



## Caledon Community Services Transitional Care Centre Service Agreement

Community Services (CCS) is pleased to offer you admission to our Transitional Care Centre (TCC) at 9 McClellan Road, Unit 105; Pinnacle View Seniors' Residence in Alton, Ontario.

### **Admission Agreement:**

- I agree to pay the per diem fee of \$40 per day for the duration of my stay.
- I understand that a deposit of 7 days is required at admission and at the beginning of each week for the duration of my stay.
- I agree to participate in the development of my Care Plan with the CCS Health Services Manager upon admission to the TCC.
- I understand that my Care Plan is designed to help me identify my personal goals and preferences for my health and wellness, and to plan the programs and services I require to meet my goals.
- I agree to participate in a review of my Care Plan at least **weekly**, while I am in the TCC; the reviews will identify my progress on goals; my changing needs; and identify the services I require to meet my needs and accomplish my goals.
- I understand that important people in my life (i.e. family, friends, and caregivers) as well as professionals such as my Physician etc. can be involved in the development and review of my Care Plan at CCS. These individuals are referred to as my "Circle of Care".
- I understand that I may have to arrange/purchase supplemental services for myself with other care providers if my Care Plan requires a level of and/or type of professional services/resources that CCS does not provide.

### **Transition Criteria:**

- I understand that I will no longer be eligible to stay at the TCC if my needs change and I require a level of professional services that CCS is not qualified to provide; if I am unable to direct my care; or if I cannot be unsupervised.
- I understand that my CCS Health Services Manager will contact my Community Care Access Centre (CCAC) Case Manager and/or my circle of care to facilitate my transition from the TCC if I become ineligible for services.



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### **EXIT Criteria:**

This service agreement is cancelled in the following circumstances:

- You fail to pay service fees.
- You reach your maximum length of stay 30 days or 50 days for Wait at Home Clients.
- Your needs increase and you require a level of care and/services that the TCC cannot provide.
- You are admitted to hospital.
- You exhibit behaviour that presents a safety risk to yourself, others, residents, or CCS staff.
- You are no longer able to direct your care and present a risk for wandering.
- You are diagnosed with a Communicable Disease that is "Reportable" to Public Health.
- The Central West LHIN discontinues funding for the TCC.

### ACCEPTANCE OF AGREEMENT

I understand that my maximum length of stay is \_\_\_ days. My scheduled discharge date from the TCC is on or before \_\_\_\_\_.

By signing this I am stating that it has been reviewed with me and I have had the opportunity to ask questions and they have been answered to my satisfaction. I understand and accept the terms in this agreement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Support Person's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Services Manager

\_\_\_\_\_  
Date