



United Way helping seniors remain independent.

CLIENT APPLICATION / REFERRAL

CRANBROOK

<b>APPLICANT'S NAME:</b>  Spouse:		Application date:	OFFICE USE: Dbase entry <input type="checkbox"/> partial <input type="checkbox"/> complete	
<b>Address:</b>  <p style="text-align: right;"><b>Postal Code: V1C</b></p>				
<b>Phone:</b>  <b>Email:</b>		<b>Applicants age:</b>  <b>Date of birth:</b>		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indigenous <input type="checkbox"/> Anglo-Canadian <input type="checkbox"/> Other If "Other", your ethnic origin?		Language spoken at home <input type="checkbox"/> English <input type="checkbox"/> Other If "Other", which language?		
<b>Referred by</b> (name, organization, position)		Referrer's Phone ( <u>h</u> ome, <u>w</u> ork and/or <u>c</u> ell?)		
Relationship to applicant:		Referrer's Email:		
<i>If referred by someone other than the applicant:</i> Does the applicant know about Better at Home? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant given permission for Better at Home to call? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Health &amp; Home</b> <i>Please feel free to share any information you feel we need to know in order to serve you better and ensure your safety.</i>				
Relevant health concerns/diagnoses:				
		<i>circle best responses</i>		Other/notes: HandyDart approved <input type="checkbox"/> Yes Use Taxi Fare Savers <input type="checkbox"/> Yes
Mobility	good	fair	poor	
Uses mobility aids <input type="checkbox"/> No <input type="checkbox"/> Yes	walker	cane	wheelchair	
Main mode of transportation	drives own car	bus bike	rides from others taxi walk	
Balance	good	fair	poor	
Cognition (ability to understand)	good	fair	poor	
Speech	good	fair	poor	
Vision – glasses <input type="checkbox"/> No <input type="checkbox"/> Yes	good	fair	poor	
Hearing – aids <input type="checkbox"/> No <input type="checkbox"/> Yes	good	fair	poor	

Is there anything else we should know that might help us provide better service?

Smoker  Yes  No  
 Allergies  Yes  No  
 Type:

Do you receive any government funded home support?  
 Veteran's Allowance  Home Care  
 Other, please describe:

**Type of Housing**  
 House  Mobile  In-home suite  
 Apartment/condo  Townhouse  
 Assisted living  Subsidized  
 Other \_\_\_\_\_  No fixed address

Do you live alone?  Yes  No- if "No", with whom?  
*If you are 2+ people living together,  
 choose one to be the primary applicant and include others here.*  
 Pets?  No  Yes (describe)

Emergency Contact #1:

Phone (home, work and/or cell?)

Relationship to Applicant

Email:

Emergency Contact #2:

Phone (home, work and/or cell?)

Relationship to Applicant

Email:

Physician:

Phone (or clinic name):

**Can we contact any of these people if we cannot reach you at a scheduled time?**  Yes  No

What (if any) of these services would you like to learn more about?

*NB: Cranbrook Better at Home does not provide all of these services, but we are happy to make referrals as needed to those who do.*

- |  |   |
|--|---|
| <input type="checkbox"/> Light housekeeping                | <input type="checkbox"/> Transportation to appointments                       |
| <input type="checkbox"/> Light yard/garden work            | <input type="checkbox"/> Grocery shopping: assisted or delivered (circle one) |
| <input type="checkbox"/> Snow shoveling                    | <input type="checkbox"/> Friendly visitor (one-on-one)                        |
| <input type="checkbox"/> Odd jobs (short notice/one time)  | <input type="checkbox"/> Telephone check-in                                   |
| <input type="checkbox"/> Minor home repairs                | <input type="checkbox"/> Food supports  |
| <input type="checkbox"/> Social Connections (small groups) | <input type="checkbox"/> Other (details)                                      |

SLIDING SCALE (for subsidies & statistics) Please identify which fee category you are in so that we can determine the potential subsidy. Use **TOTAL TAXABLE INCOME** From your last tax return.

Single Income (one person)	Household Income (2+ people)	Fee Category	Basis	Subsidy
At or below \$20,600	At or below \$31,350	A <input type="checkbox"/>	Guaranteed Income Supplement (GIS)	100%
\$20,601-29,100	\$31,351 - \$44,055	B <input type="checkbox"/>		80%
\$29,101 - \$35,000	\$44,056 - \$60,455	C <input type="checkbox"/>	Above GIS cut-off but below average BC 65+ income	60%
\$35,001 - \$40,900	\$60,456 - \$76,855	D <input type="checkbox"/>		40%
\$40,901 - \$46,599	\$76,856 - \$93,199	E <input type="checkbox"/>		20%
Over \$46,600	Over \$93,200	F <input type="checkbox"/>	Average income BC 65+	0%

Send to: **Laurie Harris or Regina Taylor**  
**Fax: 250.426.2978**  
**betterathome@ccsseb.com**

Mail or hand-deliver to the address below



Community Connections  
 Community Connections Society of Southeast BC

Feb 2023

**209A - 16<sup>th</sup> Ave N, Cranbrook BC, V1C 5S8** [betterathome.ccs Cranbrook.ca](http://betterathome.ccs Cranbrook.ca)  
 Old bingo hall beside Memorial Arena 250.426.2943