

Who is Eligible?

To be eligible for Compassionate Access you must meet one or more of the following criteria. You must be:

- A member at Friends For Life
- Entering the palliative stages of life
- Undergoing or have recently undergone a major health crisis (ie. heart attack or stroke)
- Experiencing rapidly deteriorating health
- Unable to access the house without physical assistance due to mobility issues

Members granted Compassionate Access are eligible to assign a Primary Caregiver.

How do I start Compassionate Access?

1. Complete and sign the application.
2. If you wish to have a Primary Caregiver, have them complete section two.
3. Return your completed application form to Friends For Life in person, by mail or by fax. We will contact you by phone to review your application.
4. After your application has been reviewed, your Primary Caregiver may be invited to attend a new member orientation.

What is Compassionate Access?

Compassionate access is available to Members undergoing a health crisis. Compassionate access decreases booking restrictions and allows our Members to nominate a Primary Caregiver for short term access to programs.

The Primary Caregiver will then be able to access programs for themselves while they are accompanying and assisting a Member at the House. Once the Member with Compassionate Access returns to regular Membership status the Primary Caregiver will no longer have personal use of programs.

Who qualifies to be a Primary Caregiver?

A Primary Caregiver is someone who:

- Is a spouse or family member
- Supports you via physical assistance, household chores and/or transportation
- Accompanies you to your appointments



THE VANCOUVER
**FRIENDS
FOR LIFE**
S O C I E T Y

Compassionate Access Application

Diamond Centre For Living
1459 Barclay Street
Vancouver, BC V6G 1J6

Tel: 604-682-5992

Fax: 604-682-3592

www.friendsforlife.ca

Part One Compassionate Access Questionnaire

Information provided is confidential.

Name: _____
Key tag #: _____
Telephone: _____
Email: _____

May we contact you by phone and leave a voicemail message regarding this application?

Yes No

Why are you applying for Compassionate Access?

How has your health status changed?

Do you require assistance in transportation to get to and from your appointments at the house?

What kind of assistance do you require in your daily tasks?

What programs are you currently accessing at the house or in your community?

I understand and meet the requirements for eligibility to receive Compassionate Access. I agree to allow Friends For Life to gather my personal information for the purposes of processing my Compassionate Access application and providing services to me.

I understand that my health status can be reviewed every three months. If and when my health status improves, I will be returned to regular access and my Primary Caregiver will no longer be able to access services for them self.

By signing this document, I am stating that to the best of my knowledge, the following information is accurate and complete.

Signature of Applicant

Date

If you have any questions regarding this form, please contact the Wellness Services Manager at 604-682-5992 ext 3.



If granted Compassionate Access, would you like to assign a Primary Caregiver?

Yes No

What is your Primary Caregiver's name?

What is your relationship to this person?

Please tell us how this person is supporting you.

Part Two Primary Caregiver Information *Information provided is confidential.*

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Telephone: _____

Email: _____

Signature of Primary Caregiver

Date