

6 <input type="checkbox"/> Non RAI-HC assessment/review	Responsible assessor	Health district
		Client #
Care facility		Service provider #

Client's personal data

Client's family name		First name	Initials
Personal health number	Birth date (YYYY-MM-DD)	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Veteran service category <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Marital status 1 <input type="checkbox"/> Single 3 <input type="checkbox"/> Widowed 5 <input type="checkbox"/> Separated 7 <input type="checkbox"/> AL - Married but living apart 2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Divorced 6 <input type="checkbox"/> Other			
Current address		From (date)	City
Phone (current)		Current location of client <input type="checkbox"/> As above <input type="checkbox"/> Other: _____	Client grouping 1B <input type="checkbox"/> End of life
Aboriginal origin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Acquired brain injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Developmental disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Date case opened/reopened (YYYY-MM-DD)
Program referral source 01 <input type="checkbox"/> Self 03 <input type="checkbox"/> Family/neighbour/friend 05 <input type="checkbox"/> Other health professional 07 <input type="checkbox"/> Other 02 <input type="checkbox"/> Physician 04 <input type="checkbox"/> Hospital 06 <input type="checkbox"/> Community agency 08 <input type="checkbox"/> Unknown			

Application

I hereby apply for benefits for which I/client may be eligible under the Home and Community Care program and Hospice Palliative Care Bed program, and certify that the information I have provided is correct to the best of my knowledge and may be released to the Home and Community Care provider.

Client or authorized signature: _____ **Date signed** (YYYY-MM-DD): _____

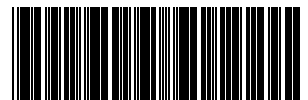
Canadian citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	BC resident (YYYY-MM-DD)	Sponsored immigrant <input type="checkbox"/> Yes <input type="checkbox"/> No	Sponsorship expiry (YYYY-MM-DD)
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Freedom of information and protection of privacy

All personal information is collected under the *Continuing Care Act*, and will be used to determine the applicant's capabilities. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of this information, you should contact your Home and Community Care manager at your local health unit, which is listed in the blue pages of the telephone book under health authorities.

Approved services 5 <input type="checkbox"/> Facility care (800 palliative care)	Acceptance date (YYYY-MM-DD)	Admission date (YYYY-MM-DD)
Upon discharge or death <input type="checkbox"/> Discharge date (YYYY-MM-DD): _____ <input type="checkbox"/> Death date (YYYY-MM-DD): _____		

Note: See back of form for assessor numbers and category definitions.



Assessor numbers for designated hospice palliative care beds

Dunrovin	152777
Terraceview	162777
Prince Rupert Regional Hospital	161777
Bulkley Lodge	163777
Rotary Manor	171777
North Peace Care Centre	172777

Element definitions

Veteran service category:

- Self-reported field that allows the client or a family member to identify the client as having veteran's status (CIHI)

Aboriginal origin:

- Self-reported field that allows the client or a family member to identify the client as being of aboriginal origin (CIHI)

Acquired brain injury:

- Flag to identify clients who have acquired a brain injury in their lifetime.
- Acquired brain injury is defined as damage to the brain that occurs after birth and is not related to a congenital or degenerative disease.
- These impairments may be temporary or permanent and cause partial or functional disability or psychosocial maladjustment (MOHS).

Developmental disability:

- Identify clients who have been diagnosed as a result of a life-long mental impairment with onset at birth, and who have an IQ of 70 or less.
- The person requires extensive assistance and/or supervision to perform daily tasks within a reasonable time frame (MOHS).