



RESPIRE CARE GUEST APPLICATION

TRILLIUM HOUSE
1144 Northland Drive.
Marquette, MI 49855
Telephone: (906)-264-5026
Fax: (906)-273-1011

www.trilliumhouse.org



RESPIRE CARE GUEST APPLICATION



Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

Occupation: _____

Female ____ Male ____ Married ____ Widowed ____ Divorced ____ Single ____

Is there an Advanced Medical Directive? Yes ____ No ____

Is there a Medical Power of Attorney? Yes ____ No ____

***If yes to any of the questions above please provide copies**

Primary Caregiver: _____ Relationship: _____

Address: _____ Phone: _____

Primary Caregiver's Employer: _____

Durable Power of Attorney for Health Care (if different from primary caregiver)

First Last Phone



PERSONAL BELONGINGS INVENTORY

Name: _____ Room: _____

Dentures: Full / Upper / Lower

Hearing Aids: Full / Right / Left

Glasses

Contact Lenses

Walker/Wheelchair

Other Medical Equipment (Description)

Suitcase

Bathrobe

Toiletries

Clothing (Description)

Shoes (Description)

Jewelry (Description)

Furnishing (Description)

Books/Music/Movies (Description)

Other (Description)

Signature

Date



RESPITE GUEST PREFERENCES

Name: _____ Date: _____

Nutrition: *Guests at Trillium House will be offered food and fluids but will not be pressed to eat or drink. For those who enjoy food, every effort will be made to respond to their preferences and time of day for meals or snacks.*

Is the respite guest eating and drinking at the time of admission?

Diet:

Liquid Products:

Supplements:

Declines/Unable to accept food:

Declines/Unable to accept liquids:

Describe special needs for assistance when eating, including difficulties with breathing, swallowing, etc:

Food Allergies or other adverse reactions to foods:

Special dietary needs and Food preferences:

Snacks: Preferences and times of day



Preferred meal times: Breakfast Lunch Dinner

Other Information of foods and liquids:

Activities: Quality of life is of primary concern at Trillium House. We wish to assist our guests in participating in activities meaningful to them. Please describe any activities that would be valued, such as hobbies, music, or books.

Spiritual Care: Please identify any spiritual practices or religious preferences you would like us to be aware of.



FINANCIAL AGREEMENT

I, _____, agree that I or my representative named below will pay to Trillium House, Inc. a daily care fee of \$250 for my respite stay and a one-time \$200 room preparation fee. The \$200 cleaning fee will be waived if respite stay is greater than 8 days.

I understand the \$200 room preparation fee will be paid upon my arrival and an invoice will be provided to me every 30 days during my residence at Trillium House. We bill subsequent to services. Our services are charged by the day and no refunds will be issued.

Invoices are to be sent to:

Name: _____

Address: _____

Respite Guest Signature

Date

Authorized Representative Signature

Date

Trillium House Staff

Date

RESIDENT ADMISSION CONTRACT



Whereas I, _____, wish to be a Respite Resident at Trillium House, for the time agreed upon by me, my primary caregiver and Trillium House.

SERVICE PROVIDED

TRILLIUM HOUSE AS AN ALTERNATIVE TO MY HOME:

Trillium House staff and volunteers are prepared to offer me 24-hour care of the type a responsible family member could provide in a private residence. I understand that:

I will be assigned a private bedroom with a bath and living quarters. Trillium House staff is trained to perform health care tasks a family member at home may be trained or instructed to do. These include assisting me with activities of daily living such as bathing, grooming, meals, repositioning or transferring me from one position to another and helping me to take prescribed medication

My primary caregiver is welcome and encouraged to participate in my care at Trillium House. He or she and a second person may stay with me at Trillium House.

MEALS & SNACKS: A kitchen used and maintained by Trillium House staff and volunteers is used to prepare meals and snacks. I understand my family or friends may bring snacks or special foods for me to enjoy. These must be labeled with my name, contents, date and given to Trillium House staff for proper storage.

MEDICAL CARE: I understand it is my responsibility to coordinate and manage my medical care while I am a guest at Trillium House. I understand Trillium House staff and volunteers will cooperate with medical providers but do not provide medical care.

I understand my and/or my caregiver's, family's, or visitor's behavior must not be disruptive to Trillium House or present a danger to self or others. I understand if my caregiver's, family's, or visitor's behavior is disrupted they will be removed from the premises immediately and not allowed to return. I understand Trillium House staff is not able to provide one-on-one care for behavior management and if my needs demand this my family will be asked to provide it or to make other arrangements.



MEDICATION: I understand it is my responsibility to provide the medication I need and that it must be clearly labeled in its original container that includes written instructions for its administration. I agree to give this medication to Trillium House staff and I understand it will be locked in a medication cabinet.

STATING AND HONORING DECISIONS ABOUT CARE: I agree to provide Trillium House a copy of my advanced medical directive and the name of my durable power of attorney for medical affairs.

FINANCIAL AGREEMENT: In consideration of these services I or my Primary Caregiver/Guarantor individually promise to pay my account at the rates stated in my financial agreement with Trillium House. To be admitted, a respite guest or Primary Caregiver agrees to a \$200 non-refundable room preparation fee. The daily charge will not be prorated for a discharge occurring a charged day. The respite guest will be billed every 30 days and the payment for billed services is due within 15 days of issuance.

SAFETY AND PRIVACY: I agree to abide by rules to ensure safety and privacy for all Residents, staff and volunteers at Trillium House. I understand my caregiver and any visitors will also be expected to respect and abide by these rules.

PERSONAL POSSESSIONS: I understand my family and I are responsible for the security of any money, jewelry or other personal items I bring to Trillium House.

Signature of Respite Guest/Responsible Party

Date

Trillium House Staff

Date

RESPITE GUEST CARE POLICY



LEVEL OF CARE

Trillium House staff provide a basic level of care, including assisting guests with activities of daily living including basic grooming, eating, assisting with medications, transferring, repositioning and oral care. Staff will do visual checks on guests one time per hour, and assist guests as needed based upon their condition. If a guest's condition requires a higher level of care than what the Trillium House staff can provide, the guest's medical care provider, and family and friends who the guest has requested assist with their care may be contacted to help provide the needed care.

FAMILY PARTICIPATION IN CARE

Although Trillium House staff provide residential care for guests, family members and other people important to the guest may assist with basic care needs – with the knowledge and consent of the guest. We encourage participation in care.

HANDLING OF RESPITE GUEST FINANCE/PROPERTY

It is the policy of Trillium House that no staff or volunteers accept power of attorney for any purpose, and may not accept appointments as guardians or conservators of guests. Furthermore, Trillium House must refuse any request for assistance in managing guests' finances of any sort. Also, no representative of the Trillium House may borrow a guest's property or in any way convert a guest's property to their possession.

LAUNDRY

All laundering is done at Trillium House. If a guest has allergies to specific cleaning agents, his/her linens shall be laundered separately using a non-allergenic detergent.

Gloves shall be worn when handling soiled bed linen and towels. Soiled linens will never be placed on the furniture or floor and will be kept away from clothing.



Guests will also be provided laundry service for their personal belongings that are able to be washed and dried by machine. If a guest has items that are “dry clean only”, it is the responsibility of the guest and/or family to provide this need for the guest.

A guest’s personal clothing shall NEVER be laundered with bedding or towels. Chlorine bleach shall NEVER be used on personal laundry unless it is required due to contamination by blood or body fluids. Care will be taken so belongings are returned to the right guest in a neat and undamaged condition.

The laundry facilities are to be used by staff and volunteers only.

PERSONAL HYGIENE

Responsive guests shall be offered a bath daily or more often if necessary. Assistance will be offered in brushing of teeth, hair combing/brushing, shampooing, hand washing, shaving, and caring for toe and fingernails if needed. If a guest is incontinent, they will be cleaned immediately.

PERSONAL ITEMS

Trillium House encourages guests to make their room as homelike as possible by bringing in pictures, photo albums, or other small items. However, large pieces of furniture cannot be accommodated. Any electrical equipment – lamps, hair dryers, etc. – must be checked for safety by the House Manager before being used. Please check with the staff if you have any questions about which personal items you may bring to Trillium House.

PET

Pets (cats, dogs, birds) may be in the guests’ room with guests for short visits. Families and friends are responsible for the animals and they must be on leashes or in travel carrier kennels. The guests are responsible for the care of the animals, not Trillium House staff. Guest room doors need to be closed when pets are visiting, as they are not permitted to roam the facility. It is preferred that the family let the Trillium House staff



know they will be bringing an animal into the home prior to a visit. Therapy dogs are welcome by appointment. Pet visits may be prohibited if they will adversely affect the health of other guests.

SMOKING

The use of tobacco products is strictly prohibited in the house, within 100 feet of Trillium House. This policy is in effect 365 days/year, 24 hours/day. Management of Trillium House has the responsibility for administering this policy. Any exception to this policy must be made by the House Manager with appropriate documentation filed in the Manager's office.

STAFF

Trillium House will at all times have at least one caregiver on duty, awake, dressed and up and about the facility 24 hours/day. The responsible caregiver shall be at least 18 years of age and capable of performing required duties in the supervision of the guests. This staff member shall be accessible to all guests in the facility and will be the person to whom guests can report to.

SUPPORT SERVICES

Trillium House welcomes visits from your primary physician, clergy person, hair dresser or others supporting your care and well-being.

VALUABLES

Trillium House does not have a safe for locking up valuables. We suggest that guests not bring more than \$20 in cash or valuables.



VISITING HOURS

Family members and friends (specified by the guest), may visit at any time. The general visiting hours are from 7:00 a.m. to 11:00 p.m. daily. Doors will be locked after 11:00 p.m. on weekdays and on weekends. For visits between 11:00 p.m. until 7:00 a.m., please notify Trillium House staff ahead of time.

MEALS AND SNACKS

Meals and snacks for guests are provided by Trillium House staff and volunteers. We will try to meet your particular needs and likes. Families may bring in their favorite foods and drinks for a guest, and will be kept in the “Guest” refrigerator.

FIRE SAFETY

Trillium House is required to follow state fire marshal codes by license. Plug in air deodorizers and candles are not allowed in the building.

WALL HANGINGS

Hooks and cord will be supplied by Trillium House for picture hanging. No nails, adhesive stickers, hangers, poster putty or tape are to be used as they cause damage to the dry-wall and require repairs for which you will be charged.



TRILLIUM HOUSE RESIDENT SURVEY

Name (Optional)

Date

We would be grateful if you would help us ensure our care meets the expectations of Residents and their loved ones. Your suggestions are most welcome. We also provide overall survey results to local foundations and donors who support our mission.

Please circle the appropriate number to indicate your *degree of satisfaction* where:

1 = Very **2 = Met Expectations** **3 = Did not meet expectations** **4 = Not at all**

CARE: How satisfied were you with our ability to meet your loved one's daily needs? **1** **2** **3** **4**

RESPONSIVENESS: How satisfied are you with our responsiveness in Caring for your loved one and family? **1** **2** **3** **4**

MEDICATIONS: How satisfied are you with our ability to appropriately assist with your loved ones medications? **1** **2** **3** **4**

ADMISSION PROCESS: How satisfied are you with our process? **1** **2** **3** **4**

HOSPICE PROVIDER: How satisfied are you with our interactions and information Sharing with your loved ones hospice provider? **1** **2** **3** **4**

OVERALL: How satisfied are you with your loved one living at Trillium House? **1** **2** **3** **4**



Do you have any suggestions that would help us improve our care?

How were you made aware of Trillium House?

Have you seen/heard any of the following prior to coming?

- Television Advertisement
- Television News Piece
- Radio Advertisement
- Radio News Piece
- Newspaper Advertisement
- Newspaper Article
- Website
- FaceBook
- Instagram
- Other (please specify) _____