

**Mercy House
Admissions Criteria Considerations**

Mercy House referrals must be made by a Hospice agency.

Hospice Agency: _____

Hospice contact: _____
Name Phone Email

Is the individual being referred already enrolled in hospice program? _____

If no, please indicate anticipated action _____

Please fill out the following details about the individual being referred.

Name _____ DOB _____

Current address _____

Gender _____ Height _____ Weight (in lbs) _____

Diagnosis _____

Life expectancy (our criteria is 4 to 5 weeks or less) _____

Is the individual currently in the hospital? _____

Does the individual have a signed DNR? _____

Is individual:

On IV medications? _____

Able to take care of toiletry needs? _____

Have any open wounds? _____ If yes, describe: _____

Any special needs? _____ If yes, describe _____

Does individual have a primary or secondary diagnosis of dementia? _____

Does the individual reside in the Tri-County area (Chester, Lancaster, or York County)? _____

Is individual homeless or in a physically unsafe environment and at risk of dying alone? _____

Please describe living situation:

Have all other options for care been exhausted? Give brief description of options exhausted:

Financial resources: _____

Insurance for nursing home/assisted living care: _____

Family/friends _____

Is individual a flight risk? _____

Does individual's behavior present a danger to self or others? Will his/her behavior be disruptive to others at Mercy House? _____

Are there any behavior issues we need to be aware of? _____

Is individual a veteran? _____

Mercy House is a non-profit home for individuals in their final days who are homeless or in an unsafe environment and have no other option for care. Please explain why you think Mercy House would be a fit for this individual.

Upon receiving this completed form, Mercy House will review the criteria considerations to make a determination to accept the individual or not. Mercy House retains the option for a face-to-face visit with potential residents and to request supplemental documentation. Communication between Mercy House and hospice agency will be conducted through the contact information provided above.

If the individual is accepted at Mercy House, the referring hospice agency and Mercy House will agree upon the plan of care for the individual while at Mercy House. If the individual is discharged from Mercy House, the hospice provider will provide a plan for discharge and/or continuing care. The plan of care will be with involvement and consent of the individual/designated patient representative.

****As a non-profit, Mercy House accepts donations to offset the cost of care.****