

<b>Reasons for Admission:</b>	<b>Admission Date:</b> _____
<input type="checkbox"/> Palliative Respite (end date) _____ <input type="checkbox"/> Palliative Symptom Management <input type="checkbox"/> Palliative End of Life Care <input type="checkbox"/> Non-palliative clients who need temporary respite when palliative bed is available (end date) _____ (see <b>Conditions</b> - must be signed)	

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.

<b>Client is registered with:</b> <input type="checkbox"/> NH Palliative Care Registry <input type="checkbox"/> BC Palliative Benefit Program <input type="checkbox"/> Not Applicable - non-palliative (see <b>Conditions</b> - must be signed)
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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
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<b>Hardship Waiver</b> <input type="checkbox"/> Required <input type="checkbox"/> Not Required <input type="checkbox"/> Completed by: _____
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**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.