

Application for Admission to Clarehouse

**To be completed by guest or family member only*

Date _____

Guest Information:

Name _____ Phone _____
(first) (middle) (last)

Guest's Most Recent Address _____ City _____

State _____ ZIP _____ County _____ Date of Birth _____

Race _____ Tribal Affiliation _____

Occupation _____ Retired? ____ From: _____

Male ____ Female ____ Marital Status: Married ____ Widowed ____ Divorced ____ Single ____

Household Income:

____ <\$25,000
____ \$25,000 – \$50,000
____ \$50,000 – \$75,000
____ >\$75,000

Income Sources:

____ Employment
____ Retirement/Pension
____ Social Security
____ Disability
____ Other

Number of People in Immediate Household

- 1
- 2
- 3
- 4 or more

Living Situation Immediately Prior to Clarehouse

- Home
- Nursing Home
- Hospital _____
- Family member home

Please list any special care needs, preferences or allergies to environmental agents. (Staff will discuss specific medications and nutritional needs with you at the time of admission.)

Revised 11/10/04, 3/16/06, 6/27/07, 11/29/10, 7/22/14, 6/2/16, 8/21/18

Guest Information (continued):

Diagnosis _____

Physician(s) _____

Is there an Advance Medical Directive? Yes ___ No ___ **Is there a DNR?** Yes ___ No ___

Durable Power of Attorney for Health Care (if different from primary caregiver):

(First name) (Middle Initial) (Last Name) Telephone

Reason for admission to Clarehouse: Respite ___ End-of-life ___

If Respite Care, projected length of stay _____
(Admission date) (Discharge Date)

Discharge Plan _____

Funeral Arrangements with _____
(Name of Funeral Home and telephone number)

Primary Caregiver Information:

Primary Caregiver: _____
Name Relationship Telephone

Address _____

Primary Caregivers Employment _____

Consent to release information: I authorize the exchange of information between my physician, hospice agency and Clarehouse in order to coordinate care at Clarehouse.

Signature of Applicant (Guest or Primary Caregiver) (Date)

Signature of Clarehouse Staff (Date)

**Clarehouse uses the demographic information requested for statistical purposes only. Services are provided as a gift of compassion to all with no regard to race, income, age, or gender.*

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Clarehouse
Living. Loving. Sharing.

Clarehouse Admission Agreement

_____ wishes to be a guest at Clarehouse, a not-for-profit home offering short-term care for terminally ill people who are enrolled in a hospice program, during the time agreed upon by me, my primary caregiver and the Clarehouse staff.

SERVICES: I understand that I will be assigned a private bedroom with access to a shared bath, living quarters and grounds. A kitchen is on site but used and maintained by Clarehouse staff and volunteers. Meals and personal laundry service will be provided. I understand that my family or friends may bring snacks or special foods for me to enjoy, as long as these are labeled with my name, contents and the date and given to Clarehouse staff for proper storage.

CLAREHOUSE AS AN ALTERNATIVE TO MY HOME:

- I understand that Clarehouse staff and volunteers are prepared to offer me 24 hour care of the type that a responsible family member could provide in a private residence.
- I understand that Clarehouse staff is trained to perform health care tasks that a family member at home may be trained or instructed to do. These include assisting me with activities of daily living such as bathing and grooming, repositioning or transferring me from one position to another and helping me to take my medication.
- I understand that my primary caregiver is welcome and encouraged to participate in my care at Clarehouse and that he or she may remain with me outside of visiting hours.
- I understand that if my care needs exceed the level of care available at Clarehouse as determined by me, my hospice staff, and/or Clarehouse staff, an alternative plan for my care and living arrangements will be established.

CONTINUITY OF MEDICAL CARE: I understand that it is my responsibility to arrange with my hospice provider to continue to coordinate and manage my medical care under the direction of my primary care physician while I am a guest at Clarehouse. I understand that Clarehouse staff and volunteers will cooperate with the hospice staff providing my care and that Clarehouse staff will support the hospice care plan.

I understand that my and/or my caregiver's, family's or visitor's behavior must not be disruptive to others at Clarehouse or present a danger to self or others. I understand that Clarehouse staff is not able to provide one on one care for behavior management and that if my needs demand this, my family will be asked to provide this or make other arrangements for my care. I also understand that if my caregiver's, family's or visitor's behavior is disruptive or presents a danger, that person will be removed from the premises immediately and not allowed to return. I understand that the specific policy for ensuring the safety and security of Clarehouse staff and guests is available for my review.

MEDICATION: I understand that it is my responsibility to provide the medication I need and that it will be clearly labeled and in its original container, with written instructions for its administration. I agree to give this medication to Clarehouse staff and I understand that they will place it in a locked cabinet that is used only to keep medication.

STATING AND HONORING DECISIONS ABOUT CARE: I agree to provide Clarehouse a copy of my advance medical directive and the name of my durable power of attorney for medical affairs as well as any orders regarding resuscitation. It is my understanding that Clarehouse staff will abide by and support my wishes regarding emergency or other medical interventions.

SAFETY AND PRIVACY: I agree to abide by rules to ensure safety and privacy for all guests and staff at Clarehouse and I understand that my caregiver and any visitors will also be expected to respect and abide by these rules.

PERSONAL POSSESSIONS: I understand that my family and I are responsible for the security of any money, jewelry or other personal items that I bring to Clarehouse.

NO FEES: I understand that I am a guest at Clarehouse and that Clarehouse will not charge me or my family for my stay at Clarehouse. I understand that I am not entering into a landlord tenant relationship with Clarehouse and I am not being granted possession of any Clarehouse property.

VOLUNTEER INVOLVEMENT IN MY CARE: I understand that Clarehouse utilizes volunteers in the care of guests. I understand that any referred volunteer medical professional providing professional medical services has no expectation of and will receive no compensation of any kind for providing the professional medical services. In addition, I understand the limitations on the recovery of damages from the volunteer medical professional in exchange for receiving free professional medical services are as follows:

Any volunteer medical professional shall be immune from liability in a civil action on the basis of any act or omission of the volunteer medical professional resulting in damage or injury if:

- 1. The volunteer medical professional services were provided at a free clinic where neither the professional nor the clinic receives any kind of compensation for any treatment provided at the clinic;*
- 2. The volunteer medical professional was acting in good faith and, if licensed, the services provided were within the scope of the license of the volunteer medical professional;*
- 3. The volunteer medical professional commits the act or omission in the course of providing professional services;*
- 4. The damage or injury was not caused by gross negligence or willful and wanton misconduct by the volunteer medical professional.* §76-32. Volunteer Medical Professional Services Immunity Act, Oklahoma Statute on Torts (Title 76).

LENGTH OF STAY: I understand that Clarehouse does not provide long-term care and that my stay at Clarehouse will be limited to the time and purpose agreed upon by me, my primary caregiver and the Clarehouse staff and documented in my application for admission.

Signature of Guest or Primary Caregiver

Date

Signature of Clarehouse Staff

Date

Revised 11/14/03, 7/27/06, 12/3/08, 7/22/14
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