

# ELDER CARE CONSULTATION REQUEST

Complete this application form and return it to Sister Anna Marie Tag, RSM.

**Sister Anna Marie Tag, RSM**  
517 E. Lancaster Avenue # 316  
Wayne, PA 19087

Phone: 610/688-6886  
E-mail: NRROconsult-AMTag@usccb.org

NRRO will assign the consultants. The lead consultant will contact the Institute to arrange a mutually agreeable date for the consultation.

## APPLICANT INFORMATION

**NRRO Cong ID#:** \_\_\_\_\_

Name of Institute: \_\_\_\_\_

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

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

Name of Major Superior: \_\_\_\_\_ Cong. Initials: \_\_\_\_\_

Official Catholic Directory Number: \_\_\_\_\_ Census: \_\_\_\_\_ Median age: \_\_\_\_\_

Principal Ministries of Institute \_\_\_\_\_

Contact Person for Institute: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(of contact person)

E-Mail Address \_\_\_\_\_

Please indicate the number of members receiving each of the following benefits:

- \_\_\_\_\_ Social Security
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Medicaid
- \_\_\_\_\_ Title 19 Nursing home benefits
- \_\_\_\_\_ Other (please describe)

*(Note: NRRO will provide the consultants with a copy of the institute's Retirement Needs Analysis.)*

## **GOALS FOR CONSULTANTS' VISIT**

1. Briefly state the issues that prompted you to request an elder-care consultation.
2. Briefly describe your hopes for the outcome of the consultants' visit.
3. Briefly describe other strategic planning activities that are taking place within your institute and how elder-care planning fits into this overall planning.

## DESCRIPTION OF CURRENT SITUATION

1. Please indicate the number of members (Age 70 or over) in each level of the continuum of care and the cost per person for each level of care.

	<u># of Members</u>	<u>Cost per person</u>
a. Skilled care	_____	_____
b. Assisted care	_____	_____
c. Independent with assistance	_____	_____
d. Independent	_____	_____

*(See attached sheet for working definitions of the levels of care.)*

2. Where and how is skilled care provided? (i.e., in community owned facility, facility owned by others? What is the size of the facility? Is it licensed? Title 19 reimbursement?)

3. Where and how is assisted care provided?

4. Where and how is care provided for retired members who are able to live independently or with minimal assistance?

## CONSULTANT TEAM SKILLS

In order for us to best match the consultant team's skills with your needs, please indicate the three most important skill areas needed in the consultant team. (Use #1 for the MOST important, etc.)

- |   |  |
|---|--|
| <input type="checkbox"/> Aging in Place           | <input type="checkbox"/> Philosophy of Eldercare |
| <input type="checkbox"/> Care Needs Assessment    | <input type="checkbox"/> Retirement Policies     |
| <input type="checkbox"/> Community Based Programs | <input type="checkbox"/> Staffing Levels         |
| <input type="checkbox"/> Levels of Care           | <input type="checkbox"/> Outsourcing Care        |
| <input type="checkbox"/> Skilled                  | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Assisted                 |  |
| <input type="checkbox"/> Independent              |  |

**GEOGRAPHICAL PREFERENCE IN REGARD TO TEAM:** *(Please note that the institute is responsible for the travel and housing costs of the visiting team plus a \$1,000 stipend per consultant.)*

- Prefer team from area, if possible
- Prefer team from outside the area, if possible
- No preference

Are there any other factors which might affect the choice of the consultant team?

If you have preferences or constraints concerning the time of the consultation, please describe them below.

**Major Superior:** \_\_\_\_\_ *Signature* \_\_\_\_\_ **Date:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ *Signature* \_\_\_\_\_ **Date:** \_\_\_\_\_

## Attachment 1: RELIGIOUS INSTITUTE CENSUS DATA

Please indicate the number of members in your institute by age.

*(Note: If you have census projections from the 12-year cash flow or TRENDS, it is not necessary to complete this page.)*

Age	# of Members	Age	# of Members	Age	# of Members	Age	# of Members
≤ 25	_____	50	_____	75	_____	100	_____
26	_____	51	_____	76	_____	101	_____
27	_____	52	_____	77	_____	102	_____
28	_____	53	_____	78	_____	103	_____
29	_____	54	_____	79	_____	104	_____
30	_____	55	_____	80	_____		
31	_____	56	_____	81	_____		
32	_____	57	_____	82	_____		
33	_____	58	_____	83	_____		
34	_____	59	_____	84	_____		
35	_____	60	_____	85	_____		
36	_____	61	_____	86	_____		
37	_____	62	_____	87	_____		
38	_____	63	_____	88	_____		
39	_____	64	_____	89	_____		
40	_____	65	_____	90	_____		
41	_____	66	_____	91	_____		
42	_____	67	_____	92	_____		
43	_____	68	_____	93	_____		
44	_____	69	_____	94	_____		
45	_____	70	_____	95	_____		
46	_____	71	_____	96	_____		
47	_____	72	_____	97	_____		
48	_____	73	_____	98	_____		
49	_____	74	_____	99	_____		

Total Members less than age 70 \_\_\_\_\_

Total Members age ≥ 70 \_\_\_\_\_

Total Census

## **Attachment 2: WORKING DEFINITIONS FOR LEVELS OF CARE**

### Member Needing Skilled Nursing

- Needs constant supervision because of a relatively changeable physical condition.
- Care needs to be supervised by an RN on a 24-hour basis. (Note: This does not necessarily mean 24-hour RN on-site coverage.)
- Medications or medication delivery may be complicated.
- May suffer from dementia; emotional and psychological responses may not be appropriate.
- May need therapies
  - Occupational therapy
  - Respiratory therapy
  - Physical therapy
- Medically qualifies to live in a licensed nursing home setting

### Member Residing in Assisted Living

- Requires assistance with activities of daily living (ADL)
  - Eating
  - Bathing or showering
  - Dressing
  - Getting in or out of bed or a chair
  - Using the toilet
- May be afraid to be alone because of physical and psychological limitations
- Most likely needs assistance with medications
- Needs to live in a congregate setting to access assistance from health care workers and other service providers.

### Member Who Lives Independently with Services

- Requires assistance with instrumental activities of daily living (IADL)
  - Meal preparation
  - Managing money
  - Shopping for groceries and personal items
  - Performing light housework
  - Using a telephone
- Is likely to live in a congregate setting (e.g. Motherhouse) in order to have access to services.
- May live in the congregate setting because of physical limitations, e.g., has a walker, needs handrails, needs access to an elevator.
- May need assistance with accepting the limitations of aging

### Member Who Lives Independently

- Is fully independent with respect to ADL and is essentially independent with respect to IADL.
- Is able to handle medication regime.
- Is competent in decision-making and problem-solving; emotional and affective responses are appropriate
- Is able to live in a local group setting and may be able to be involved in ministry.