



1601 W. Girard Avenue
Philadelphia PA 19130
215-684-0480
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ADMISSIONS PROCESS

CALCUTTA HOUSE, established in 1987, is an independent, non-profit personal care facility for adult men and women with AIDS. We accept people with AIDS without regard to race, gender, sexual or affectional orientation, national origin, disability, age or religion. Applicants are referred to us by hospitals, physicians, social agencies, AIDS service organizations, family members and potential residents themselves.

Calcutta House is staffed by an executive director, registered and licensed practical nurses, home health aides, a nutritionist, social workers, an occupational therapist, a consulting psychiatrist, and an addictions counselor. Our mission is to serve the most fragile persons with AIDS and to support their self-empowerment. We provide services responsive to the individual: those who are dying and those who are able to rebuild their lives and move on to more independence. We hope to offer our residents a sense of dignity, self-worth, and security. Our desire is to accompany residents on their journey and to assist in giving meaning to living and dying. Residents of Calcutta House are expected to be and remain committed to being clean and sober. A urine test will be administered at time of admission, and at any time deemed necessary. Each resident has a private room, sink, and toilet, and the facility is fully accessible and equipped with an elevator.

REFERRAL PROCESS: Referrals are accepted by Calcutta House's social work staff, Monday through Friday from 9:00 AM to 4:00 PM. Applications can be submitted by fax, phone or in person. We will fax or send you the referral application form, or you can download it from our website, www.calcuttahouse.org - under the [Services/Referrals](#) link. At the time of an opening the waiting list is reviewed. We will arrange an in-person interview, ideally at Calcutta House so that the applicant can see the facility and meet some of the other residents. Applicants who are hospitalized and unable to interview at Calcutta House will receive a visit from our admissions team. Admission is granted to the individual we believe to be most in need, based on their medical, physical, emotional, psychosocial, housing, financial and support system needs. In general, we select those applicants who are the most medically needy and appropriate, financially indigent, and without adequate familial and/or psychosocial resources for other appropriate means of care. We also consider the current composition of the Calcutta House community.

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Six of our eighteen units are supported by funding from the U.S. Department of Housing and Urban Development (HUD), and are designated **only** for eligible individuals who meet HUD's definition of homelessness. Applicants for these units are required to provide sufficient documentation that they have no alternative residence identified and lack the resources and support networks needed to access housing.

CRITERIA FOR ADMISSION

1. Medically confirmed diagnosis of AIDS.
2. Free from active TB (Confirmed by chest x-ray or PPD).
3. Lack of alternative housing that can meet person's medical needs.
4. Lack of family or friends who are willing or able to provide adequate care.

PRIOR TO ADMISSION (Needed after resident is accepted and before admission)

1. TB clearance documented by a physician or X-ray report
2. An MA-51 form completed and signed by physician. Personal Care/Residential must be checked off on line 20B.
3. Verification of income (if any).
4. Verification of active medical insurance (if any).
5. If transferred from in-patient setting
 - Admitting history and physical.
 - Discharge/transfer summary.
 - Pertinent progress notes.
 - Pertinent diagnostic testing results.
 - Forty-eight hour supply of medications.
 - Written prescriptions.
 - Physician's hospice care referral, if appropriate.
6. If admitted from home, family or other housing facility
 - Forty-eight hour supply of medications.
 - Written prescriptions.
 - Doctor's summary of medical condition including current diagnosis, problems, and treatments.
 - Pertinent diagnostic testing results.

Please feel free to call Vuronda Hannah, MSW, at 215-684-0480 if you have any questions.



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CALCUTTA HOUSE RESIDENT APPLICATION FORM

First Name: _____

Last Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Social Security No.: _____ Birth date: _____

Ethnicity: _____ Gender: _____

Relationship status: _____ (e.g., single, married, partnered, divorced, or widowed)

Living Situation: _____ (e.g., own apartment, with family, homeless, etc.)

Monthly Income: _____ Income Source: _____

Health Insurance: (if any) _____

Insurance Number: (if any) _____

Education Level: _____

Advanced Directives: yes _____ no _____

Power of Attorney Health Care: yes _____ no _____

Funeral Arrangements (if any): yes _____ no _____

If yes, name of funeral home: _____

Number of dependents: _____

Does applicant currently contribute to their care? yes _____ no _____

Reason for Referral: (explain how you think Calcutta House can meet the needs of the applicant)

Current Health Indicators

Current Height_____

Current Weight_____

CD4 current_____

CD4 low_____ (if known)

Viral load current _____

Viral load high _____ (if known)

Current HIV Medications

_____	_____
_____	_____
_____	_____

Current Psychotropic Medications

_____	_____
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Other (non-HIV, non psychotropic) Medications

_____	_____
_____	_____

Activities of Daily Living (ADL) Assessment:

Use the following numeric scale to rate the resident in each category:

(1) *Dependent* (2) *Partially Dependent* (3) *Independent*

Bathing ____ Dressing____ Toilet____ Ambulating____ Feeding____

Transfer from bed to chair____

If not independently ambulating, what method of assistance?

Walker____ Wheelchair____ Cane____

Answer Yes or No to the following:

Fully continent____ Incontinent of bladder____ Incontinent of bowel____

Skin Condition: Bedsores____ Open wounds____ Other_____

Recent Medical Hospitalizations:

Medical Hospital: _____ Dates: _____

Reason: _____

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Medical Hospital: _____ Dates: _____

Reason: _____

Substance Abuse Treatment - Inpatient:

Facility: _____ Dates: _____

Facility: _____ Dates: _____

Substance Use History (what substance(s)/how long):

Substance Clean Time: _____

Current Outpatient Substance Use Treatment? Yes _____ No _____

If so, where? _____ How often? _____ How long? _____

Substance treatment counselor's name: _____ Phone: _____

Mental Health Hospitalizations:

Hospital: _____ Dates: _____

Diagnosis: _____

Hospital: _____ Dates: _____

Diagnosis: _____

Current Mental Health Outpatient? Yes _____ No _____

If so, where? _____ How often? _____ How long? _____

Treatment contact person: _____ Phone: _____

Psychiatric Conditions (Circle all that apply)

- Depression
- Anxiety disorder
- Bi-polar
- Paranoia
- Schizophrenia
- Borderline personality
- Anti-social personality
- Other: (please list)

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Referral: First Name _____ Last Name _____

Agency/Organization: _____

Title: _____

Phone: _____ Beeper: _____ Fax: _____

Physician: First Name _____ Last Name _____

Hospital or Clinic: _____

Phone: _____ Beeper: _____ Fax: _____

Case Manager: First Name _____ Last Name _____

Agency/Organization: _____

Phone: _____ Beeper: _____ Fax: _____

Family Member or Support Person:

First Name _____ Last Name _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone: _____

Relationship: _____

Other Contact(s): First Name _____ Last Name _____

Organization/Agency: _____

Phone: _____ Beeper _____ Fax: _____

Relationship: _____

(Use additional page for further important contacts)