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| **Next Level Care Solutions ©**  **Senior Applicant Guide** |

Set below is a guide for Next Level Care Solutions Senior Participant Application:

**Download Application, Fill Out Completely, Save Under Your Name, and Email Your Completed Application to:**

[**nlcsnewapplicants@gmail.com**](mailto:nlcsnewapplicants@gmail.com)

**Or Mail to:**

**Next Level Care Solutions**

**7395 El Camino Real #470**

**Atascadero, CA 93422-4337**

Steps of Application Process

* Initial contact with a potential Next Level Care Solutions senior participant, or senior’s advocate will come from Next Level Care Solutions representative who has reviewed the completed application submitted through email or standard mailing process
* A Next Level Care Solutions representative will call the senior and/or senior care advocate to verify interest, expectations of care, and discuss eligibility of home environment
* The Next Level Care Solutions representative will email a list of additional questions for the senior to have completed prior to the home evaluation appointment
* Once the application is verified and approved with the Next Level Care Solutions representative over the phone, an appointment is set to meet the senior and perform a home evaluation and walkthrough of the senior’s or senior advocate’s home

Eligible Senior Candidates

Next Level Care Solutions student participants are in-home care aides who agree to provide non-medical care assistance and with our Next Level Care Solutions senior participants, will offer dedicated, non-medical quality care to assist the Next Level Care Solutions senior participant. If a senior’s doctor, geriatric care manager, hospital discharge planner or social worker has advised the senior he/she needs to be in assisted living, the Next Level Care Solutions representative will need to take this into consideration and will discuss/review options on a case by case basis. Next Level Care Solutions has created the Next Level Care Solutions Elderly In-Home Stages of Needs to determine appropriate senior candidates. This category system is used for the senior applicant’s Next Level Care Solutions eligibility and in matching seniors with students for an appropriate level of assistance.

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| **Next Level Care Solutions ©**  Individual Elderly In-Home Stages of Needs |

Individual Elderly In-Home Stages of Needs:

* CAT 1 is an ineligible candidate:
* A senior who only needs occasional help around the house, such as cleaning out a garage or shed. Our service is aimed at seniors who need daily care and assistance.
* CAT 2 is an eligible candidate:
* Retired seniors experiencing a loss in strength, or difficulty bending down to pick up objects or taking out the trash
* Reduce the risk of falls
* Short term/average memory loss for the senior’s age
* Mild vision impairment
* Relatively independent but needs assistance with activities such as gardening, physical in-home therapy instruction, or who may not notice areas around the home needing attention
* Aide with hobbies and pet care
* Individuals who are ready for regular/daily in-home nonmedical care assistance
* Meal planning

* CAT 3 is an eligible candidate

Item(s) from CAT 2 including:

* Transportation
* Exercise and Movement Assistance
* An alligator claw needed to retrieve dropped items
* Food freshness and expiration dates monitoring required
* Grooming/light personal care such as rolling hair in curlers
* CAT 4 is an eligible candidate

Item(s) from CAT 2 & 3 including:

* An occasional gentle reminder that attention to personal hygiene is needed
* Cane, walker required, wheelchair, electric mobility scooter
* Monitor medication intake
* Aide with laundry and bed linens
* Assistance with dressing
* Poor vision

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| **Next Level Care Solutions ©**  Individual Elderly In-Home Care Stages(Continued) |

Individual Elderly In-Home Stages of Needs (Continued):

* CAT 5 may be an ineligible candidate: (Please Contact us about your individual needs)

Item(s) from CAT 2, 3 & 4 including:

* Needing assistance with dressing and undressing
* Receiving memory therapy related to dementia and Alzheimer’s
* Light monitoring of the senior through the night
* Severe vision impairment
* Showering assistance with aide attendant standing within listening distance
* CAT 6 may be an ineligible candidate: (Please Contact us about your individual needs)
* Needing routine daily incontinent care
* Needing assistance with through the night care 5-6 days a week
* Alzheimer’s/dementia patients around stage 6 or greater
* Prone to wandering from the residence
* Presents any form of verbal and/or physical abuse

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| **Application for Next Level Care Solutions Senior Participant**  **INSTRUCTIONS:** If you need help filling out this Next Level Care Solutions application form or for any phase of the Next Level Care Solutions application process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.  **Please read "Applicant Note” below:**  \*Complete all pages of Next Level Care Solutions application  \*Print clearly. Incomplete or illegible applications may not be accepted  \*Application will be valid for 60 days  **APPLICANT NOTE:** This application form is intended for use in screening and evaluating your in-home nonmedical care assistance needs and host home qualifications to a potential Next Level Care Solutions approved student participant.  This is not an employment contract, or a contract for employment with Next Level Care Solutions. Any and all information provided to Next Level Care Solutions will be used only for the purposes to provide the best care possible to the Next Level Care Solutions senior participant. Information obtained by Next Level Care Solutions will not be for purchase to be used at any time, for any reason, additionally for marketing or statistical analysis purposes for any reason.  Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after creating your individual independent student/senior care contract provided by Next Level Care Solutions, termination of contract with Next Level Care Solutions and with the Next Level Care Solutions student participant will be immediate.  All qualified applicants will receive consideration and will be treated throughout their participation with Next Level Care Solutions without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. | We are an Equal Opportunity Employer and Non-Profit Organization committed to excellence through diversity. |
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| **Next Level Care Solutions ©**  Please read the following and its entirety |

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| **Next Level Care Solutions ©**  Personal Information | | | | | | |
| If You Are Not the Senior Completing this Application, Please Clearly Print the Name of Individual Completing and Submitting This Application Below:  Click or tap here to enter text. | | | | Your Relationship to Senior You Are Filling Application Out for:  Click or tap here to enter text. | | |
| Senior Name:  Last | | First | | | | Middle Initial |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Address |  | City | | | State | Zip |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Number | Mobile Number | Email Address | | |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | |
| **Individual Other Than Above Mentioned Senior**  **(Senior’s Legal Guardian and/or Senior Advocate)**  **Please Indicate Below** | | | | | | |
| Senior’s Advocate Name:  Last | | First | | | | Middle Initial |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Address |  | City | | | State | Zip |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Number | Mobile Number | Email Address | | |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | |
| Does the Senior Live with the Senior Advocate and Receive In-Home Care Assistance at the Senior Advocates Residence?  Yes  No | | | | | | |

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| |  | | --- | | **Next Level Care Solutions ©**  Personal Information |   Preferred Method of Contact from Next Level Care Solutions Representative:  Home Phone  Mobile Phone  Email  Standard Mail  \***Note: Due to the Sensitive Nature of Next Level Care Solutions, Clear Communication and Understanding is Necessary. Next Level Care Solutions Adopted Policy on “Texting Conversations” (Communication Requiring More than One Sentence, or a Yes/No Response) Are Not Permitted by Next Level Care Solutions Affiliates. Please Anticipate a Return Phone Call in Response to a Text Message Sent to a Next Level Care Solutions Mobile Number.** | |
| Has the senior’s doctor, geriatric care manager, hospital discharge planner or social worker advised that the senior should be in assisted living?  Yes  No  If Yes, Please Provide Reason(s) for this Determinations Below: |  |
| Click or tap here to enter text. |  |
| Click or tap here to enter text. |  |
| Click or tap here to enter text. |  |
| Click or tap here to enter text. |  |
| Click or tap here to enter text. |  |
| Click or tap here to enter text. |  |
| \*Next Level Care Solutions representative will need to take this into consideration and will discuss/review all available options with senior and senior’s family on a case by case basis. |  |
| Based on the **CAT System Listed in the Above Application Guide,** Please Indicate the **CAT Level** the Senior Applicant feels best fits them at this time:  CAT 1  CAT 2  CAT 3  CAT 4  CAT 5  CAT 6 |  |

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| |  | | --- | | **Next Level Care Solutions ©**  Personal Information (Continued) |   Please Provide Below a Brief Description of a Few Areas or Main Area Applicant is Seeking In-Home Care Assistance from a Next Level Care Solutions Student Participant:  Click or tap here to enter text. | |  |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| Are There Any Household Members **OVER** the Age of 18?  Yes  No | Are There Any Household Members **UNDER** the Ave of 18?  Yes  No |  |
| Has the Senior Ever Been Convicted of a Felony?  Yes  No | Has the Senior Advocate and/or Any Other Household Members Over the Age of 18, Ever Been Convicted of a Felony?  Yes  No | |

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| **Next Level Care Solutions ©**  Senior Home Evaluation for Student Participant Requirements |
| Set Below Are Areas/Items the Next Level Care Solutions Senior Participant (and/or Senior Advocate) are Agreeing to Supply the Next Level Care Solutions Student Participant They Have Selected, Each Month.  Please Indicate Items Applicant is Able to Supply: |

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| Room and Board in Safe and Secure Home (Includes Utilities, Water, and Garbage)  A Bedroom for Only the Student  1 Bed  1 Dresser  1 Desk  1 Desk Chair  A Bathroom Separate from Senior’s Bathroom | High Speed Internet for Student’s Educational Needs to be Met While at the Senior’s or Senior Advocates Residence  Meals/Groceries, Up to Three Meals Per Day  Parking Space for Student’s Vehicle, if Applicable  Access to the Seniors Washer & Dryer for the Student’s Own Personal Laundry on a Weekly Basis |

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| Please Indicate Below Items from Above List the Senior (and/or Senior Advocate) May Not Currently Have Available, However If Approved, Agrees to Supply Prior to a Potential Next Level Care Solutions Student Participant Move-In Date:  Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| Does the Senior Have a Pet? Yes  No |

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| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| Are You Willing to Sign Contracts and Privacy Forms Between You and the Next Level Care Solutions Student Participant Pertaining to the Specific Assisting Care You the Senior Are Requesting?  Yes  No | Are You Willing to Sign Contracts and Privacy Forms Stating Senior is Free of Communicable Diseases Which Could Potentially be Life Threatening to a Next Level Care Solutions Student Participant?  Yes  No |
| Are You Willing to Allow the Next Level Care Solutions Student Participant to Have Access to Your Medical Information Needed to Provide You Care to the Best of Their Ability?  Yes  No  **\*Note: All Next Level Care Solutions Student Participants, Staff, and Board Members Are HIPAA Trained and Certified**   |  | | --- | | **\*Signature Disclaimer Found on Next Page\*** | | |

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| **Next Level Care Solutions ©**  Signature Disclaimer |

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me, my senior advocate, and/or my legal guardian to the foregoing questions and the statements made by me, my senior advocate, and/or my legal guardian are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of this application or discharge from Next Level Care Solutions services at any time during my agreed upon contract with Next Level Care Solutions as a Next Level Care Solutions senior participant. I authorize Next Level Care Solutions and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during my agreed upon contract with Next Level Care Solutions as a senior participant. I understand that this application is not a contract of employment. My application approval is contingent upon confirmation of credentials, Next Level Care Solutions home inspection, and successful completion of criminal background check. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the Next Level Care Solutions program, being approved by Next Level Care Solutions does not guarantee an appropriate Next Level Care Solutions student participant is available for my specific care needs at this time.

Provide Electronic Signature Below

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| Senior Applicant: | | Provide Electronic Signature Below: |
| Name (Please Print) |  | Signature |
| Click or tap here to enter text. | | Click or tap here to enter text. |
| Date  Click or tap to enter a date. | |
| Senior Applicant Senior Advocate: | | Provide Electronic Signature Below: |
| Name (Please Print) |  | Signature |
| Click or tap here to enter text. | | Click or tap here to enter text. |
| Date  Click or tap to enter a date. | |

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| **\*Please Read, Sign, and Date Next Page\*** | | |
| |  | | --- | | **Next Level Care Solutions ©**  Signature Disclaimer (Continued) |   I certify that my above answers provided by myself, are true and complete to the best of my knowledge.  If this application leads to approval by Next Leve Care Solutions, I understand that false or misleading information in thisapplication and home evaluation interview process may result in immediate termination of my contract with Next Level Care Solutions and will result in immediate notification of necessary information to the Next Level Care Solutions student participant, which may lead to the immediate removal of the Next Level Care Solutions student participant at the Next Level Care Solutions senior participant’s and/or senior advocate participant’s residence. | | |
| Senior Applicant: | | Provide Electronic Signature Below: |
| Name (Please Print) |  | Signature |
| Click or tap here to enter text. | | Click or tap here to enter text. |
| Date  Click or tap to enter a date. | |
| Senior Applicant Senior Advocate: | | Provide Electronic Signature Below: |
| Name (Please Print) |  | Signature |
| Click or tap here to enter text. | | Click or tap here to enter text. |
| Date  Click or tap to enter a date. | |

Next Level Care Solutions creates the opportunity for dedicated hard working college students and seniors ready to receive quality in-home nonmedical care within their home. By working together under the same roof providing a safe, supportive, and educational environment for both.

Next Level Care Solutions has interviewed and verified all approved student participants have met Next Level Care Solutions requirements, which include but are not limited to: passing criminal background checks, registered as a California in-home nonmedical care assistant with California Social Services Department, registered fingerprints, are HIPAA trained and certified, enrolled in local college full-time, agree to weekly evaluations/monthly drop-in monitoring, and able to provide quality in-home nonmedical care to approved Next Level Care Solutions senior participants.

Senior/Senior Advocate: I have read and understand the above statement

\*Senior/Senior Advocates are welcome to download and review Next Level Care Solutions student application to see Next Level Care Solutions student requirements.