

**HOME SUPPORT ORDER (AGENCY)**

Name:	<input type="text"/>	PARIS ID:	<input type="text"/>
DOB:	<input type="text"/>	Age:	<input type="text"/>
Gender:	<input type="text"/>	PHN:	<input type="text"/>
		Phone:	<input type="text"/>
Home Address:	<input type="text"/>		

**HOME SUPPORT INFO**

Ordered by Team:	<input type="text"/>	Provider:	<input type="text"/>
Responsible Team:	<input type="text"/>	Provider Scheduler:	<input type="text"/>
Responsible Clinician:	<input type="text"/>	Home Support Cluster:	<input type="text"/>
Type of Home Support:	<input type="text"/>	Goal of Home Support:	<input type="text"/>

Current LTC6 Information (Effective  to  Reason =  )

No Financial Assessment (LTC6) information available.

Client Rate:	<input type="text"/>	Earned Income CAP?	<input type="text"/>
<input type="checkbox"/> Joint LTC6 exists against PARIS IC	<input type="text"/>	Estimated Annual Cost of Service	<input type="text"/>

**PERSONAL CARE TASKS**

	Assignable	Delegable	Task Information
<input type="checkbox"/> Communication Setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Medical Alert System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Communication Device <input type="checkbox"/> Prescription Glasses
<input type="checkbox"/> Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Partial Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Pericare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Menstrual Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Hair Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Facial Shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Oral Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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## PERSONAL CARE TASKS (continued)

	Assignable	Delegable	Task Information
<input type="checkbox"/> Skin Care / Moisturize	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> Hand Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Prosthetics & Orthotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Bladder Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Catheter Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Bowel Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Ostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Sexual Health Setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## MOBILITY / ACTIVITY / REHAB TASKS

\* = Exceptional Task

	Assignable	Delegable	Task Information
<input type="checkbox"/> Transfers - Assignable	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> Transfers - Delegable		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Turning / Repositioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Falls Prevention Program <input type="checkbox"/> Home Activity Program	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> Therapy Program		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> * Community Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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## NUTRITION TASKS

\* = Exceptional Task

	Assignable	Delegable	Task Information
<input type="checkbox"/> Meal Setup	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> Meal Delivery Program			
<input type="checkbox"/> Texture Modification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Oral Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Tube Feeding		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Expired Food Removal	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Shop by Phone-Groceries	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Transporting Food	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Advanced Meal Prep	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Dish Washing	<input type="checkbox"/>		<input type="text"/>

## MEDICATIONS TASKS

	Assignable	Delegable	Task Information
<input type="checkbox"/> Medication Reminder	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> Medication Assistance	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> Medication Administration		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Pharmacy Program			
<input type="checkbox"/> Oxygen Setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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## MEDICAL & CHRONIC DISEASE MANAGEMENT TASKS

\* = Exceptional Task

	Assignable	Delegable	Task Information
<input type="checkbox"/> Compression Stockings		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Clinical Measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Weight	<input type="checkbox"/>	<input type="checkbox"/> Temperature	<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Oximeter
<input type="checkbox"/> Glucometer Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> BiPAP / CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Heat / Cold Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> * Tracheostomy Care		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> * Mechanical Ventilation		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> * Oral Suctioning	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Airway Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> * Peritoneal Dialysis		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> * Post ECT Monitoring		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> * Post OP Monitoring		<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Care of Body After Death	<input type="checkbox"/>		<input type="text"/>

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## HOSPITALITY TASKS

\* = Exceptional Task

	Assignable	Delegable	Task Information
<input type="checkbox"/> Garbage & Recycling	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> Bedding Change	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Laundry - Bed and Bath Linens	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Laundry - Clothing	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Housekeeping - Light	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Extermination Preparation	<input type="checkbox"/>		<input type="text"/>

## COMMUNITY LIVING TASKS

\* = Exceptional Task

	Assignable	Delegable	Task Information
<input type="checkbox"/> Transportation Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> * Respite Blocks	<input type="checkbox"/>		<input type="text"/>
Respite Hours Per Week			<input type="text"/>
<input type="checkbox"/> * Appointment Making	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Medical Escort	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Safety Monitoring	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> * Overnight Care	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> Sleep Shift	<input type="checkbox"/>	<input type="checkbox"/> Awake Shift	Length of Shift (Hrs) <input type="text"/>
<input type="checkbox"/> * Live-in Care	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/> Sleep Shift	<input type="checkbox"/>	<input type="checkbox"/> Awake Shift	<input type="checkbox"/> With Break <input type="checkbox"/> Without Break
<input type="checkbox"/> * Travel Time (Rural Only)			<input type="text"/>

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## CARE REQUIREMENTS AND CARE INFORMATION

\* = Exceptional Requirement

### Care Requirements

- Dementia Care Competency
- Falls Prevention Competency
- Medication Administration Competency
- Palliative Care Competency
- No CPR Form      Date Signed
- Notification of Expected Death Form      Date Signed
- \* Language Needed for Care?  Previous Care Language
- \* Multiple Community Health Worker
- Enhanced Consumer Participation Model (ECPM)

### Care Information

- Diagnosis Relevant to Care?
- Behaviour Careplan Exists?
- AGA Support and Assistance Plan Exists?

Urgent Response Priority

Additional Care Requirements and Care Information

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## SERVICE SCHEDULE

Does the client meet criteria for authorization on a Statutory Holiday?  YES  NO

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Morning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Afternoon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Evening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>TOTAL Clinical HOURS</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Hrs/Week
<b>Total Clinical + Surge HOURS</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Hrs/Week
Respite Hrs Per Week	<input type="text"/>	Hrs/Week						
Bi-Weekly and/or Monthly hour	<input type="text"/>	Hrs/28 Days						
<b>Total Authorized</b>	<input type="text"/>	Hrs/28 Days						

Authorized Start  Authorized End

Estimated Annual Cost of Service

## Patterns of Service

## EXCEPTIONS

When exceptional tasks have been chosen, they need to be approved by appropriate leadership. 'Required Review Date' must be entered and should be no longer than one year.

Task Type & Total Hours will auto populate. Select Task Length when visits are longer than normally expected; Task Frequency when task exceeds normal frequency i.e. showers per week exceeds two; Care Requirements when tasks need extra support i.e. X2 CHWS needed.

Exception Types  Task Type  Task Length  Task Frequency  Total Hours  Care Requirements

Reason For Exception

Further Details

Approved By Name

Approved By Position

Date Approved

Required Review Date

## SERVICE ORDER SUBMISSION

Service Order Submitted on  by

Confirmed by Provider on  by

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## ADDRESS DIRECTIONS

Buzzer Code:

Address Directions

## MAIN CONTACT(S)

Contact Name	Primary Number	Alternate Number	Association	Comments
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## PHARMACY INFO

Pharmacy	Phone #	Fax #
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## FINANCIAL AFFAIRS

Financial Affairs managed by

Name:

Relationship:

Address:

City:

Province:

Postal Code:

Phone:

Mail to Financial Affairs Manager?

----- End of Report -----