

FAHST (Flexible Adaptable Home Support) Referral Form

The FAHST team is a specialized team within Home Support that assists clients with their daily living and care needs. This specially trained team of Community Health Workers, Nurses, Community Liaison workers and Schedulers collaborates with clients and their care providers to create home support care plans that are adaptable and flexible enough to meet their needs wherever they are at.

Clients to the FAHST team typically face multiple barriers to accessing the healthcare system and complex challenges. Additionally, they may be unhoused or struggling to maintain housing and will have struggled to maintain or been ineligible for traditional home support services.

To be eligible for FAHST Home Support the client:

- Requires assistance with daily care tasks, help around the home and community connections (ADLs and IADLs), to maintain housing, wellness and dignity.
- Requires flexibility around scheduling as well as frequent review and adjustment of the home support care plan in order to maintain service and wellness.
- Requires consistency of care staff.
- May be unhoused or current housing may be precarious, this is not a requirement for eligibility but these clients will be given priority.
- Does not have access to or has struggled to benefit from traditional home support services for a variety of reasons.

Priority Criteria (Clients with the following will be given priority):

- Currently unhoused or at risk of losing housing due to inability to independently complete personal care or IADL tasks.
- Frequent hospitalizations in the past 6 months.
- Recent evidence of barriers to receiving traditional home support (ie. refusing Home Support services, Home Support staff unable to regularly make contact, not meeting Home Support mandate).
- Few or no existing supportive relationships including friends, family, formal supports and building supports.

Exclusion Criteria:

- Geographically distant from other current FAHST clients.
- Recent history of physical violence without detailed behavioural care plan in place.

This form is to be completed by the person most familiar with the client										
<ul style="list-style-type: none"> • Clients to the FAHST Team must agree to participation in the program. • We will contact you to provide us additional collateral as needed. 										
What Support Does the Client Need?										
<p>Clients to the FAHST team typically need support in the areas described below:</p> <ul style="list-style-type: none"> • Assistance with personal care (ie. dressing, mouth care, hair wash, bathing/showering, peri care, bowel/bladder management, eating/feeding/meal prep, transferring, medication support and management, etc.) • Assistance with instrumental activities of daily living (ie. Laundry, food prep, cleaning, etc.) • Community Integration (ie. Escorting or assistance getting to appointments, connecting with community resources, paying bills, shopping for food, etc.) • Other activities to maintain housing and independence. 										
<p>Please list the care tasks the client needs support with and the approximate frequency required: <i>ie. Bathing and laundry once per week, help with medications once per day...</i></p>										
Client Information (if known)										
Date:	PHN:									
Client Name:	PARISID:									
Current Address (if currently unhoused, please describe where the client is currently living): Access/entry:	Anyone else living with the client? Name and relationship.									
Client Phone:	Client Email:									
Building manager contact: Phone:	Building Manager Email:									
Emergency contact:	Phone:									
<p>Current Housing (if known):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Subsidized/Supportive/Affordable Housing</td> <td><input type="checkbox"/> Mental Health Housing</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Market Housing</td> <td><input type="checkbox"/> SRO</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unhoused</td> <td><input type="checkbox"/> Shelter ()</td> <td></td> </tr> </table>		<input type="checkbox"/> Subsidized/Supportive/Affordable Housing	<input type="checkbox"/> Mental Health Housing	<input type="checkbox"/> Other:	<input type="checkbox"/> Market Housing	<input type="checkbox"/> SRO		<input type="checkbox"/> Unhoused	<input type="checkbox"/> Shelter ()	
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Experience with Home Support (if known)		
Is the client receiving now or has received Home Support services in the past?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	When? Please describe any challenges:
Client's health and social history (if known)		
Relevant medical conditions and/or physical disabilities	Describe:	
Relevant mental health diagnosis and/or conditions	Describe:	
Signs of Decompensation: What does it look like when this person becomes unwell?	Describe:	
Does applicant have a history of substance use?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	Please describe (ie. substance(s) of choice (including tobacco and alcohol), frequency of use, mode of ingestion):
If yes, are they currently using?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	
Any concerns that could cause a risk to Home Support Staff? (Examples include verbal or physical aggression).	If yes, please provide relevant details (please include description, triggers, frequency of incidents and note if there is an existing behavioural care plan in place):	
Are there any other risks in the home that we should be aware of? (weapons, pets, pests, etc.).	If yes, please describe:	
List other healthcare connections or services client is receiving (if known): <input type="checkbox"/> Family Doctor/GP <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Counsellor <input type="checkbox"/> Mental Health Team <input type="checkbox"/> Home Support <input type="checkbox"/> Walk-in-Clinic <input type="checkbox"/> Addictions <input type="checkbox"/> Primary Care <input type="checkbox"/> Other:		
Please describe:		



Vancouver Home Support – Flexible Adaptable Home Support Team
(FAHST)
2nd Floor, Robert and Lily Lee Family Community Health Centre
FAHSTReferrals@VCH.ca
Phone: 604-675-3938

Person Submitting Referral:	Connection to the client:
Phone#:	Email Address:
Is client aware of this referral and willing to accept the services?:	

Please email completed referrals to FAHSTReferrals@vch.ca. For any questions about the FAHST team or for help completing the referral form please call FAHST Intake at (604)875-4111 ext. 20902