2681
 Toll Free: 1-800-667-7161
 Fax: (306) 787-9993

Seniors Income Plan

Health Coverage Advice

Date

_____|_____|_____
 Year Month Day

Please print name and address of special-care home:

Fax #

Name of special-care home resident: _____

Sex: Male Female

Personal Health Number: _____

Date of Birth: ____/____/____
Year Month Day

Old Age Security Account # or
 Social Insurance Number: _____

Check which of the following is applicable:

Marital Status

Level of Care

- Single
- Married
- Separated, widowed or divorced

- Level II
- Level III
- Level IV

 (Signature of special-care home official)

For Office Use Only

Nomination: Yes No

Effective Date of Coverage: Date ____/____/____
Year Month Day

Reason for Refusal:

- Income too high in SCH
- Not on SIP
- Previously Nominated

 (Signature of Seniors Income Plan Representative)

Date ____/____/____
year month day

APPENDIX V – Long Term Care Resident Nomination and Consent Form

Saskatchewan Ministry of Health
 3475 Albert Street
 Regina, Saskatchewan S4S 6X6

**LONG TERM CARE
 RESIDENT NOMINATION AND CONSENT FORM**

I, _____ residing in
 _____ (facility) hereby
 nominate _____ to act as my supporter for the
 purposes of assisting me in my dealings with the operator of this facility or any other facility in
 which I may reside and Saskatchewan Ministry of Health. I hereby consent to the release of
 personal information about myself in the possession of the special-care home operator or
 Saskatchewan Ministry of Health to my supporter, which relates to the calculating of my resident
 charge under The Special-care Homes Rates Regulations. I understand that this designation will
 be effective until such time as it is revoked or amended by me in writing.

Signed this ____ day of _____, 20__.

 Witness

 Signature

H31-7795
 2001/04

APPENDIX VI—Explanation of Terms and Benefits



Saskatchewan Ministry of Health
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

EXPLANATION OF TERMS AND BENEFITS LONG TERM CARE INCOME INFORMATION

1. Guaranteed Income Supplement (GIS)

Guaranteed Income Supplement (GIS) is a monthly benefit administered by the federal government and paid to residents of Canada who receive a basic, full or partial Old Age Security (OAS) pension and who have little or no other income. Both married residents and common-law couples who live in separate dwellings for reasons beyond their control may qualify for involuntary separation under this program.

For more information, please contact:

Service Canada
Income Security Programs
1783 Hamilton Street
REGINA SK S4P 2B6

Phone: 1-800-277-9914 (Toll Free)
1-800-277-9915 (Toll Free - French)

2. Seniors Income Plan (SIP) Benefits

The Seniors Income Plan is a provincial supplement administered by Saskatchewan Ministry of Social Services. There is no application for this benefit. Payments are made automatically based on the amount of federal Guaranteed Income Supplement a senior receives. The SIP payment is combined with the monthly OAS/GIS payments. Not all seniors qualify for this benefit.

3. Drug Plan & Extended Benefits Branch

Seniors' Drug Plan

Effective July 1, 2008, an income test component was introduced to the Seniors' Drug Plan. Saskatchewan residents who are 65 years of age and older with a reported income (Line 236) that is less than the eligibility amount used for the Federal Age Tax Credit will be eligible; he/she must submit a complete application (Form A) to be approved for benefits. This program ensures that Saskatchewan seniors pay \$20* per prescription for drugs listed in the Saskatchewan Formulary or approved under Exception Drug Status.

The Seniors' Drug Plan does not include seniors who are covered under federal government programs, such as the federal Non-Insured Health Benefits Program or Veterans Affairs Canada.

Seniors with Guaranteed Income Supplement (GIS) or Seniors Income Plan (SIP) will continue to have a \$200 or \$100 semi-annual deductible. Individual prescriptions under these two programs will be \$20.

Seniors with Special Support coverage will pay the lesser of the Special Support co-payment or the \$20 per prescription.

Patients with the following coverage WILL NOT be affected and will continue to be covered in the same manner as they have in the past:

- Saskatchewan Aids to Independent Living (SAIL)
- Palliative Care
- Seniors receiving SIP and residing in a long term care facility

Prescriptions covered

Prescription drugs listed in the Saskatchewan Formulary and approved under Exception Drug Status.

How to Apply

Application forms are available:

- online at www.health.gov.sk.ca/seniors-prescription-drug-plan
- at your pharmacy
- by contacting the Drug Plan and Extended Benefits Branch toll-free at 1-800-667-7581 or in Regina at 787-3317

Form A - CRA Application/Consent One-Time Application Form

To apply for the Seniors' Drug Plan program, each eligible senior must complete and sign an application and consent form. By using Form A, he/she gives the Drug Plan and Extended Benefits Branch permission to update your coverage annually.

Form B - Annual Application

To apply for the Seniors' Drug Plan, this form can be completed and submitted with income information each year.

Special Support Program

Further benefits may be available to seniors and non-seniors under the Special Support Program, which requires an application and income testing. If the annual cost of covered drugs exceeds 3.4% of the family income, then the family may qualify for a lower co-payment to reduce the family share of drug costs. Seniors

with Special Support coverage will pay the lesser of the Special Support co-payment or the \$20.00 per prescription.

Other

Non-seniors who are covered under Family Health Benefits, seniors who receive SIP and seniors residing in special-care homes who receive GIS have a six-month deductible of \$100. After the \$100 is reached, the resident pays 35% of the covered drug costs and the Drug Plan pays the remaining 65%. The six-month deductible periods are from January 1 to June 30 and July 1 to December 31.

*Maximum Allowable Cost and Low Cost Alternative pricing policies apply.

+Pharmacists and Physicians must apply on behalf of their client for Exception Drug Status. Approval for coverage will be based on medical criteria.

For further information, please contact:

Saskatchewan Ministry of Health
Drug Plan & Extended Benefits
3475 Albert Street
REGINA, SK S4S 6X6

Phone: (306) 787-3317 (Regina)
1-800-667-7581 (Toll Free)
(306) 787-8679 (fax)

4. Supplementary Health Coverage

The Supplementary Health Program provides select additional health services to people nominated by Saskatchewan Ministry of Social Services. This program may cover certain dental services, drugs, medical supplies and appliances, optical services, chiropractic services and emergency medical transportation costs. To be eligible, residents of long-term care facilities must be nominated by the administration of the long-term care facility and be receiving Seniors Income Plan (SIP) benefits. The facility completes a Health Coverage Advice Form and forwards it to Saskatchewan Ministry of Social Services.

For questions of eligibility contact:

Saskatchewan Ministry of Social Services
Seniors Income Plan
2151 Scarth St.
REGINA SK S4P 2H8
Phone: 787-2681 (Regina)
1-800-667-7161 (Toll Free)
7877-9993 (fax)

For information on supplementary benefits refer to the following website or contact:

www.health.gov.sk.ca/ps_supplementary.html

Saskatchewan Ministry of Health
Drug Plan & Extended Benefits
3475 Albert Street
REGINA SK S4S 6X6

Phone: 787-3124 (Regina)
1-800-266-0695 (Toll Free)

5. Saskatchewan Assistance Plan (SAP) Benefits

The Income Security Programs Branch of Saskatchewan Ministry of Social Services provides income support services to families and individuals to lessen, remove, or prevent the causes and effects of poverty, hunger and dependency.

The Saskatchewan Assistance Plan (SAP) provides financial assistance to people in need, who have minimal other income, thereby lessening the effects of poverty. SAP also nominates clients for supplementary health coverage. In order to receive SAP, application must be made to the Saskatchewan Ministry of Social Services for a financial services worker to determine eligibility.

6. Saskatchewan Aids to Independent Living (SAIL) Benefits

This program facilitates the independence of persons with permanent physical disabilities and those with select chronic conditions. There is an extensive range of benefits but those particularly relevant to long-term care include home oxygen, therapeutic nutritional products and mobility devices through the Special Needs Equipment Program operated by the Saskatchewan Abilities Council.

For more information on SAIL benefits, please refer to the following website or contact:

www.health.gov.sk.ca/ps_sail.html

Saskatchewan Ministry of Health
Drug Plan & Extended Benefits
3475 Albert Street
REGINA, SK S4S 6X6
Phone: (306) 787-7121

7. Full Cost Of Care Paid By Third Party Agencies

In special circumstances, a third party agency may be obligated to provide for the full cost of care of a resident. Full cost of care means that the third party agency is covering all expenses incurred by the facility in maintaining the resident in that facility.

In some cases the income tested resident charge is paid by the third party agency. This is not considered to be the full cost of care.

8. Veterans

Veteran's benefits through Veterans Affairs Canada are case specific. If an individual identifies himself or herself as a veteran or believes that they have service that would qualify them for veteran's benefits, contact should be made with the nearest Veterans Affairs Canada District Office.

There are two Veterans Affairs Canada District Offices in Saskatchewan to serve client needs:

Regina District

108 – 1783 Hamilton St

Regina SK S4P 2B6

Phone: 1-866-522-2122 (Toll Free)
(306) 780-5559 (Fax)

Saskatoon District

501 – 101 22nd Street East

Saskatoon SK S7K 0E1

Phone: 1-866-522-2122 (Toll Free)
(306) 975-4306 (Fax)

9. Optional Designation For Determining Resident Charge

The income-tested resident charge for married residents is determined by combining the resident and spouse's incomes, dividing equally and applying the formula.

Married residents and common-law couples who live in separate dwellings for reasons beyond their control may choose to complete an Optional Designation Form for the purpose of determining the resident charge. With this designation only the resident's income is considered when calculating the charge. It should be noted that this option is only of benefit in situations where the resident's income is lower than that of their spouse. Choosing this designation does not change a couple's marital status.

As well, legal separation will be recognized for purposes of determining the resident charge. When a resident is separated from their spouse pursuant to a separation agreement or a judicial separation only the resident's income is used in determining the resident charge when the designation form is completed.

10. Request For Recalculation Of Resident Charge

A resident may at any time request a recalculation of the resident's monthly charge if:

- the resident disagrees with the resident monthly charge calculated; or
- the resident's or spouse's financial circumstances have changed significantly and a recalculation may be warranted; or
- the resident is disadvantaged by the use of total annual income (Line 150 of the tax return) in determining the resident charge and wishes to have the use of net annual income (Line 236 of the tax return) considered.

A request for recalculation of the resident charge may be made at any time by submitting a written request to Saskatchewan Ministry of Health along with supporting documentation. If the resident charge is recalculated, it will be retroactive to the first day of the month in which the request was submitted.

11. Questions related to the calculation of resident charges should be directed to:

Saskatchewan Ministry of Health
Drug Plan & Extended Benefits
Income Assessment, Operations Unit
3475 Albert Street
Regina SK S4S 6X6

Phone: (306) 787-5023 (Regina)
1-800-667-4884 (Toll Free)
(306) 787-8679 (Fax)

12. Questions related to the invoice/statement should be directed to whoever sent it, either the facility or the Regional Health Authority.

APPENDIX VII- Information Sheet



Saskatchewan
Ministry of
Health

Drug Plan & Extended Benefits
3475 Albert Street
Regina, Saskatchewan S4S 6X6

INFORMATION SHEET INCOME-TESTED RESIDENT CHARGE

The income-tested resident charge is based on annual reported income from Line 150 of the Income Tax Return, which includes earned interest from bank accounts and investments. Personal assets (land, houses, bank accounts, etc.) are not taken into account in determining the resident charge.

DESCRIPTION:

- As of April 1, 2012, the resident charge will range from \$1014 to \$1931 per month, depending on the resident's income. The Ministry of Health continues to subsidize approximately 80% of the overall province-wide cost of long-term care.
- A resident pays the standard resident charge (\$1014 on April 1) plus 50% of the portion of their income between \$1,238 and \$3,073.
- For married residents (including common-law couples), the couple's income is combined, divided equally, and then the above formula is applied.
- Married residents who live in separate dwellings for reasons beyond their control may choose to complete an Optional Designation Form for the purpose of determining the resident charge. With this designation only the resident's income is considered when calculating the charge. It should be noted this option is only of benefit in situations where the resident's income is lower than that of their spouse. **Choosing this designation does not change a couple's marital status.**
- Examples of resident charges at various income levels are as follows:

Monthly Income	Monthly Resident Charge
\$1,238	\$ 1,014 (minimum)
1,300	1,045
1,700	1,245
2,200	1,495
3,073	1,931 (maximum)

- The resident and spouse, if applicable, is required to provide the most recent year's Notice of Assessment(s) from Canada Revenue Agency (CRA) or Pages 1 to 3 of the Income Tax Return(s) upon admission and annually thereafter. If income information is not provided, the resident charge will be assessed at the maximum rate.
- A resident admitted for temporary care must pay the income-tested resident charge if the stay is more than 60 consecutive days.
- In addition to the resident charge there may be additional costs such as prescription drugs, incontinence supplies, personal items etc. pursuant to the admission agreement with the long-term care facility and/or the Regional Health Authority.
- The resident charges are adjusted quarterly in keeping with any changes to Old Age Security and Guaranteed Income Supplement benefits which affects the figures in the above formula.
- Individual resident charges are adjusted annually (effective January 1) to take into account any changes in income of the resident and spouse (if applicable) from the previous year. Resident charges effective January 1, 2012 will be calculated using the 2010 tax return(s).
- A request for recalculation of the resident charge may be made at any time by submitting a written request to the Ministry of Health along with supporting documentation. If the resident charge is recalculated, it will be retroactive to the first day of the month in which the request was submitted.

Questions related to the calculation of resident charges should be directed to Income Assessment, Operations Unit (Ministry of Health): 787-5023 (Regina) or 1-800-667-4884 (toll free).

Questions related to the invoice/statement should be directed to whoever sent it, either the facility or the Regional Health Authority.

APPENDIX VIII – Order Form



Saskatchewan
Ministry of
Health

Order Form

Supportive-Care Forms

Date: _____

Facility: _____

_____	*H31 - 19	Flow Sheet
_____	*H31 - 21	Flow Sheet
_____	H31 - 7703	Special-care Home Menu
_____	H31 - 7710	Diabetic Chart
_____	*H31 - 7736	Drug and Narcotic Sheet
_____	H31 - 7739	Medical Report (Assessment of Level of Care)
_____	H31 - 7743	Special-care Home Application
_____	H31 - 7749	Incident Report
_____	H31 - 7755	Resident's Information Record
_____	*H31 - 7756	Medication Record
_____	*H31 - 7769	Care Progress Notes
_____	*H31 - 7774	Physician's Orders
_____	H31 - 7775	Review of Level of Care
_____	*H31 - 7776	Physician's Progress Notes
_____	H31 - 7779	Long Term Care - Level of Care Change
_____	H31 - 7782	Resident's Personal Belongings List
_____	*H31 - 7782	Resident's Personal Belongings List
_____	H31 - 7783	Sample Signature Sheet
_____	*H31 - 7783	Sample Signature Sheet
_____	H31 - 7790	Order Sheet Forms
_____	*H31 - 7781	Resident Care Plan
_____	*H31 - 7792	Flow Sheet
_____	H31 - 7794	Institutional Supportive Care Admission/Discharge
_____	H31 - 7795	Long Term Care Resident Nomination and Consent Form
_____	H31 - 7797	Long Term Care Optional Designation for Determining Resident Charge

Return to:

Government Services
Forms Distribution
500 McLeod Street
Regina, Saskatchewan S4N 4Y1

*3 hole punched

787-2056 Telephone
787-0194 Fax

H31-7790

APPENDIX IX—Long Term Care Optional Designation Form

Saskatchewan
Ministry of
Health

**LONG TERM CARE
OPTIONAL DESIGNATION FOR DETERMINING RESIDENT CHARGE**

I, _____(name)

residing in _____(facility)

hereby wish to be designated as indicated below for purposes of calculating the income-tested resident charge. I understand that either designation does not automatically designate me in this way with other social safety net programs in the federal government (e.g. Guaranteed Income Supplement) and provincial government (e.g. Saskatchewan Assistance Plan and other Saskatchewan Ministry of Health Programs).

Please check the designation applicable to your situation (**check one box only**). With this designation only the resident's income is considered in determining the resident charge.

My spouse and I live in separate dwellings for reasons beyond our control.

However, our marital status has not changed.*

I am separated from my spouse pursuant to a separation agreement or a judicial separation.** Effective Date _____

Signed this _____ day of _____, 20__.

Resident's Signature or Spouse's/Supporter's Signature

Name of individual signing above (Please Print)

* Commonly called "involuntary separation"

** Sometimes called "legal separation"

H31-7797 2000/10

APPENDIX X – Information Sheet Registered First Nations

Saskatchewan
Ministry of
Health

**INFORMATION SHEET
Registered First Nations (under 65 years of age) Receiving Level 4 Care**

An understanding has been reached by First Nations & Inuit Health Branch (FNIHB), Indian and Northern Affairs Canada (INAC), Saskatchewan Ministry of Social Services (SS) and Saskatchewan Ministry of Health to address the payment of the resident charge for Level 4 First Nations residents under 65 years of age receiving long term care in the province. The essence of the understanding is as follows and became effective as of July 1, 2002:

First Nations & Inuit Health Branch (FNIHB) will continue to pay the income-tested resident charge for all Level 4 First Nations residents under 65 years of age in special care homes that they have been paying for. This understanding is in place until a new continuing care policy is developed by INAC and FNIHB for members of First Nations, or until those individuals turn age 65, or until those individuals no longer require such care, whichever event occurs first.

SS will accept financial responsibility for the income-tested resident charge and personal living allowance for all First Nations Level 4 residents under 65 years of age placed in licensed special care homes or designated Level 4 beds:

- who are eligible for provincial social assistance, and
- who were normally resident off reserve at the time of their placement in those facilities. (Hospital stays awaiting level 4 placement do not constitute residency off reserve.)

SS will also accept financial responsibility for the personal living allowance of those Level 4 First Nations residents under 65 years of age whose resident fees are currently being paid for by FNIHB:

- who would be eligible for provincial social assistance, and
- who were normally resident off reserve at the time of their placement in the facility.

INAC will accept financial responsibility for the income-tested resident charge and personal living allowance for all First Nations Level 4 residents under 65 years of age placed in licensed special care homes or designated Level 4 beds:

- who are eligible for federally funded social assistance, and
- who were normally resident on reserve at the time of their placement in those facilities.

INAC will also accept financial responsibility for the personal living allowance of those First Nations Level 4 residents under 65 years of age whose resident charge is currently being paid for by FNIHB:

- who are eligible for federally funded social assistance, and
- who were normally resident on reserve at the time of their placement in the facility.

APPENDIX XI - CRA Consent Form



**Saskatchewan
Ministry of
Health**

Please return to:
Drug Plan & Extended Benefits Branch
 Income Assessment
 Operations Unit
 3475 Albert Street
 Regina, Saskatchewan S4S 6X6
 Phone: 1-800-667-4884 or 306-787-5023
 Fax: 306-787-8679
 Website: www.health.gov.sk.ca

SIDE A

**Institutional Supportive Care
Income-Tested Resident Charge
CRA Consent Form**

- Consent authorizes Canada Revenue Agency (CRA) to supply your total income each year.
- If you are a new resident of a long-term care facility, please include a copy of your most recent Notice of Assessment from CRA or pages 1 to 3 of your income tax return for both you and your spouse, if applicable.

RESIDENT INFORMATION (Please Print)		SPOUSE INFORMATION (Please Print)	
Resident's Surname	First	Spouse's Surname	First
Health Services Number	Date of Birth (YY/MM/DD)	Health Services Number	Date of Birth (YY/MM/DD)
Social Insurance Number		Social Insurance Number	
CONTACT INFORMATION (Please Print)			
Surname	First	Current Mailing Address	
Home Phone Number ()	Work Phone Number ()	City/Town/Village	Postal Code

CONSENT TO CANADA REVENUE AGENCY

I hereby consent to the release, by the Canada Revenue Agency to an official of the Saskatchewan Department of Health, of information from my income tax returns, and, if applicable, other required taxpayer information about me. The information will be relevant to, and used solely for the purpose of determining and verifying my/our eligibility and the general administration and enforcement of: the Income Tested Resident Charge pursuant to *The Housing and Special-care Homes Act* and regulations made thereunder, and will not be disclosed to any other person or organization without my approval.

This authorization is valid for the most relevant of the two taxation years prior to the year of signature. It is also valid for each subsequent consecutive taxation year during which my family unit seeks assessment under the Income-Tested Resident Charge requested by me or on my behalf. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to Saskatchewan Health, Drug Plan and Extended Benefits Branch.

Signature of **Resident**

Signature of **Spouse**

OR

OR

Signature of **Power of Attorney or Guardian*** (if applicable)
Witness is necessary if resident signs with a "mark" or an "X".

Signature of **Power of Attorney or Guardian*** (if applicable)
Witness is necessary if spouse signs with a "mark" or an "X".

Date

Date

*** If a Legal Power of Attorney or Legal Guardian is signing for the Resident and/or Spouse, a copy of the legal document must be attached to this consent form. Due to the variety of POA documents, some may not be considered acceptable for CRA such as a POA specific to or limited to a bank or financial institution.**



Please return to:
Drug Plan & Extended Benefits Branch
 Income Assessment
 Operations Unit
 3475 Albert Street
 Regina, Saskatchewan S4S 6X6
 Phone: 1-800-667-4884 or 306-787-5023
 Fax: 306-787-8679
 Website: www.health.gov.sk.ca

SIDE B

Institutional Supportive Care Income-Tested Resident Charge Annual Consent Form

- Resident must provide proof of income each year.
- Please include a copy of your most recent Notice of Assessment from CRA **or** pages 1 to 3 of your income tax return for both you and your spouse, if applicable.

RESIDENT INFORMATION (Please Print)		SPOUSE INFORMATION (Please Print)	
Resident's Surname	First	Spouse's Surname	First
Health Services Number	Date of Birth (YY/MM/DD)	Health Services Number	Date of Birth (YY/MM/DD)
Social Insurance Number		Social Insurance Number	
CONTACT INFORMATION (Please Print)			
Surname	First	Current Mailing Address	
Home Phone Number	Work Phone Number	City/Town/Village	Postal Code
()	()		

DECLARATION AND CONSENT

"I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval."

 Signature of **Resident**

 Signature of **Spouse**

OR

OR

 Signature of **Supporter or Authorized Representative**
Witness is necessary if resident signs with a "mark" or an "X".

 Signature of **Supporter or Authorized Representative**
Witness is necessary if spouse signs with a "mark" or an "X".

 Date

 Date