

BOARD AND ROOM WITH CARE AND SUPERVISION REQUEST

Client: _____

Rental Address: _____

Occupancy Date: _____

This form is being completed solely for the purpose of assisting the Employment and Income Assistance Program to determine the appropriate level of Board and Room payment. Completion of this form does not imply assumption of tenant responsibilities by the Employment and Income Assistance Program.

Board and Room providers - please provide the following information with Yes or No responses.

1. Are supervisory staff on the premises 24 hours per day? (yes/no) _____
2. Do facility staff provide personal support services for residents within the facility? (yes/no) _____
3. Do facility staff provide support and assistance for a resident who requires help to access community resources/medical appointments? (yes/no) _____
4. Are housekeeping services provided by staff on a daily basis for resident's rooms, bathrooms, and common areas, and are bed linens and towels laundered weekly or more often as required? (yes/no) _____
5. Do all residents have a private secured area for storage of their personal effects? (yes/no) _____
6. Does the facility provide food services that comply with the Canada Food Guide, and are three meals per day served to residents on a scheduled basis? (yes/no) _____
7. Does the facility provide meals to residents who are not able to be present for scheduled meal times? (yes/no) _____
8. Does the facility have a valid food handling permit? (yes/no) _____
9. Is this facility inspected annually by the Public Health Department? (yes/no) _____
Date of last inspection _____
10. Has this facility been inspected by the Fire Prevention Branch within the last year? (yes/no) _____
Date of last inspection _____
11. Has this facility developed a fire evacuation plan; is this plan clearly posted for residents to follow and are residents instructed how to evacuate in an emergency? (yes/no) _____

The Employment and Income Assistance Program will authorize a Care and Supervision supplement to the regular Board and Room rate if **ALL** service enquiry's listed above are confirmed with a "YES" response.

*** Room and Board with Care and Supervision **does not permit** administration of resident's medication or management of the resident's personal/financial affairs. ***

Signature of Care Provider: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____

Date: _____

EMPLOYMENT and INCOME ASSISTANCE USE ONLY:

Case Number: _____ Board & Room - Care and Supervision \$583.00
 Board & Room - Regular rate \$331.00

Comments: _____

Date: _____ Worker: _____