



# Virtue Home Health Care LLC

Comfort and Care in Your Home

## Housing Application

This form contains 6 sections and will take around 10-15 minutes to complete.

If at any time you need to save your progress to complete later, simply click "Save" at the bottom and you can finish off where you started.

It is important that you complete this form in its entirety. If information is unknown or does not apply to the individual please fill in the applicable field with unknown or N/A. Do not leave any blank fields.

*Providing false or misleading information on this application or during the screening process is an automatic disqualifier.*

**We will be gathering information about the following, so please gather all relevant resources to ensure you can complete the application to the best of your ability.**

Part A: Applicant Personal Information

Part B: Legal Background

Part C: Financial Information

Part D: Referral Information

Part E: Past residence / placement information

Part F: Functional information

Upload: Supporting documents including CSSP, MNChoices Assessment, Face Sheet, etc...

These documents will be required upon acceptance into Affinity's programs.

If you have any questions please call the Virtue Home Health Care LLC on 763-432-9611

## Part A: Applicant Personal Information

(Applicant should fill out this area, may use assistance)

**Name \***

First Name Last Name

**Date Of Birth \***

Month Day Year

**Email \***

example@example.com

**Referring Person's Phone Number \***

Please enter a valid phone number.

**Client's Phone Number**

Please enter a valid phone number.

**Client's Email**

**Current Address**

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

**What city is the applicant interested in applying to \***

- Minneapolis
- Bloomington
- St Paul

**Gender**

- Male
- Female
- Other

**List all present medical diagnosis (Please keep in mind we are NOT wheelchair accessible at this time)**

**What is the applicant's current living situation ? \***

With parent / guardian

Private home / apartment

Group Home

Foster Care

IRTS / CRISIS

Homeless / Shelter

Board / Lodge

Nursing Home

Jail / Prison

**Reason for leaving current living situation? \***

**Is the applicant currently pregnant?**

Yes

No

**If Yes to above question, when is your due date?**

**Does the applicant any pets? \***

Yes, and they are NOT a certified/registered therapy pet

Yes, and they ARE a certified/registered therapy pet

No

**Does the applicant have a drivers license?**

Yes

No

**Does the applicant own their own vehicle?**

Yes

No

**Does the applicant plan to have a roommate?**

Yes

No

Maybe / Possibly

This completes Part A of the application, press "Next" to continue.

If you need to save your progress and come back you can do that at any time by selecting "Save" so you can pickup where you left off.

## Part B: Legal Background

Please note, answering Yes will not necessarily disqualify you

**Has the applicant ever been arrested? \***

Yes

No

**Has the applicant ever been convicted of a crime? \***

Yes

No

**If Yes to the above, please state if it was a misdemeanor or felony Describe and include dares and status of cases. \***

**Is the applicant currently on probation? \***

Yes

**If Yes to the above, please enter name & phone number of probation officer**

**Is applicant currently on parole? \***

Yes

No

**If Yes to the above, please enter name & phone number of parole officer**

**What are the applicants probation requirements if any?**

This completes Part B of the application, press "Next" to continue.  
If you need to save your progress and come back you can do that at any time by selecting "Save" so you can pickup where you left off.

**Part C: Financial**

**What type of waiver does the applicant have? Currently, ICS is only able to accept open CADI and BI waivers. Effective Jan. 1, 2023 ICS is available to adults on DD and CAC Waivers. \***

- BI
- CADI
- Applicant wishes to privately pay
- Waiver pending assessment

**What is the current county of financial responsibility? \***

**Primary income sources (Check all that apply)**

- MSA
- Cash Assistance
- Food Support
- Income from a job
- SSI
- RSDI
- SSDI
- Adoption Assistance
- Trust
- GRH
- Alimony

Child Support  
GA  
MFIP  
Unemployment  
Workers Compensation

**What is the applicants total monthly income from all sources?**

Enter only numbers, not symbols like \$

**Does the applicant have any spend downs or garnishments? If so - please detail.**

**Financial management (check all that apply)**

- Manage their own finances
- A family member / friend helps them manage finances
- Has a Rep-Payee

This completes Part C of the application, press "Next" to continue.  
If you need to save your progress and come back you can do that at any time by selecting "Save" so you can pickup where you left off.

**Part D: Referral Information**

Please provide below information or attach county referral form

**How immediate is placement needed? If less than 4 weeks, why? \***

**Name of person making referral \***

First Name Last Name

**Relationship to applicant \***

**Living arrangement sought \***

- ICS Apartment
- Assisted Living

**Case Manager Name \***

First Name Last Name

**Case Manager Email \***

example@example.com

**Case Manager Phone**

Please enter a valid phone number.

7

This completes Part D of the application, press "Next" to continue.  
If you need to save your progress and come back you can do that at any time by selecting "Save" so you can pickup where you left off.

**Part E: Placement History**

Please detail where or with whom the applicant has lived in the last 4 years. Include out patient sites, family IRTS and residential placements.

**Location #1**

**Location #2**

**Location #3**

**Has the applicant been evicted within the last 12 months?**

Yes

No

**Has the applicant had an involuntary service termination within the past 12 months? Yes**

No

This completes Part E of the application, press "Next" to continue.  
If you need to save your progress and come back you can do that at any time by selecting "Save" so you can pickup where you left off.

8

## **Part F: Functional Information**

Please provide information relating to the last 12 months.

For any of the following questions, if your answer is No - simply enter "Unknown" or "N/A" If

Yes, please explain.

**Does the applicant have a history of recurrent violent behaviours in the last 12 months? (Examples include Physical Aggression, Agitation, Verbal Aggression, Sexual Coercion or Aggression). \***



**Does the applicant have a history of drug or alcohol use in the past 12 months? \***

**Does the applicant have a history of Self injurious behaviors or Suicidal Ideation and/or Attempt within the last 12 months? \***

**Does the applicant have a history of property destruction within the last 3 years? \* 9**

**Does the applicant have ability to safely utilize appliances (Gas stove, Electric**

stove, Microwave) \* Has the applicant been hospitalized in the past 12 months? \*

Has the applicant had any falls in the past year? \*

Does the applicant have a history of Medication Non-Compliance in the past 12

months? \* Has the applicant had any MAARC reports in the past 12 months? \*

Are there any other safety or behavioural concerns to consider for this applicant? \*

10

**Upload your files**

## Declaration

By signing below, I certify that the information included in this form is correct to the best of my knowledge.

### **Name of person completing this form:**

First Name Last Name

### **Relationship to applicant**

### **Date**

Month Day Year

This completes the Referral Housing Application. The next step is to sign the release of information so that we can begin to process your application.

## Release of Information Authorization

Please read and sign the following so that we can begin to process your application. 11

I have reviewed the Notice of Use and Disclosure Practices.

I understand that the requested Protected Health Information, criminal background information, and rental history will be used by Affinity Residential Care for the purpose of home health care.

I hereby authorize verbal and written communication from Affinity Residential Care and in addition, agree to release:

The following portions of my clinical record:

- History and Physical
- Discharge Summary
- Consults
- Plans of Care

Current/ Past Progress Notes  
Mental Health Records  
Chemical Dependency Records  
Operative Reports  
Health Care Directives  
Medication List (including Pharmacy Communication)  
Physician's Orders  
Flow Sheets  
POLST (Health Care Directive)  
Laboratory Results (All)  
Radiology Reports (All)

And the following portions of other records to Affinity Residential including:

Criminal Background Check via BCA or other sources  
Rental History Verifications within the last 5 years  
Case Management Records

**Please read through the declaration below and sign and date at the bottom.**

I understand that the records will be used to continue evaluation or treatment, coordinate services, and determine eligibility for services.

I understand that my records are protected by data privacy regulations. Alcohol and drug abuse records may be protected by Federal Law (42 CFR Part 2). These records cannot be released without my consent unless specifically directed by law.

I understand that I have the right to refuse to sign this consent.

I understand that I may withdraw or revoke this consent at any time if the action it authorizes has not been carried out.

I understand that this consent expires one year from the date I signed it.

A copy of this authorization shall be considered as effective and valid as the original. 12

**Resident/ Resident Representative Full**

**Name** First Name Last Name

**Relationship to resident**

**Signed on**

Month Day Year

