Hospice Palliative Care

DESIGNATED HOSPICE BED AGREEMENT

Reasons for Admission:  
- Palliative Respite (end date)
- Palliative Symptom Management
- Palliative End of Life Care
- Non-palliative clients who need temporary respite when palliative bed is available (end date)

The undersigned jointly understand and agree that (client name) will be admitted to a hospice palliative care bed for services at (facility) provided by Home and Community Care Residential Services from (start date) A daily charge of $ user fee (per diem - as determined by the Ministry of Health) will be paid to the facility by the client or their designate as defined by the Home and Community Care Program.

Client is registered with:
- NH Palliative Care Registry
- BC Palliative Benefit Program
- Not Applicable - non-palliative (see Conditions - must be signed)

I am aware (or my legal representative is aware) of:
- My diagnosis
- The need for advance directives and No CPR
- Agree to have care provided in a designated Hospice Palliative Care bed
- The facility does not accept responsibility for any article not placed in safekeeping.

I (or legal representative) also accept responsibility for non-insured health services, medications and supplies including:
- Clothing and personal hygiene items.
- My own mobility equipment - wheelchair, walker, etc. (not covered by BC Palliative Benefit).
- Costs of my transportation to and from the facility.
- Hairdressing costs if I choose to access this service.

Date: YYYY/MM/DD  Time  Signature of Client (or legal representative)  Signature of Care Coordinator

Hardship Waiver
- Required  - Not Required  - Completed by:

Conditions: Super Short Stay Bed / Non-palliative (initial acceptance of terms)
I (or designate) is aware and agrees to support me to vacate this bed within 12 hours of notice, in the event that the bed is needed for a hospice palliative care patient. Failure to exit bed on given notice will result in full daily bed rate being charged for each day.