

# YELLOW FORM

## Supported Accommodation Service Standard Agreement Addendum

**Form 3**  
Schedule to Form 1  
**Supports / Services**

Resident's Name \_\_\_\_\_  
Premises \_\_\_\_\_

In line with the medical practitioner's assessment of this resident and the admission interview, it is agreed that the following services will be provided to the above resident.

<b>Glossary of Terms</b>	<i>Not required</i>	resident does not require this service at this stage
	<i>Assistance as required:</i>	resident may need these services occasionally
	<i>Continuous supply</i>	resident requires continuous service in line with assessment either individual prompting / supervision or physical assistance

*Tick the column which describes the resident's needs and agreed service in each area*

Service	Not Required	Assistance as Required	Continuous Supply	Specifics of Service	Any Additional Costs
<b>1 Domestic (Hotel) Services</b>					
* meals & refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	breakfast	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	morning tea	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lunch	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	afternoon tea	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dinner	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	supper	<input type="checkbox"/>
* cleaning of resident's personal area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* laundry (personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* toiletries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* on-call emergency assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>2 Daily Living Supports</b>					
* bathing & personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* continence management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* personal mail & letter writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* making appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Service	Not Required	Assistance as Required	Continuous Supply	Specifics of Service	Any Additional Costs
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**2 Daily Living Supports** *(continued)*

* emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* support for residents with cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* cigarette / tobacco management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**3 Medical / Health Supports**

* medication assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* other medical / health supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* night support <i>(safe practices, sleep patterns, physical support, monitoring, behavioural issues)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
* nursing services <i>(assessment, planning, management of care)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**4 Other** *(please specify)*

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**5 It is agreed that the above services are required and will be provided to the resident**

Resident's signature	_____
<i>(or representative)</i>	_____
Date	_____
Management's signature	_____
Name	_____
Date	_____

