



**Supportive Care Services Application**  
24/7 Shared Attendant Care for  
Independent Living



**Quadriplegics United Against Dependency, Inc. (Quad Inc.)**

Quad Inc. offers a unique system of 24/7 care provided by trained Personal Care Attendants (PCAs) who are employed by Quad Inc. and share their time among all the residents participating in the supportive services program. Our system is resident-driven and maximizes residents' freedom and choice in their daily activities.

Our Supportive Services program focuses on meeting the basic care needs of our residents. Our system is unique in that residents set their own schedules, rather than having their schedules determined for them by staff. Residents choose each day what time they want to get up, have meals and go to bed. This system uses a menu of prioritized tasks which residents choose from to meet their needs. Residents decide how urgent their needs are, within guidelines that assure equality to all residents. We are not a medical facility, and we have no nurses or doctors on staff. We do not keep charts or do rounds. We also do not remind residents of tasks they need to do. We rely on residents to be responsible, follow the guidelines regarding their care needs, maintain their personal health, and plan ahead and be considerate of other residents who share the attendant care we provide.

Our system is good, but not perfect. There are times when residents have to wait for routine assistance because other residents require higher-priority care. There are provisions to assure each resident receives the most important care they need in a timely fashion. There are always dependable staff members on duty to meet residents' needs but we do not provide constant one-on-one assistance. Successful residents must truly desire to live independently, be responsible and considerate of others and consistently strive towards self-reliance and self-sufficiency. Our system is not designed and does not work for residents who need to be reminded of their responsibilities, need to be monitored, lack motivation, or cannot manage their personal health independently.

Payment for Supportive Services is separate from rent. Supportive Services may be paid by APD (if approved), by a third-party payment source (i.e. insurance) or privately. Residents enrolled in services will receive communication from the State of Oregon once they are approved. Services are only available on a monthly basis.

The attached application materials are essential for determining your care needs, your appropriateness for participation in our program and our ability to provide services to you. Please be candid and honest in your responses as it is important that we have a clear understanding of the technical aspects of your care as well as the frequency and amount of care that you require. Please complete all parts of the application clearly and in ink. Follow the instructions below to ensure that all information is provided.

**Basic Eligibility Requirements for Supportive Services**

1. You must be approved for our housing. Services are only available to occupants of our apartment buildings.
2. You must be reliant on a wheelchair for mobility and must have care needs equivalent to a quadriplegic or paraplegic.
3. You must be medically stable and able to manage all health issues and medications, and able to direct our attendants through all tasks and personal care routines.
4. You must be cognitively able to meet all requirements and responsibilities of independent living.
5. You must be recommended by your current physician.



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6. You must be evaluated and approved by Quad Inc. Staff.
7. You must be approved by your current APD Case manager and by the Facility APD case manager, if applicable.

Please print neatly in ink on all application materials. Give complete, honest answers. Make sure you sign and date the application where indicated.

1. **Quad Inc. Application for Supportive Services:** Complete pages 1 through 4. Sign application at bottom of Page 4.
2. **Quad Inc. Service Agreement:** Read thoroughly. Fill in your name at the top of page 1 and sign and date at the bottom of page 2.

Additional information will be required at the time of processing, including a Release of Medical Information, Physician's Recommendation for Participation in Shared Services, and Approval of Program Participation and payment by SPD or third party pay source.

**Please submit the completed and signed Services application with your completed and signed Housing application to:**

**By US Mail:**

**Quad Inc.  
6645 NE 78<sup>th</sup> Court. Suite C-7  
Portland, OR 97218**

**By Hand Delivery:** Applications may also be delivered by hand to any Quad Inc. apartment manager or to our main office at the address above.

**By Fax:** to (503) 281-8176. When faxing please remember to fax both sides of each page of the application.

**By Email:** to [housing@quadinc.org](mailto:housing@quadinc.org)



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**Quadriplegics United Against Dependency, Inc. (Quad Inc.)**

**Manager use only:** Date Received \_\_\_\_\_ Time \_\_\_\_\_ Initial \_\_\_\_\_

24/7 Supportive Care Services are offered by Quad Inc. on an optional basis. Participation in supportive care services is not a requirement for housing eligibility. However, you must be approved for housing in one of our projects in order to be eligible for attendant care services.

Residents are required to demonstrate the ability to live independently without the need of supervision except for physical assistance as may be required by their disability. Quad Inc.'s supportive services focus on resident-directed care. Residents participating in our program must have the desire and ability to plan ahead, direct attendants in their care needs, maintain their personal health and manage their personal affairs so as to not negatively impact the other residents who share the attendant care staff with them. Quad Inc. is not a health care facility. There are no doctors or nurses on duty. We do not monitor residents or take responsibility for their actions or decisions. We are an independent living apartment building with 24/7 shared attendant care staff to enable residents who require physical assistance to live independently in their own homes. The information provided on this application will be kept confidential and will only be used to determine eligibility for the shared attendant care program. We will not release your name or address to anyone who is not connected with QUAD Inc. If you have questions, would like a tour or require more information, please visit our web site at <http://www.quadinc.org> or contact us at (503) 287-4260 or email [development@quadinc.org](mailto:development@quadinc.org).

It is the policy of Quadriplegics United Against Dependency, Inc. (Quad Inc.) not to discriminate in the services it sponsors, operates and manages on the basis of race, color, religion, sex, handicap, disability, familial status, sexual orientation or national origin. For alternate format application and publications please contact us at 503.287.4260 or via Oregon Telecommunications Relay Services, Dial 777 in Oregon.

**Completed applications can be submitted to the manager of any Quad Inc. facility, faxed to (503) 281-8176, emailed to [housing@quadinc.org](mailto:housing@quadinc.org), or mailed to QUAD Inc. at 6645 NE 78<sup>th</sup> Court, Suite C-7, Portland, Oregon 97218**

**Please fill out this application form completely. Print legibly in ink. All blanks must be filled in before the application will be considered complete and can be processed for eligibility. If the question does not apply to you answer N/A.**

**Facility Preference:**

<input type="checkbox"/> Myers Court (N. Portland)	<input type="checkbox"/> Rolling Green (Hillsboro)
<input type="checkbox"/> Central Station (Gresham)	<input type="checkbox"/> Burnside Station (East Portland)
<input type="checkbox"/> Station 162 (East Portland)	

APPLICANT FULL NAME (LAST, FIRST, MI)		EMAIL ADDRESS	TELEPHONE NUMBER
DATE OF BIRTH	ALTERNATE CONTACT NAME / TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	DRIVERS LICENSE/ID NUMBER/STATE
CURRENT ADDRESS: STREET ADDRESS CITY STATE ZIP CODE			
IS YOUR CURRENT ADDRESS A HOSPITAL, REHABILITATION CENTER, NURSING FACILITY OR ADULT FOSTER HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE FOLLOWING INFORMATION:			
FACILITY NAME:	REASON FOR ADMISSION:	CARE MANAGER NAME / TITLE:	TELEPHONE NUMBER:
PERMANENT/ MAILING ADDRESS IF DIFFERENT THAN ABOVE : STREET ADDRESS CITY STATE ZIP CODE			
EMERGENCY CONTACT NAME:	STREET ADDRESS CITY STATE ZIP CODE	TELEPHONE NUMBER	
SPD CLIENT NUMBER #	CASE MANAGER NAME:	BRANCH:	TELEPHONE NUMBER
PRIMARY PHYSICIAN'S NAME: STREET CITY STATE ZIP CODE			TELEPHONE NUMBER

PRIMARY DIAGNOSIS:		DATE OF ONSET	
SECONDARY DIAGNOSIS:		DATE OF ONSET	
WHERE ARE YOU LIVING NOW? <input type="checkbox"/> HOSPITAL/REHAB <input type="checkbox"/> NURSING FACILITY <input type="checkbox"/> ASSISTED LIVING <input type="checkbox"/> AFC- FOSTER CARE/GROUP HOME <input type="checkbox"/> PRIVATE HOME/APARTMENT <input type="checkbox"/> OTHER _____			
WHY DO YOU WANT TO MOVE TO A QUAD INC. FACILITY?			
PRIOR LIVING SITUATION: PLEASE LIST YOUR PRIOR LIVING SITUATIONS FOR THE PAST 3 YEARS, INCLUDING ANY HOSPITALIZATION OR CARE FACILITY PLACEMENT IN EXCESS OF 30 DAYS:			
FACILITY/HOME/APARTMENT:	PROVIDE MONTH AND YEAR: FROM: _____ TO: _____	REASON FOR ADMISSION/LEAVING:	TELEPHONE NUMBER:
FACILITY/HOME/APARTMENT:	PROVIDE MONTH AND YEAR: FROM: _____ TO: _____	REASON FOR ADMISSION/LEAVING:	TELEPHONE NUMBER:
FACILITY/HOME/APARTMENT:	PROVIDE MONTH AND YEAR: FROM: _____ TO: _____	REASON FOR ADMISSION/LEAVING:	TELEPHONE NUMBER:
FACILITY/HOME/APARTMENT:	PROVIDE MONTH AND YEAR: FROM: _____ TO: _____	REASON FOR ADMISSION/LEAVING:	TELEPHONE NUMBER:
ARE YOU CURRENTLY UNDER TREATMENT FOR OR HAVE YOU RECEIVED TREATMENT IN THE PAST 3 YEARS FOR: <input type="checkbox"/> ALCOHOL/SUBSTANCE ABUSE <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> PAIN MANAGEMENT GIVE BRIEF DETAILS:			

### Care Needs Self-Assessment

Quad Inc.'s unique style of resident-driven, 24-hour-per-day shared attendant care is designed to facilitate independent living for individuals with severe mobility impairments. Our residents choose when and what assistance they need within a set of guidelines developed by the group. Residents are freed of the burden of hiring and training personal care attendants and enjoy the security of 24-hour-per-day, 7-days-a-week assistance for tasks they are physically unable to do themselves. This facilitates our residents' ability to pursue goals of their own choosing including education, employment, advocacy and civic involvement which lead to greater levels of independence and self-reliance.

Residents at Quad Inc. facilities are required to do as much as possible for themselves and may not request assistance for tasks that they are reasonably able to do without assistance. Residents must direct attendants through each task they want accomplished because personal choice is an important part of our program. Residents enjoy all of the privacy and independence of living in their own homes and must accept the responsibility that comes with it. Residents need to pay their bills, make appointments, arrange transportation, grocery shop, meal plan, order medications and supplies, and maintain their personal health. Residents must be able to plan ahead to avoid urgent care requests and be considerate of other residents using the shared attendant care system. Residents must treat staff with respect and dignity, train staff to their personal care needs, and accept assistance from the first available attendant regardless of sex, race, religion, disability or sexual orientation. Will this be a problem for you?   ☐ Yes   ☐ No

Please fill out the following information carefully to describe your care needs. Make comments where needed.

<b>MOBILITY</b>		
ARE YOU RELIANT ON A WHEELCHAIR FOR MOBILITY: <input type="checkbox"/> ALWAYS <input type="checkbox"/> USUALLY <input type="checkbox"/> SELDOM <input type="checkbox"/> NOT AT ALL		<input type="checkbox"/> MANUAL CHAIR <input type="checkbox"/> POWER CHAIR <input type="checkbox"/> SCOOTER <input type="checkbox"/> OTHER: _____
HOW DO YOU TRANSFER TO CHAIR/SHOWER CHAIR/BED: <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> STAND BY ASSIST <input type="checkbox"/> FULL ASSIST		<input type="checkbox"/> SLIDING BOARD <input type="checkbox"/> MECHANICAL LIFT <input type="checkbox"/> OTHER: _____
QUAD INC. IS A LIMITED LIFT FACILITY FOR THE SAFETY OF OUR RESIDENTS AND STAFF. ALL APARTMENTS ARE EQUIPPED WITH CEILING MOUNTED LIFT SYSTEMS. RESIDENTS WHO CANNOT TRANSFER INDEPENDENTLY WITH ONLY STAND BY ASSISTANCE ARE REQUIRED TO USE A MECHANICAL LIFT AND SLING. WILL THIS BE A PROBLEM FOR YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		ON AVERAGE: HOW MANY HOURS PER DAY DO YOU SPEND IN YOUR CHAIR: _____ HOW MANY DAYS PER WEEK ARE YOU UP IN YOUR CHAIR: _____
DO YOU REQUIRE TURNS OR POSITIONING IN BED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY HOURS BETWEEN TURNS: _____	DO YOU ASSIST IN YOUR TURNS : <input type="checkbox"/> YES <input type="checkbox"/> NO

DO YOU HAVE ADAPTIVE EQUIPMENT TO REDUCE/ASSIST WITH TURNS?		
<input type="checkbox"/> ELECTRIC HI-LO BED <input type="checkbox"/> TRAPEZE OR BULKIN FRAME <input type="checkbox"/> GEL/AIR MATTRESS <input type="checkbox"/> BED RAILS <input type="checkbox"/> OTHER: _____		
ARE YOU ABLE TO FEED YOURSELF?		DO YOU USE:
<input type="checkbox"/> YES <input type="checkbox"/> SOME ASSIST <input type="checkbox"/> TOTAL ASSIST		<input type="checkbox"/> ADAPTIVE TABLE WARE <input type="checkbox"/> SPLINTS <input type="checkbox"/> OVER BED TABLE <input type="checkbox"/> OTHER: _____
ARE YOU ABLE TO (MARK ALL THAT APPLY) <input type="checkbox"/> UNLOCK A KEYED LOCK <input type="checkbox"/> DIAL A TELEPHONE <input type="checkbox"/> BRUSH TEETH <input type="checkbox"/> WASH FACE <input type="checkbox"/> COMB HAIR <input type="checkbox"/> USE REMOTE CONTROL		
<input type="checkbox"/> PUSH ELEVATOR BUTTONS <input type="checkbox"/> WRITE CHECKS <input type="checkbox"/> SIGN YOUR NAME <input type="checkbox"/> COOK WITH ASSISTANCE <input type="checkbox"/> COOK INDEPENDENTLY <input type="checkbox"/> DO DISHES <input type="checkbox"/> LOAD WASHER <input type="checkbox"/> FOLD CLOTHES		
COMMENTS:		
BLADDER CARE		
HOW DO YOU MANAGE YOUR BLADDER CARE (CHECK ALL THAT APPLY):		
<input type="checkbox"/> TOTALLY INDEPENDENT <input type="checkbox"/> ASSIST ON/OFF COMODE <input type="checkbox"/> ADULT BRIEF <input type="checkbox"/> CATHETER <input type="checkbox"/> OTHER: _____		
DO YOU HAVE A CATHETER?		TYPE OF CATHETER:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> CONDOM <input type="checkbox"/> INDWELLING <input type="checkbox"/> SUPRA PUBIC <input type="checkbox"/> INTERMITTENT (IM) <input type="checkbox"/> ILEOSTOMY <input type="checkbox"/> OTHER: _____
HOW MANY TIMES IN A 24 HOUR PERIOD DO YOU NEED ASSISTANCE WITH BLADDER CARE? (TRANSFER ON/OFF COMMODE, LEG BAG EMPTIED, BRIEFS CHANGED)		
IF YOU IM CATH DO YOU NEED ASSISTANCE?	HOW MANY TIMES IN 24 HOURS DO YOU IM CATH?	HOW LONG DOES THE ENTIRE PROCEDURE TAKE?
<input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW OFTEN DO YOU IRRIGATE:	HOW OFTEN DO YOU CHANGE YOUR CATHETER:	HOW LONG DOES THE ENTIRE PROCEDURE TAKE?
HOW MANY UTI'S HAVE YOU HAD IN THE PAST 12 MONTHS?	YOU WILL NEED TO ORDER AND HAVE ALL OF YOUR SUPPLIES ON HAND FOR YOUR CARE.	
	WILL THIS BE A PROBLEM TO YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS:		
BOWEL CARE		
HOW DO YOU MANAGE YOUR BOWEL CARE:		
<input type="checkbox"/> TOTALLY INDEPENDENT <input type="checkbox"/> SOME ASSISTANCE <input type="checkbox"/> TOTAL ASSISTANCE <input type="checkbox"/> OTHER: _____		
DESCRIBE ASSISTANCE : _____		
HOW OFTEN DO YOU PERFORM BOWEL CARE:		HOW LONG DOES THE ENTIRE PROCEDURE TAKE?
<input type="checkbox"/> DAILY <input type="checkbox"/> EVERY OTHER DAY <input type="checkbox"/> EVERY THIRD DAY <input type="checkbox"/> OTHER: _____		
YOU MUST WAIT 15 MINUTES BETWEEN DIGITALS AT OUR FACILITIES AND YOU MAY ONLY DO BOWEL PROGRAMS WITH WAKE UP AND BED CARE. IS THIS A PROBLEM FOR YOU?		
<input type="checkbox"/> NO <input type="checkbox"/> YES/PLEASE DESCRIBE WHY: _____		
IS THERE A PART OF YOUR BOWEL PROGRAM THAT YOU <u>PLAN</u> TO DO FOR YOURSELF?		
<input type="checkbox"/> NO <input type="checkbox"/> YES/PLEASE DESCRIBE : _____		
COMMENTS:		
MEDICATIONS		
ARE YOU ABLE TO SELF -ADMINISTER YOUR MEDICATIONS WITHOUT ASSISTANCE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO/PLEASE DESCRIBE ASSISTANCE NEEDED: _____		
DO YOU HAVE ANY CURRENT TREATMENTS FOR SKIN OR OTHER ISSUES?		
<input type="checkbox"/> NO <input type="checkbox"/> YES/PLEASE DESCRIBE : _____		
DO YOU USE ANY INJECTABLE MEDICATIONS?		
<input type="checkbox"/> NO <input type="checkbox"/> YES/PLEASE DESCRIBE : _____		

COMMENTS:
RANGE OF MOTION
WE PROVIDE UP TO 15 MINUTES OF RANGE OF MOTION WITH WAKE UP CARE AND AGAIN WITH BED CARE. DO YOU REQUIRE ADDITIONAL RANGE OF MOTION? <input type="checkbox"/> NO <input type="checkbox"/> YES/PLEASE DESCRIBE : _____
PLEASE DESCRIBE YOUR RANGE OF MOTION ROUTINE :
DO YOU DO ANY PART OF YOUR RANGE OF MOTION ROUTINE WITHOUT ASSISTANCE? <input type="checkbox"/> NO <input type="checkbox"/> YES/PLEASE DESCRIBE : _____
<input checked="" type="checkbox"/> DO YOU DO ANY OTHER FORM OF DAILY EXERCISE? NO                      YES/PLEASE DESCRIBE : _____
COMMENTS:

I agree to give the owner/owner's representative the authority to investigate and obtain my credit rating, my current and past rental records, and any information necessary to determine my eligibility. The information obtained will be used for management purposes only and will be held in confidence. I understand that additional information may be requested at a later date to complete and verify the information contained in this application. My signature below certifies that the statements made on this application are TRUE and CORRECT and gives my consent for management to verify the information contained in this application.

I acknowledge that I must keep management informed of my continued interest in the unit at least every 180 days.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application for Supportive Services must be submitted with an Application for Housing. Supportive Services are only available to approved Housing applicants.**

**Completed applications can be submitted to the manager of any Quad Inc. facility, faxed to (503) 281-8176, emailed to [housing@quadinc.org](mailto:housing@quadinc.org), or mailed to Quad Inc. at 6645 NE 78<sup>th</sup> Court. Suite C-7., Portland, Oregon 97218**

## Quad Inc.

### SERVICES AGREEMENT

I, \_\_\_\_\_, as a Shared Attendant Care Recipient at Quad Inc., agree to the following conditions in my acceptance of personal care attendant services from Quad Inc. I Understand that failure to follow any of the requirements set forth below can result in termination of services provided by Quad Inc.

The Supportive Living Program provided by Quad Inc. is intended to facilitate independent decision making and choice in daily activities for all residents. The program operates under the following requirements which each services participant must follow at all times:

1. Each resident must independently meet all the responsibilities of independent living except for those needs which he or she cannot meet due to physical disability.
2. Residents must be cognitively able to direct all aspects of their daily care routine on a consistent basis and to meet all their personal obligations independently, without supervision from staff.
3. Residents agree to take responsibility for all aspects of their personal care. This includes seeking immediate treatment for illness, skin integrity issues and other medical issues, including those not related to their disability. Residents recognize that Quad Inc. does not provide medical services. Residents accept personal responsibility for monitoring their health, obtaining and administering medications and arranging their own medical appointments and services, including transportation.
4. Residents must follow the guidelines, policies and procedures of the shared attendant care system and consistently follow the guidelines in all situations.
5. Residents must consistently use staff time efficiently and must demonstrate courtesy and consideration for the care needs of other residents.
6. Residents agree to establish professional boundaries with Quad Inc. staff. Residents recognize that staff members are professional care providers and not friends. It is inappropriate for residents to share personal information or gossip with staff members, share food or loan money or other items to staff members, ask staff to run errands, socialize with staff members when they are off duty, or engage in any other activity that is inappropriate for a paid professional employee. Staff members are required to follow these same professional boundaries at all times.
7. Residents are required treat staff with consideration and respect at all times. Residents understand that they risk the cancellation of their care if they mistreat staff members and that they risk removal from the services program for repeated or severe incidents of mistreatment.
8. Residents agree to accept assistance from the first available personal care attendant, regardless of race, sex, age, religious preference, sexual preference, seniority or personal preference. Residents further agree to actively and helpfully participate in the training of new personal care attendants.
9. Residents agree not to participate in illicit substance use/abuse and to self-administer or direct the administration of all prescription medications in accordance with their physician's directions.
10. Residents must obtain for themselves all equipment, supplies, medications, and household items needed to meet their personal needs and must have these on hand before Quad Inc. staff provide services. Residents agree to furnish, at their own expense, disposable single-use gloves,

**Quad Inc.**

**SERVICES AGREEMENT**

leak proof plastic bags and other needed supplies to meet OSHA (Occupational Health and Safety Administration) requirements.

11. Residents agree to keep all equipment and supplies necessary for their care on hand and in good repair at all times, If Quad Inc. management requests that a resident repair, replace or acquire equipment and supplies, the resident agrees to do so immediately...
12. Residents are required to conduct themselves at all times as responsible adults, and to maintain their apartments in an orderly and safe condition. Areas where Quad Inc. staff work must be kept clear, safe and free of clutter at all times.
13. Residents acknowledge that independent living comes with inherent risks. Quad Inc.'s goal is to minimize such risks whenever possible; however, risks cannot be completely alleviated because Quad Inc. does not provide twenty-four-hour supervision on a one-on-one basis.
14. Quad Inc.'s aim is to restrict the freedom and individual choice of our residents as little as possible. Residents acknowledge that they are living in their own homes and have the right to come and go as they please and are therefore responsible for evaluating the potential risks of their choices.
15. Residents agree to actively participate in the resolution of any issues with the shared attendant care system by immediately reporting any problems to management and by participating in Quad Inc.'s problem solving procedure, including face-to-face meetings with staff and/or other residents.
16. Residents agree to give a minimum of 14 days' notice should they decide to discontinue services.

I, \_\_\_\_\_, have read and understand my responsibilities as a recipient of supportive services provided by Quad Inc. I agree to follow the requirements at all times. I understand that failure to follow the requirements as stated above is grounds for termination of services provided by Quad Inc.

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**Resident Signature**

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**Date**

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**Quad Inc.**

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**Date**