



Date completed:	Interview date:
Client's name:	Date of birth:
Physical address <i>(legal land description/street address of residence)</i> :	Mailing Address:
Phone number:	Community:
Marital status:	Pets:
Other people/family members living in home:	Spouse's name & date of birth:
Emergency Contact #1 Name: _____ Relationship: _____ Phone Number(s): Home _____ Cell _____ Work _____	Emergency Contact #2 Name: _____ Relationship: _____ Phone Number(s): Home _____ Cell _____ Work _____

Reason for Referral (if applicable): _____

Relevant Medical Conditions: _____

Potential Concerns: _____

Other Agencies (if applicable): _____



HOME SUPPORT AGREEMENT

I/We hereby request a qualified Home Support Worker, through Lac Ste. Anne County, to provide necessary housekeeping, and related services in my home at (address):

Service will commence: _____

I/We agree to pay Lac Ste. Anne County at a subsidized rate of \$10.00 per hour, payable monthly. I/We understand that any hours beyond the pre-approved subsidized hours (to a maximum of three (3) hours per week) will be charged at a rate of \$20.00 per hour.

In accordance with my application for Home Support Service, I/we agree to the following:

- a. That I/we release and forever discharge Lac Ste. Anne County Community Services and the said Home Support Worker from any claim, demand, or liability whatsoever which may arise due to illness or accident to other persons, and any loss or damage of any kind whatsoever to the said home and contents.
- b. That I/we agree to allow the Home Support Worker to enter and be in my home on the mutually agreed upon dates and times.
- c. That I/we agree to notify Lac Ste. Anne County Community Services of any change in circumstances that would alter this agreement with them, i.e. income level, additional duties etc.

Community Services Coordinator

Date

Client(s)

Date

The personal information provided will be used to register you in the Lac Ste. Anne County program or activity and is collected under the authority of Section 33(c), of the *Freedom of Information and Protection of Privacy (FOIP) Act*. The information collected on this form will only be used for the provision of the program you have registered. For questions regarding the collection and use of this information, please contact the Lac Ste. Anne County FOIP Coordinator at 1.866.880.5722 Box 219, 56521 RR 65, Sangudo, AB T0E 2A0.

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2359 E LSAC@LSAC.ca

www.LSAC.ca



REQUESTED HOME SUPPORT WORKER HOUSEHOLD RESPONSIBILITIES

REQUESTED <i>(to be completed by Client)</i>	APPROVED <i>(to be completed by Community Services Coordinator)</i>
KITCHEN HOUSEKEEPING ACTIVITIES	
<input type="checkbox"/> Countertops, floor, sink, stove, etc. <input type="checkbox"/> Cleaning cupboards inside and rearranging <input type="checkbox"/> Cleaning and/or defrosting the refrigerator <input type="checkbox"/> Dust off register, wipe light switches and walls	<input type="checkbox"/> Countertops, floor, sink, stove, etc. <input type="checkbox"/> Cleaning cupboards inside and rearranging <input type="checkbox"/> Cleaning and/or defrosting the refrigerator <input type="checkbox"/> Dust off register, wipe light switches and walls
BEDROOM HOUSEKEEPING ACTIVITIES	
<input type="checkbox"/> Make beds and change linens <input type="checkbox"/> Dust furniture <input type="checkbox"/> Sweep or vacuum floor	<input type="checkbox"/> Make beds and change linens <input type="checkbox"/> Dust furniture <input type="checkbox"/> Sweep or vacuum floor
BATHROOM HOUSEKEEPING ACTIVITIES	
<input type="checkbox"/> Clean sink, toilet, mirrors and tub/shower <input type="checkbox"/> Wash and/or vacuum floor	<input type="checkbox"/> Clean sink, toilet, mirrors and tub/shower <input type="checkbox"/> Wash and/or vacuum floor
LAUNDRY	
<input type="checkbox"/> Machine washing <input type="checkbox"/> Ironing	<input type="checkbox"/> Machine washing <input type="checkbox"/> Ironing
OUTDOOR ACTIVITIES	
<input type="checkbox"/> Light snow shovelling <input type="checkbox"/> Light gardening/weeding	<input type="checkbox"/> Light snow shovelling <input type="checkbox"/> Light gardening/weeding

OTHER DUTIES REQUESTED: _____

Please use the next page if more room is needed.



OTHER DUTIES REQUESTED: _____

ADDITIONAL INFORMATION/COMMENTS: _____
