Government of Saskatchewan

Home Care Admission

District Name _____ # ____

Client Name _____
Surname Given name Initial

File Reference Code ____

Date of Birth ____ Year ____ Month

Sex ☐ 1 Male ☐ 2 Female

Sask. Health Services Card Number ____

or
Out of Province Health Number _____

State Province _____

Type of Admission

☐ 1 Regular

☐ 2 Short term nursing

Hospital Discharge Information

☐ 1 Yes - directly to home care

☐ 2 Yes - within previous 30 days

☐ 3 No

Type of Residence

☐ 1 House (single family detached)

☐ 2 Apartment (self-contained, including attached housing)
- Senior citizens' housing
☐ 1 Yes ☐ 2 No

☐ 3 Special-care home

☐ 4 Other care home
- including private care home, group home, approved home, etc.

☐ 5 Boarding house, rooming house, hotel

Type of Care

☐ 1 Palliative care

☐ 2 Acute care

☐ 3 Supportive care

Support Rating ____

Income Category ____

Number living on income ____

Subsidy Requested?
☐ 1 Yes
☐ 2 No

Marital Status

☐ 1 Single (never married)

☐ 2. Married

☐ 3. Widowed

☐ 4. Divorced or Separated

Level of Care

☐ Level 1

☐ Level 2

☐ Level 3

☐ Level 4

☐ Not applicable

Income Plans
(Mark as many as applicable)

☐ 1 Sask Assistance Plan (SAP)

☐ 2 Family Income Plan

☐ 3 Sask Income Plan (SIP)
- DVA Pension ☐ 1 Yes ☐ 2 No

☐ 4 None

☐ 5 Unknown

Living Arrangements

☐ 1 Lives alone

☐ 2 With spouse only

☐ 3 With spouse and others

☐ 4 With other family members

☐ 5 With others

Place of Residence

☐ 1 Farm/Rural

☐ 2 Village/Hamlet

☐ 3 Town

☐ 4 City

Optional Codes
(for District use)

Code A ____

Code B ____

Code C ____

TMI ____

AMI ____

Admission Date ____

_____
Assessment Committee Member