



**BED LOAN & HOME LIFT PROGRAM**  
Homecare Bed System and Home Lift  
Program Authorization Form



Continuing Care  
1-800-225-7225 toll free across Nova Scotia  
8:30 am - 4:30 pm, 7 days a week  
<http://novascotia.ca/dhw/ccs/>

The information on this form is strictly confidential. It is collected and used by the Nova Scotia Health Authority to provide Continuing Care services in partnership with the Canadian Red Cross (NS Region)

Phone: 1-888-496-0103  
Fax: 902-667-8801  
Email: [nsbedloans@redcross.ca](mailto:nsbedloans@redcross.ca)

**PLEASE PRINT CLEARLY**

FROM: Phone: Fax: Date of referral:

**Hospital:** Care Coordinator Occupational Therapist Other Authorized Health Care Provider Email

**Community:** Care Coordinator Occupational Therapist Other Authorized Health Care Provider Email

Please include assigned Community Based Care Coordinator (CBCC)

CBCC: Phone: Fax: Email:

Please "X" Nova Scotia Health Area      WESTERN      NORTHERN      EASTERN      CENTRAL

1	2	3	4	5	6	7	7	8	9
CRC - Kentville			CRC - Truro (Mainland)			Sydney (CB)		CRC - HRM	

**CLIENT INFORMATION**

Reason for Bed Loan referral: End of Life (EOL) Will bed be used? Long term Short term

Other: Hospital discharge? Yes No Expected date of d/c:  
(Please specify reason)

**Bed Options:** \*\*\* (Set up on main level ONLY)

**Bariatric Hospital Bed** \*\*\*  
(client weight = 1000lbs/453 kg)

**Regular Hospital Bed** (Max. client weight = 300 lbs/136

Full Rails OR ½ Rails \*\*\* (limited supply)

Last Name: First Name: Middle Initial

Issues with incontinence? If yes, soaker pads recommended (not provided by RC)

Health Card Number:

DOB:

Client Height: (6'4/193 cm MAX) Client Weight: lbs/kg

Lift Options:	Sling Options:
Gantry (Wt 440)	Small
Gantry Bariatric (Wt 600)	Medium
Portable (Wt 450)	Large
Portable (Wt 340)	

Street/Civic Address: Apt./Suite #

City/Town: Postal Code: Email:

Home Phone # Cell Phone #

Client contact name: Relationship:

Home Phone # Cell Phone # Email:

**LIFT Enhancement Declaration of Training:**

The Authorized Health Care Provider confirms that the client and primary caregivers will be provided with training and education on functional transfers using the mechanical lift and sling, and any client-specific training will be coordinated with Home Care Agency supervisors as needed. Yes

**Additional Information/Comments (e.g., Community Authorized Health Care provider name and contact information, delivery concerns, type of flooring, where the lift is going to be located, if there is a hospital bed):**

**Please provide the following information if a rental is provided to client in the interim of Red Cross delivery:**

Provider (vendor) Name: Term of rental: (daily/weekly/monthly)

Start Date of Rental: End Date of Rental:



**BED LOAN & HOME LIFT PROGRAM**  
Homecare Bed System and Home Lift  
Program Authorization Form



Continuing Care  
1-800-225-7225 toll free across Nova Scotia  
8:30 am - 4:30 pm, 7 days a week  
<http://novascotia.ca/dhw/ccs/>

The information on this form is strictly confidential. It is collected and used by the Nova Scotia Health Authority to provide Continuing Care services in partnership with the Canadian Red Cross (NS Region)

Phone: 1-888-496-0103  
Fax: 902-667-8801  
Email: [nsbedloans@redcross.ca](mailto:nsbedloans@redcross.ca)

**RED CROSS USE ONLY**

Client Name:

Health Card Number:

**Due to liability issues, our technicians cannot move furniture in home. Space must be cleared, or bed will not be delivered**

**ENVIRONMENT**

Where will the bed or lift be going/located:    Bedroom    Spare Room    Living Room    Dining Room    Other    **Space must be cleared for bed**

Electrical outlet close by:    Yes    No    Flooring type:    Does anyone smoke in the home?    Yes    No    indoors/outdoors

How many stairs into home?    How many steps to location?    Main level    Upstairs    Downstairs    Stair Lift in home?    Yes    No

Is there a hand rail on outside stairs?    Yes    No    Is there a hand rail on stairs to upper/lower floors?    Yes    No

Is there an elevator in the building (if applicable)?    Yes    No    Do you have pets in the home?    Yes    No    cats    dogs    both

**Pets must be restrained during delivery/pick up/etc.**

Bed Bugs?    Yes     No    Unknown    in home    in building    treated?    Yes    No    If "yes" when?

Does anyone have the Flu, Flu like symptoms, MRSA, C-Diff or any other contagious/infectious disease?    Yes    No    If "yes" what?

Driveway/Walkway/Entrance cleared?    Yes    No    *(Must be cleared of vehicles, snow/ice etc. Aware of cancellation/rescheduling due to inclement weather etc.)  
(During summer months: ASK if there is ROAD CONSTRUCTION etc. around the area they may delay delivery)*

**OTHER INFORMATION**

Community Health Loan Equipment: (3 month loan) – request can be made to have delivered and/or picked up when delivering/picking up bed

To be delivered with Bed    Yes    No (see below/attached)    **Community Loan Program Recommendation Form must be accompany Bed Loan & Home Lift Program Authorization**

To be picked up with Bed    Yes    No (see below/attached)

**Exceptions upon request can be made for length of loan in the Community Health Equipment Loan Program provided a client has a hospital bed from our Bed Loan Program**

MESSAGES/NOTES	ADDITIONAL INFORMATION
Voicemail:    Yes    No	

Scheduled Delivery Date:

Re-Scheduled Date (if required):

- Authorized Health Care Provider (referral source) has been advised of the home lift **delivery date**?
- Notified Community Based Care Coordinator and OT that the home lift has been **installed**?    **Removed?**
- Inventory data base updated with loan date (flag for maintenance and yearly re-certification)? Date for recertification
- Notified Community Based Care Coordinator and OT that the individual has been added to the **wait list, if applicable**?
- CRC has received signed off **lift training waiver** from client/family during delivery of lift?    Sling left for lift training (sealed)?
- CRC has been notified that the health care provider / OT has provided in home **lift training** regarding lift use and safety?