



**THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD**

PRE-ASSESSMENT ELIGIBILITY QUESTIONNAIRE

Applicant Name:	
Co-Applicant Name:	
Address:	
Phone #:	Date:

1. Check the support service(s) that you are presently receiving:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Homemaking | <input type="checkbox"/> Occupational Therapy / Physiotherapy |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Lifeline |

2. Indicate how often these support services assist you per week and how many hours a day they are present:

Homemaking	Hours per week:	Hours per day:
Nursing	Hours per week:	Hours per day:
Daycare	Hours per week:	Hours per day:
Occupational Therapy/Physiotherapy	Hours per week:	Hours per day:
Meals on Wheels	Hours per week:	Hours per day:
Lifeline	Hours per week:	Hours per day:



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3. Indicate and describe the types of services that you are currently assisted with or are completed for you:

Meal Preparation	
Bathing	
Transfer (getting in and out of bed / assistance with washroom facilities)	
Dressing / Undressing	
Assistance with medications	
Mobility	
Housekeeping	
Laundry	

4. What are some devices, if any, that you use in your home (ie: raised toilet seat)?



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5. Do you presently reside on your own? Yes No

If not, who do you reside with?

6. What kind of things does your family / caregivers currently assist you with?

- Grocery Shopping
- Transportation
- Banking
- Bill Payments
- Ordering / Preparation of Medications
- Preparation of Meals
- Appointments (Doctor, etc.)
- Other: _____

7. Is there anything about your present accommodation that is detrimental to your well-being? If yes, please explain.



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8. Why do you want to reside at Jasper Place?

Dated this _____ day of _____, 20 _____.

Applicant Signature

Co-Applicant Signature