



## **HOSPICE RESIDENT CARE APPLICATION**

### **MISSION STATEMENT**

To provide compassionate care, ensuring comfort, dignity, and support for individuals and their families during their hospice or respite journeys.

### **VISION STATEMENT**

To be a place of solace and serenity where individuals and families find the strength to embrace life's transitions with grace and dignity. We aspire to be a facility of excellence in supporting hospice and respite care, leading the way in holistic support, compassion, and comfort for our community.

### **TRILLIUM HOUSE**

1144 Northland Drive.

Marquette, MI 49855

Telephone: (906)-264-5026

Fax: (906)-273-1011

[www.trilliumhouse.org](http://www.trilliumhouse.org)



# HOSPICE RESIDENT CARE APPLICATION



Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

Female \_\_\_\_ Male \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_

Number of People in Immediate Household: 1 2 3 4+

Living Situation Immediately Before Trillium House (Please Circle One):

Home      Nursing Home      Hospital      Family Member's Home

How did you hear about Trillium House? \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Physician(s): \_\_\_\_\_ Phone # \_\_\_\_\_

Hospice Provider: \_\_\_\_\_

Is there an Advanced Medical Directive? Yes \_\_\_\_ No \_\_\_\_ DNR? Yes \_\_\_\_ No \_\_\_\_

Is there a Medical Power of Attorney? Yes \_\_\_\_ No \_\_\_\_

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

Allergies: \_\_\_\_\_

Veteran: \_\_\_\_\_ Branch: \_\_\_\_\_



Primary Caregiver: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Caregiver's Employer: \_\_\_\_\_

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

First	Last	Phone
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Funeral Arrangements \_\_\_\_\_

Person responsible for my bill: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge that I am responsible for payment arrangements to Trillium House for services received for resident \_\_\_\_\_

Signature of responsible party: \_\_\_\_\_

Trillium House signature witness: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant (or Primary Caregiver)	Date
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Signature of Trillium House Staff	Date
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## PERSONAL BELONGINGS INVENTORY

### Suggested list of items to bring:

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)

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Signature

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Date



## RESIDENT PREFERENCES

Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Nutrition:*** Residents at Trillium House will be offered food and fluids as per care plan 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 Resident 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 Residents 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 to pay Trillium House a daily room rate of \$\_\_\_\_\_ per day.

Invoices will be mailed on the 1<sup>st</sup> business day of the month to the following responsible party:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## PUBLICATION RELEASE

I hereby grant permission to Trillium House to use my loved one's name on the memorial area of their website or in future publications or to photograph me or my loved one for educational and promotional activities.  YES  NO

## ADMISSION AGREEMENT CONTRACT

I have read or have been fully informed of the Trillium House Mission Statement, Admission and Discharge Policy, Refund Policy, Resident Rights and Responsibilities, Smoking Policy, Infectious Disease Policy, Guest Policy, Room Cleaning & Maintenance Fee, Financial Agreement, Service/Care provided by the House and I agree to the terms and conditions therein.

## AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

Further, I authorize Trillium House to release and exchange written and verbal information with my hospice team, primary physician, VA providers and or Durable Power of Attorney for Health Care (DPOAHC), long term care facility or hospital for purposes of care coordination.

\_\_\_\_\_  
Signature of Resident/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trillium House Representative Signature/Title

\_\_\_\_\_  
Date

## NONCOMPLIANCE

*If you do not comply with Trillium House guidelines you will be asked to leave.*



## OPTIONAL FINANCIAL WORKSHEET/ASSETS DECLARATION

This form asks questions about wages, property or assets owned by you and/or spouse. This information is needed to determine your daily rate. Include assets you or your spouse own jointly with family or other persons as of the date of this application.

**DATE:** \_\_\_\_\_

Resident's Name (First, Middle, Last)	Phone Number	Spouse's Name (First, Middle, Last)	Phone Number
Address (Number, Street)		Spouse's Address (Number, Street)	
City	State	Zip Code	State
			Zip Code
Resident's Birthdate (Mo/Day/Yr.)	Social Security	Spouse's Birthdate (Mo/Day/Yr.)	Social Security

### INCOME

INCOME	RESIDENT		SPOUSE	
	MONTHLY	YEARLY	MONTHLY	YEARLY
Wages				
Social Security Income				
Disability Income				
Pensions				
Annuities				
401K/IRA Distributions				
<b>Annual Income</b>				
<b>TOTAL COMBINED YEARLY INCOME</b>				

### ASSETS

ASSETS	RESIDENT		SPOUSE	
	Balance (amount of value)	Name (bank, insurance co., etc.)	Balance (amount of value)	Name (bank, insurance co., etc.)
Checking Account				
Savings Account				
Certificates of Deposit (CD)				
Cash on hand/safe deposit				
Bonds, Stocks or Mutual Funds				
Life Insurance				
IRA, KEOGH, 401K or Deferred Compensation				
Money Market Accounts				
Real Estate				





Vehicles, Recreational Vehicles, Other			
Owner(s) (As shown on vehicle title or registration)	Year	Make/Model	Amount Owed

**I affirm that all the information that I have given for this form is true. I know that I may be asked to show proof of any information that I have given. I am aware that if I intentionally left out information, the rate of stay may change at a later date.**

Signature (Resident or Representative)		Date (Month, Day, Year)	
NOTE: If you signed this application on behalf of someone else, complete the information below.			
Name (First, Middle, Last)	Phone Number	Relationship to Resident	
Street Address	City	State	Zip

**DOCUMENTATION**

**Needed documents required to verify proof of income and assets to determine daily rate:**

- Income Tax Return (for previous year)
- Investment/401K and stock portfolio summaries
- Bank Statement Checking
- Bank Statement Savings
- Pension Statement
- Proof of Social Security/Disability income (1099 form, annual letter, or bank statement showing amount of direct deposit)
- Unemployment compensation form
- Documented Workers compensation
- Written statement from one or more public welfare agencies verifying income for the previous 12 months.

**Based on total annual income and assets above, the daily rate is \$ \_\_\_\_\_**



## ADMISSION AND DISCHARGE CRITERIA/POLICY

### ADMISSION ELIGIBILITY GUIDELINES

An individual meets the criteria for admission to the residential hospice program if the individual or authorized representative agrees to:

#### COMMUNICATE

1. Any current or recently treated infectious diseases must be communicated upon referral.
2. The individual/family/authorized representative verbally agrees to pay a daily fee for room and board prior to admission.

#### PROVIDE

1. If a Durable Power of Attorney - Health Care (DPOAHC) has been signed, a copy is to be faxed to Trillium House.
2. The individual **has completed Advance Directives** indicating they wish palliative/comfort care measures for their terminal illness, and that they do not wish advanced life support or aggressive resuscitative measures. A copy to be provided to Trillium House upon admission. **(hospice)**
3. The hospice Medical Director certifies in writing that the individual meets criteria for and **is enrolled in a Medicare Certified Hospice program**. The individual also needs to meet functional assessment criteria. **(hospice)**

#### SIGN

1. Admission agreement for Trillium House.
2. Release and exchange of information form to allow Trillium House to communicate with their Primary Physician and Certified Hospice/Homecare provider.



## **CRITERIA THAT MAY BE INELIGIBLE FOR ADMISSION INCLUDE**

1. Individuals on aggressive or curative treatment for their primary disease.
2. Individuals/residents who are on the Home Health benefit and do not have a terminal prognosis. **(hospice)**
3. Individuals who are considered a danger to themselves or others due to an impairment of their mental status (suicidal, psychotic, extreme confusion, wandering behavior, etc.).
4. Individuals with an infectious disease requiring adaptation of the residential facility and/or staff.
5. Individuals who request or who need complex medical or nursing care beyond the ability of the Trillium House staff to provide with the support of the resident's hospice program. These may include, but are not limited to: Ventilator support, TPN, routine IV administration, IM Injections.
6. Tube feeding may be considered and the following will be addressed on a case-by-case basis by the clinical operations committee.
  - A. Acuity of current residents at Trillium House
  - B. Availability of family/friends to assist with feedings at Trillium House
  - C. Tube feeding for comfort measures only
  - D. No NG tubes — J or G tubes considered on an individual basis.

## **DISCHARGE GUIDELINES/POLICY**

I understand as a hospice resident, Trillium House is a licensed Adult Foster Care Home, and that my care needs will be evaluated upon admission, and every 30 days as needed to ensure they do not exceed the safe level of care provided and available at Trillium House. In addition, alternative locations and options for care will be discussed with me and/or my DPOAHC, hospice provider and Trillium House staff if:

- My care needs exceed the capacity of Trillium House.
- I no longer meet other admission criteria.
- Resident/family requests discharge.

Any resident whose condition has not been recertified through Hospice after 6 months at Trillium House, as determined by a functional assessment, will be asked to find an alternative location as soon as possible.

## **REFUND POLICY**

All refunds which may be due will be made within one month. A refund request must be made in writing 14 days after invoiced for services. Invoices will be mailed on the 1<sup>st</sup> business day of the month. Any refunds which may be due will be paid within one month and mailed by check to the responsible party.



## RESIDENTS RIGHTS AND RESPONSIBILITIES

Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:

- a) The right to be free from discrimination on the basis of race, religion, color, national origin, sex, age, handicap, marital status, or source of payment in the provision of services and care.
- b) The right to exercise his or her constitutional rights, including the right to vote, the right to practice religion of his or her choice, the right to freedom of movement, and the right of freedom of association.
- c) The right to refuse participation in religious practices.
- d) The rights to write, send, and receive uncensored and unopened mail at his or her own expense.
- e) The right of reasonable access to a telephone for private communications. Similar access shall be granted for long distance collect calls and calls which otherwise are paid for by the resident. A licensee may charge a resident for long distance and toll telephone calls. When pay telephones are provided in group homes, a reasonable amount of change shall be available in the group home to enable residents to make change for calling purposes.
- f) The right to voice grievances and present recommendations pertaining to the policies, services, and house rules of the home without fear of retaliation.
- g) The right to associate and have private communications and consultations with his or her physician, attorney, or any other person of his or her choice.
- h) The right to participate in the activities of social, religious, and community groups at his or her own discretion.
- i) The right to use the services of advocacy agencies and to attend other community services of his or her choice.
- j) Reasonable access to and use of his or her personal clothing and belongings.
- k) The right to have contact with relatives and friends and receive visitors in the home at a reasonable time. Exceptions shall be covered in the resident's assessment plan. Special consideration shall be given to visitors coming from out of town or whose hours of employment warrant deviation from usual visiting hrs.
- l) The right to employ the services of a physician, psychiatrist, or dentist of his or her choice for obtaining medical, psychiatric, or dental services.
- m) The right to refuse treatment and services, including the taking of medication, and to be made aware of the consequences of that refusal.
- n) The right to request and receive assistance from the responsible agency in relocating to another living situation.
- o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.
- p) The right of access to his or her room at his or her discretion.
- q) The right to confidentiality of records as stated in section 12(3) of the act.
- r) A licensee shall respect and safeguard the resident's rights specified in sub rule (1) of this rule



## **SMOKING & TOBACCO FREE POLICY**

### **Purpose**

To protect the health, safety, and comfort of residents, employees, and visitors of Trillium House, we are a 100% smoke-free facility.

### **Policy**

- No use of tobacco products, including cigarettes, smokeless tobacco, and electronic cigarettes or CBD products is permitted within this facility at any time.
- Smoking is not permitted within 100 feet of the facility.
- Trillium House staff is not obligated to take a resident outside to smoke. Family members will be asked to assist with any resident's smoking needs.
- Any tobacco products or electronic cigarettes brought into Trillium House without our consent or knowledge will result in the loss of smoking privileges.
- Failure to comply with this policy will result in the resident forfeiting his or her smoking privileges. Continued failure to comply will result in a discharge from Trillium House.
- All cigarette ends or stubs must be disposed of as they are prohibited inside Trillium House.

### **Procedure**

- Residents and visitors will be informed of the Trillium House tobacco-free policy during the admission process, as well as through signs posted throughout the property.
- Upon admittance, all tobacco products must be surrendered to Trillium House staff. They will be kept locked up with the resident's other medications.
- Any resident or visitor observed using tobacco products or electronic cigarettes in violation of this policy will be asked to discontinue.



## **INFECTIOUS DISEASE VISITATION POLICY**

*We reserve the right to enforce this policy:*

### **Purpose**

The health of our residents and staff is our top priority. We realize that implementing these restrictions may cause challenges, and we are sorry for any inconvenience or difficulties they may cause.

### **Policy**

**The following restrictions would be put into place in event of an infectious disease outbreak:**

- Only 2 visitors at a time per resident. We ask visitors, when possible, use technology (i.e. Facetime, Google Duo, etc.) versus entering the facility. Also, weather permitting, window visitation is acceptable.
- Visitors must refrain from moving about the facility and should remain in the resident's room throughout their stay.
- No visitors under the age of 12.
- Visiting hours are 7:00am – 11:00pm daily. One family member will be allowed to visit outside these hours and if necessary, spend the night.
- End of life care situations will be handled on a case-by-case basis.
- All visitors must wear a mask throughout their visit. Visitors unwilling to wear a mask are not permitted to enter. Fully vaccinated visitors must continue to wear a mask.

Thank you for your understanding and your attention if these changes must be implemented. We are committed to only keeping these changes in place for as long as absolutely necessary.

## **GUEST POLICY**

### **HOURS**

- General visiting hours are from 7:00 AM until 11:00 PM.
- For safety purposes, the front door is locked after 11PM. Visitors can enter after hours by knocking on the door or calling our telephone number (906)-264-5026.

### **CARE**

- Visitors may be asked to leave a resident's room while care is being provided.

### **BEHAVIOR**

- To maintain a peaceful Trillium House everyone will treat each one another kindly.
- No resident, family/friends will mistreat any Trillium House staff, volunteer or visitor.
- Threatening, aggressive or disrespectful behavior is not appropriate and communications must be shared in a respectful tone.



## ROOM CLEANING & MAINTENANCE FEE

All incoming residents are assessed a **one-time** room cleaning /maintenance fee of \$200. This fee covers the expense required to have the room cleaned, disinfected, sterilized and maintained before the room can be utilized by the next resident. **This fee is billed on the first invoice only.**

## ROOM CLEANING POLICY

### Policy

Upon the death of a resident, the room will be cleaned and sanitized

### Procedure

- Room must be cleaned by the staff person responsible for the resident that shift.
- Personal belongings left behind by the resident must be properly stored and labeled. These will be given to the House Manager.
- All care products, i.e. lotions, combs, solutions, etc. must be disposed of.
- The bed must be stripped. Linens, towels, clothes, and other items will be washed immediately.
- The bed must be wiped with a solution of bleach water. One part bleach – ten parts water. Bed must be made immediately.
- All drawers, cabinets, bathrooms, phone, television, radio, closet must be wiped down with a bleach/water solution.
- Room must be dusted, windows washed and walls wiped down with a bleach/water solution.
- The room must be swept and mopped.
- Trash must be disposed of following infection control procedures.

## SERVICE/CARE PROVIDED

- Care 24 hours a day, 7 days a week.
- Dedicated Trillium House resident care aides provide care including assistance with medications, personal care services, meals, companionship.
- Laundry and Housekeeping services.
- Prepared meals and snacks.



## RESIDENT DEATH POLICY

### Policy

- It is Trillium House's policy to provide a supportive environment for the resident and his/her family as death nears.

### Procedure

- Family shall be notified in accordance with instruction in the resident's chart.
- The Hospice Nurse shall be notified. It is the responsibility of the Hospice Nurse to notify the medical examiner, physician and mortuary. If there is an expected delay due to family arrival this information shall be given to the Hospice Nurse to coordinate with the mortuary an approximate time for removal of the body. A mortuary release form must be completed and filed with the resident's chart.
- Staff persons shall note date, time and circumstances of death in the resident's chart.
- All medications of the deceased shall be destroyed and recorded following the medical disposition policy. Chart contents shall be removed from the three ring binders, clipped together, given to the House Manager and retained for a period of three years.

Personal belongings shall be handled in a responsible and legal manner.





## **HELPFUL INFORMATION FOR YOUR REFERENCE:**

Listed below are some of the general guidelines that will help make your stay at Trillium House as comfortable and safe as possible. Please feel free to discuss any questions you may have with the staff at Trillium House.

### **VISITING HOURS**

Family members and friends (specified by the resident) 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.; visitors are able to knock on the door or call our telephone number (906)-264-5026 to get in after 11:00 p.m. For visits between 11:00 p.m. and 7:00 a.m., please notify Trillium House staff ahead of time. Arrangements may be made with the staff for limited overnight stays in a resident's room. Bedding and towels will be provided.

### **MEALS AND SNACKS**

Meals and snacks for residents are provided by Trillium House staff and volunteers. We will try to meet particular needs and likes. Nutritional supplements for a resident are provided by the resident's hospice care provider. For special needs, a nutritional consultation may be arranged through the resident's hospice care program. Families may bring in favorite foods and soda pop for a resident.

### **PERSONAL ITEMS**

Trillium House encourages residents 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.

### **SUGGESTED ARTICLES TO BRING**

Please bring personal care items such as a toothbrush, toothpaste, comb, brush, shampoo, shaving items, and any special soaps or lotions. Comfortable clothing such as night clothes or casual clothes is recommended. If unable to do so, Trillium House may be able to provide some personal care items.

### **TELEPHONE USE**

A portable telephone is available in the Manager's office for short calls. Residents do have the option of ordering a direct phone line to their resident room, at their own expense, for use while at Trillium House.



## LAUNDRY

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

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

## PET POLICY

Pets (cats, dogs, birds) may be in the resident’s room with guests for short and overnight visits based on the following conditions:

- Trillium House staff must be notified in advance of bringing in a pet.
- The owners/handlers are responsible for the animals and they must be on leashes or in travel carrier kennels at all times when not in the resident room.
- Family is responsible for the care of the pet.
- Pets must remain in the room with the door closed and not left unattended.
- Pets are not permitted to roam throughout the facility.
- Pets are not allowed in the Kitchen area.
- Pets must be bathed, well-groomed and in good health. There should be no evidence of fleas, ticks, mites, diarrhea or vomiting.
- All pets currently being treated for an illness are prohibited to enter the facility.
- Pet visits may be prohibited if they will adversely affect the health of other residents, guests or staff.
- The owners/handlers shall be responsible for the provision of pet supplies and treats.

## SUPPORT SERVICES WELCOME

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

- **Advance Care Planning (ACP)** Helps you choose someone to be your advocate and speak on your behalf – someone who tells healthcare workers what you want done for you.
- **Respite for Individuals** Trillium House respite care provides care for individuals recuperating after surgery, illness or hospitalization. Whether you don’t feel comfortable returning home or your caregivers are away, we provide 24-hour support.



- **Respite for Caregivers** All too often, the health and well-being of at-home caregivers is placed in serious jeopardy because of the stressful circumstances they face every day. Trillium House provides relief, time to spend on other obligations or family vacations without worrying about loved ones. Caregivers often return with renewed energy and a fresh perspective.
- **Massage Therapy** Light massage for residents to alleviate pain, stress and anxiety.
- **Grief and Loss Counseling** Grief counseling and workshops for all community residents facing loss.
- **Volunteer Companions** Volunteers to serve as trained and expert companions to residents and their family and friends.

### **FAMILY PARTICIPATION IN CARE**

Although Trillium House staff and the hospice program provide staff to care for residents, family members and other people important to the resident may assist with basic care needs – with the knowledge and consent of the resident. **We encourage participation in care.**

### **LEVEL OF CARE**

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

### **STAFF**

Trillium House will at all times have at least **one** caregiver on duty **24 hours/day**. This staff member shall be accessible to all residents in the facility and will be the person to whom residents can report.

### **HANDLING OF RESIDENT FINANCE/PROPERTY**

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



### **VALUABLES**

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

### **FIRE SAFETY**

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

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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 you *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?

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How were you made aware of Trillium House?

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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) \_\_\_\_\_