



**VISION**  
Gaspé Percé

A GUIDE FOR

**CAREGIVERS**



## ACKNOWLEDGEMENTS

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If you have a problem finding what you are looking for, please give us a call or send us an e-mail. We will be happy to help; all conversations will be completely confidential.

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## INTRODUCTION

This guide is intended for those of you who are taking care of a loved one and wish to improve the quality of life for you and your loved one. It is also intended to help you recognize the value of your work because you are enabling your loved one to live with dignity, either at home or in a facility.

Anyone at any point can become a caregiver, whether it is unexpected or planned, and so the task may come about as a response to a heart-felt need or simply as the days pass. However, this means that you may offer help to a loved one without taking time to evaluate the impact it will have on your life and without realizing that your life can be completely altered.

Becoming a caregiver can be upsetting and invasive, but it can also be a uniquely rewarding experience. Thus, it is imperative to consider your own situation. It is important to ask for help and willingly accept help when it is offered. It is not always easy to accept outside help, which means a stranger in the house offering the aid that you are accustomed to giving; and so, you have to learn that it is all right if the person who has come to help does not, for example, make the bed or fold the towels the same way you do. Accepting help allows you to take a step back, to go shopping, to catch your breath, to go to the hairdresser's, perhaps to sleep a little without worrying whether the loved one is being adequately cared for. It is important to learn to accept life as it is and to take hold of helping hands being offered.

Each caregiver experiences something unique and it can be a great learning experience. In our region, there are thousands of people like you who are taking care of someone whose life has been curtailed by age, illness, or permanent handicap.

This guide offers a variety of themes that touch on the reality of a caregiver's life. Nevertheless, it is up to you as a caregiver to evaluate your own situation, identify your needs and limitations, and to select the means which will be of the most help to you. This guide attempts to point out that you are not alone in your task. It seeks to help you to

escape from a feeling of isolation, bringing you help and support as a caregiver. At the same time, it strives to prevent, or at least reduce, the risk of burnout inherent in your task.

It also offers tools designed to augment your decision making capacity and your power to act. Here you will find information about the services offered both to you and to the ones you are helping in their time of need. As a caregiver, it can sometimes be difficult to ask for help; there could be a feeling of failure or guilt. Consider this guide as a first step in seeking help. Keep it handy; underline in it; write notes on it; consult it freely. It will be of great help to you.

## **PRELIMINARY REMARKS**

### **Some Interesting Facts**

Canada has more than 4.2 million caregivers, or about 18.2 % of the population, who are helping an elderly person. In Québec, it is estimated that there are more than one million caregivers: one person in seven. Moreover, families account for one half of the care offered to family members in need, and 75% of these caregivers are women. The financial value of this unpaid work is estimated to be between six and nine billion dollars annually.

It is interesting to realize that so many people are willing to give of their time and energy to care for the elderly, or those living with a chronic illness, and do so on a voluntary basis! At the present time, over 200,000 people, either elderly or losing autonomy, need long term care. Thus, non-professional caregivers offer a significant amount of regular or occasional support to people who are incapacitated.

However, stress and fatigue for caregivers can be so overwhelming that they themselves are often in need of care. They become obliged to reduce their working hours or even take a leave of absence from their work in order to care for their ailing family members. Caregivers can expect to spend more years caring for an aging parent than they did for their growing children. With an aging Canadian population, the number of caregivers for elderly family members is growing.

**Caregivers are not super heroes!  
They also need support and help.**





# GUIDE FOR CAREGIVERS

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## **PART 1: BEING A CAREGIVER, A CHANGING SCENARIO**

### **Definition of an “aid-receiver”**

#### **The person who is being cared for**

For the most part, an aid-receiver is a family member: spouse, father, mother, child, father-in-law, mother-in-law, brother, or sister. It could also be a friend or a neighbour.

The person receiving aid is losing self-sufficiency physically or mentally (having difficulty interacting with their surroundings), and/or dealing with a health problem. The person receiving aid needs physical help or psychological support from the caregiver on a regular basis. The aid-receiver is often someone who is vulnerable.

### **Definition of a caregiver**

A caregiver is an individual:

- Who takes care of someone closely connected to themselves who has been incapacitated by age, accident, illness, or handicap, and who needs regular assistance;
- Who offers care to the other person without remuneration.

Regardless of the nature of the help offered to the other person, care giving involves an emotional commitment. The caregiver is a family member, a friend, or a

neighbour. They may live in the same dwelling. Love and duty are most likely to be at the root of the care offered to someone who is losing self-sufficiency.

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## 1.1 Are you a Caregiver?

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**Do you help a relative, a friend, or a neighbour...**

**At home with...**

- The shopping;
- Preparing meals;
- House cleaning;
- The laundry;

**With personal needs, such as...**

- Eating;
- Dressing;
- Washing;
- Walking;

**Outside the home by...**

- Making medical and personal appointments;
- Keeping medical and personal appointments;
- Finding, organizing, and benefitting from a variety of services;
- Attending to financial matters;

### **By boosting morale through...**

- Telephoning regularly;
- Visiting regularly either at home or in a housing facility;
- Encouraging social activities
- Attentive listening.



This list of examples is not complete because the caregiver's tasks are numerous and often ill-defined. The time and energy one can invest in care giving is almost without limit. As time goes by, a caregiver's responsibilities become more varied, more complicated, and more demanding. A devoted caregiver can easily become overwhelmed. To be able to continue in that role, it is imperative to maintain sound physical, mental, emotional, and spiritual well-being. To be a caregiver implies a variety of responsibilities that will only continue to increase and expand. The reality is: this can only happen if the caregiver retains good health and balance for themselves.

### **Conditions...that are self-imposing:**

To be a caregiver can be personally rewarding. Working with a loved one leads to developing a deeper and stronger relationship. However, the task can become much heavier if:

- The care receiver's health deteriorates;
- The care requirements become more complicated;
- The caregiver's health becomes compromised;
- The caregiver has very little personal time;
- The caregiver has minimal social contact.

### **Conditions...that are imposed by others:**

Generally, it is assumed that care giving is a family affair. Thus, pressure is often asserted upon one or several family members to assume the responsibility of care giving and the matter is presumed to be settled. If you experience this, it may be time to ask certain questions, such as:

- Am I really the only person who can help?
- Would help coming from other family members be welcome, even if that help comes in a different format?
- Do I feel that the trust that has been placed on me is a great weight?

### **Conditions...that are self-imposed:**

Among the burdens of responsibility that a caregiver can feel, self-imposed burdens are the most difficult to identify and to evaluate objectively. They usually stem from values that are good and wholesome and that guide a moral life. Some, however, can arise out of past guilt, ignored opportunities, or unresolved conflicts. Addressing these self-imposed conditions should be a first step in evaluating your capacity for caregiving.

### **Here are some more questions requiring honest answers:**

- Will always being giving and never receiving care eventually wear me out?
- Can I be useful if I, myself, am exhausted, impatient, irritable, and in need of help?
- Must my promise of aid be kept regardless of the cost, to my own health and wellbeing?
- Is this a lifelong commitment?

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## 1.2 Becoming a Caregiver

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Becoming a caregiver can happen very quickly as a result, for example, of an accident or the sudden illness of a loved one. More frequently, care giving develops slowly over the course of weeks, months, or years as certain needs become more pressing. Deciding to care for someone is not necessarily the result of careful reflection or considered opinion. More likely, outside forces impinge upon our lives, requiring us to take a loved one's arm and walk the same road more closely without necessarily knowing where it will lead.

So it is, over a period of time, that the role of caregiver becomes clearer and more pressing. It is also over time that the increased responsibilities of caregivers gradually begin to wear them down or wear them out.

It is rare that there is no strong bond between the people involved in a caring relationship before illness or handicap changed it. This bond naturally continues to work itself out when a dependant relationship develops. A majority of caregivers do not consider themselves as such, but rather as the mother, the wife, the daughter, the brother, or the friend of the person receiving aid.

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## 1.3 The Daily Life of a Caregiver

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The daily life of a caregiver depends on a variety of factors, such as:

- The type of relationship with the aid-receiver (husband, mother, child, friend);
- The nature of the problems experienced by the aid-receiver (aging, injuries from an accident, illness);
- Whether or not they live under the same roof;
- Employment status: employed, retired, or in another situation.

Each caregiver's situation is unique in and of itself and changes over time, but each one also shares the same worry concerning an uncertain future:

- What is ahead?
- For how long will I be able to do this?

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## 1.4 Recognize the Signs of Fatigue

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Do you feel that life is passing you by? Do you experience waves of doubt, sadness, or even anger, alternating with waves of hope? Every caregiver can undergo periods of extreme fatigue, making one vulnerable and fragile. Taking care of a loved one with a chronic illness or a growing disability can certainly affect the life of the caregiver and the whole family. That is normal.



## HOW DO I FEEL?

The following exercise can help you to identify your personal alarm signals. Learn to recognize them.

	Never	Almost Never	Sometimes	Often	Nearly Always
I have difficulty going to sleep or staying asleep	0	1	2	3	4
I awake fatigued in the morning and I lack energy throughout the day	0	1	2	3	4
I have no appetite or I cannot stop eating	0	1	2	3	4
I feel ill more frequently (colds, headaches, etc.)	0	1	2	3	4
I take more and more pills	0	1	2	3	4
I have developed chronic health problems	0	1	2	3	4
I feel irritable and impatient	0	1	2	3	4
I do a lot, but feel that I have not done enough	0	1	2	3	4
I cannot concentrate (reading, paying bills, etc.)	0	1	2	3	4
I forget everyday matters (keys, appointments, etc.)	0	1	2	3	4
I have given up doing the activities I enjoy	0	1	2	3	4
I have very little social life	0	1	2	3	4
I cry easily	0	1	2	3	4
I feel sad and discouraged	0	1	2	3	4
I worry about my future and that of my loved one	0	1	2	3	4
I feel like giving it all up	0	1	2	3	4
Total	0	1	2	3	4

### **Interpreting the Above Exercise:**

The above questionnaire is not scientific and is designed as a simple means of evaluation. It should not be taken as the only means of evaluating your sense of well-being.

- A total of 0 or 1 means that your situation is acceptable, but you must be on your guard.
- A total of 2 or 3 means that you might be nearing exhaustion. You should take steps to reduce your fatigue.

A total of 4 or more means that you are exhausted, seek help and learn to pace yourself while giving aid.

Do some of the statements in the exercise resonate with you? Undoubtedly you need to learn to pay more attention to your physical and emotional well-being.

If you feel you are exhausted, do not hesitate to seek professional advice or to seek outside help. Has the time come for you to act? Is it time to seek help?



**Accompanying someone, means placing yourself, not in front, not in back, not in the place of; but rather, alongside.**

("L'amour partagé" - Joseph Templier)

## 1.5 The Special Emotions of a Caregiver

When you are looking after a loved one, it's normal to experience a whole range of emotions. Some emotions are related to the illness ravaging the loved one, while others are related to all the extra tasks you are required to do, which invade your daily life. Perhaps you experience feelings of sadness while watching the health of your loved one deteriorate. At other times, you may feel worry, or even anxiety, over a deteriorating condition.

Perhaps you feel anger and aggression because you feel trapped in this difficult situation. All these emotions can bring on feelings of guilt. Such emotions are normal and it is important to articulate them to someone else, like a friend or a trusted advisor. Keeping emotions locked up only increases the sense of burden attached to caregiving.

**Guilt is an emotion common to nearly all caregivers at one time or other on their journey of care.**

**If you have feelings of inadequacy, inability, or regret for things done or undone, it is possible that guilt is playing its part.**

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Learn to recognize these feelings of guilt for what they are and remember that you do not need to feel guilty.....

- If you are healthy and your loved one is not;
- If you take time to relax, laugh, or entertain;
- If you consider alternative housing arrangements for your loved one;
- If you do not always enjoy taking care of the other person;
- If you are not as brave as before in the face of illness;

- If you cannot accomplish everything yourself and need outside help;
- If you absent yourself for a few hours or a few days;
- If you do not want to take upon yourself the full responsibility of caring for your loved one;
- If you wish that it would be all over so that you can get back to living a normal life.

*Source:* <http://www.aidant.ca>

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## **1.6 Why Should You Bear the Whole Load?**

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Numerous caregivers believe that they alone are responsible for the care of their loved ones in need. They believe that they must assume all the tasks, forgetting that it is also important to take care of themselves.

- Why do I hesitate to talk about my burden, to seek help from those who know me, and to seek the professional help available in the community when I can no longer cope alone?
- Why do I refuse to use the help that is available?

One of the answers to the above questions is related to the fact that a majority of caregivers are women. The feeling that it is normal and natural to dedicate one's life to taking care of others is part of feminine social conditioning. In that light, it is easier to understand why many do not seek outside help.

Another possible answer resides in the sense of guilt so commonly present amongst caregivers. They believe, although wrongly, that because they feel guilty about the condition of their loved ones, or of themselves in relation to their loved ones, they must therefore take on all the responsibilities related to caring for them.

In reality, guilt is an emotional state which overwhelms and paralyzes to the point of reducing individual liberty. It is a means of social control which forces people into predetermined roles. It forces people to act according to the values and standards (including religious values) held by the family, the milieu, or even society.

A sense of duty, on the other hand, results from personal choices. It gives direction to thoughts, words, and actions. Being dutiful should not be directed only towards others, it should also be aimed toward you.

Thus, a sense of guilt about or toward the aid receiver, a feeling of disloyalty toward him/her if the caregiver seeks help from others, the shame of not being able to do all that is required, a feeling of failure, and finally the fear of the unknown (to believe wrongly that it is better to endure a familiar difficulty than to launch into a new situation that could be worse) create invisible barriers that stop caregivers from seeking help. These false ideas and negative emotions cloud the wisdom and complicate the life of the caregiver.

### **I HAVE THE RIGHT...**

- ✓ To show my emotions, to be worn out, angry, depressed, or discouraged from time to time;
- ✓ To speak about how I feel. However, I do not have the right to act violently;
- ✓ To recognize the limits of my endurance and my strength;
- ✓ To ask for help, even when the person I am caring for does not want me to do so;
- ✓ To expect help from others in the family or from community services;
- ✓ To feel unable to take on certain responsibilities or tasks and to take time for myself and for the activities I enjoy. I do not have to be on duty 24 hours a day;

- ✓ To be respected in my role of caregiver;
- ✓ To be proud of what I am doing and to applaud the courage that it sometimes takes to do what must be done;
- ✓ To receive encouragement and moral support;
- ✓ To have access to the services which help me to be a helper;
- ✓ To expect and to request the improvements in the services offered that will respond to my physical and mental needs;
- ✓ To set limits;
- ✓ To say “No”;
- ✓ To refuse to be manipulated through guilt either by the person I am helping or others (deliberately or not);
- ✓ To make mistakes, not to be perfect, not to know how to do everything;
- ✓ To forgive myself;
- ✓ To back off somewhat from the person receiving help;
- ✓ To laugh;
- ✓ To live my own life and not to exist solely in my role as caregiver, which absorbs all of my time

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## **1.7 Establishing Your Needs**

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As does everyone else, you must first of all assure that your basic needs are met: to eat, to sleep, to exercise, and to take care of yourself. That is essential for maintaining some quality of life. If you neglect those needs, sooner or later you will feel the effects on your health.

To maintain good mental health, you must also experience a sense of security, love, and appreciation. You need to find happiness in doing the activities that please you. As a caregiver, you also need certain information:

- Concerning the increasing dependence of the one for whom you are caring, and the probable future path;
- Concerning the adjustments and adaptations necessary along this future path;
- Concerning the sources of help available to you and the means to call upon them.

Taking care of yourself means relying on your personal sense of physical and emotional well-being. It means finding the means to renew your vital energies. With a great deal of self-confidence, a person can deal with a great number of obstacles without losing hope.

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## **1.8 Knowing Your Limitations**

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At the beginning, you probably did not take the time to determine just how far you would go in caring for the other person. However, it is never too late to do so.

- How often and how much can you do each week for the other person? How many months or years will you be able to continue?
- To what extent can you assume the caregiver's task and what exactly does it include: baths, personal hygiene, dressing, and counseling, being on duty day or night, helping with mobility?
- How many holidays can you have, how often, and who will replace you?
- Are you able to say "No" when someone expresses an expectation?
- What other responsibilities must you maintain: relationships with your spouse and children, with your work and social life?

## 1.9 The Hesitations Inherent in Caregiving

### The Caregiver

For a variety of reason related to beliefs, promises, or a fear of being judged, caregivers have a tendency to seek help or to accept help only when there is no other choice. Why wait until it is so late? Common, ill-conceived attitudes include:

- It will pass...it is just a difficult moment;
- Things must be done my way. I cannot deal with more change.

### The Aid-receiver

It is difficult to accept losing self-sufficiency and that there is a need for outside help. It is easier to accept a family member or friend with whom there is already a relationship of trust and familiarity.

There is a fear that the aid receiver will not agree to a variety of people doing a variety of tasks, even if they are all family members. There is a risk that this disapproval will be even more pronounced when it comes to receiving help from outside sources.



**For the aid receiver, all excuses are valid.  
But no excuse is reasonable when there is a real need for a caregiver.**

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## **1.10 Seeking Help**

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Preventing exhaustion is accomplished by establishing your needs, respecting your limitations, and seeking the services available within the community.

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## **1.11 Accepting Help**

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Accepting the help suggested by members of your family and community or by outside organizations requires humility and courage. Humility means you cannot continue to be a super hero and courage means you must put aside your reluctance and the reluctance of those around you.

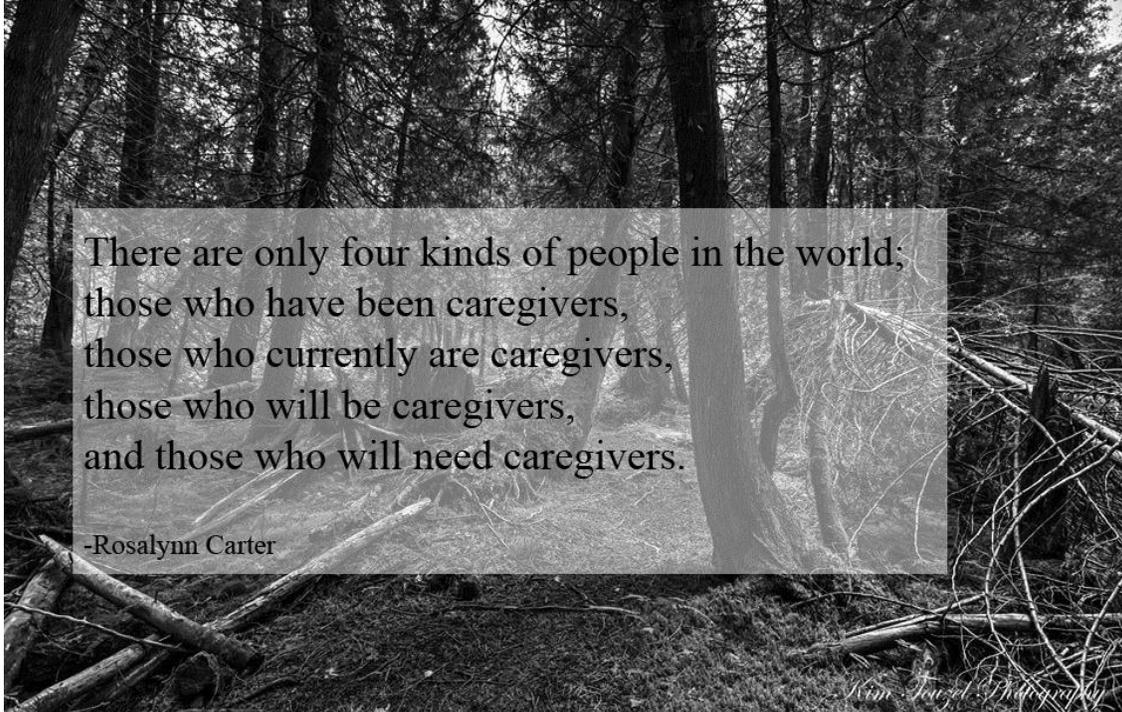
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## **1.12 Sharing with Those most Intimately Concerned**

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The first step in sharing and organizing the required tasks is done, for the most part, within the immediate family and extended family. If at all possible, it is best to discuss the situation with the person receiving care and to encourage participation in the decision making process. Listening carefully to opinions expressed by the aid receiver and speaking frankly about other options is the best approach.

Seek the help of those intimately concerned while speaking about the family, professional, and social needs of the caregiver. Request a family council to establish a “Family Service Contract”. Explain the situation clearly and carefully to family members, pointing out the limitations of the caregiver. Seek the help of family members in doing specific tasks according to a prearranged schedule.



There are only four kinds of people in the world;  
those who have been caregivers,  
those who currently are caregivers,  
those who will be caregivers,  
and those who will need caregivers.

-Rosalynn Carter

## **PART 2: TAKING CARE OF YOURSELF**

In order to take care of someone else effectively, you must take care of yourself, it is as necessary as oxygen.

As anyone who has travelled by air knows that in case of an emergency the first requirement is to install your oxygen mask on your face. If you have a child with you or are helping another person, you must be able to breathe yourself. Aeroplane personnel insist on this.

**Choosing to look after yourself properly is like oxygen.  
This vital oxygen is real happiness.**

### **2.1 An Appointment with Yourself**

Intentionally setting aside a block of time for yourself means planning a time when you can renew your energy, gather your strength, and gain renewed perspective. It does not matter if it means taking several breaks during the day, a half hour scheduled into the day's routine, or three hours a week. It can be as you plan it. The idea is to identify your particular interests, what relaxes you, what nourishes and replenishes you, and to take the time to do these things. You alone are the judge of what does you good and how often you need to replenish yourself.

Of course, you may have a tendency to forget your self-appointed meetings because of built-in resistance, schemes to avoid it, or fear of being alone with your thoughts. In that case, begin with small steps. In order to overcome your hesitation, you must offer yourself a small reward each day. Your plan to look after yourself is essential.

There are almost no limits...relaxation may take, as suggested in the following checklist.

Sit in an easy chair and rock while listening to music	
Read a good book or magazine	
Fill the house with a wonderful aroma (soup, cake, incense, etc.)	
Go for a walk at sunrise or sunset	
Have a nap	
Take a hot bath by candlelight	
Watch a film that you have been intending to see for some time	
Put on some good clothes even though there is no special occasion	
Send a postcard to a friend from whom you have not heard in some time	
Make a list of people to whom you could talk openly about your news and meet with them	
Plan a pleasant outing	

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## 2.2 Glowing with Health

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Being at peace is good for the health. Being healthy facilitates a peaceful mindset. Taking care of someone else is only possible if the caregiver takes care to maintain a balanced and healthy life style, that is, to breathe freely, to eat well, and to sleep soundly. Perhaps you need to make an assessment of your overall health picture. In that case, it would be wise to make an appointment with your doctor.

Here is a simple exercise to help you to relax using deep breathing:

Be seated comfortably in a chair, but without using the back support. Place your feet squarely on the floor. Keep your back straight and allow your shoulders to be in a natural position. Let your arms follow your body with your hands relaxed on your thighs. Your whole body should be straight without being taut.

Breathe in deeply through your nose. Breathe out also through the nose as though you were sighing. Repeat this exercise six or seven times in a row so as to fill your lungs with air. During the course of this repeated exhaling, let your mind and body relax completely.

**Before you can take care of someone else,  
you must be able to take care of yourself.**

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## **2.3 Keeping a Journal**

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Keeping a journal is one way of getting in touch with yourself. Write one or two pages (or only a few words if that is more manageable) each morning (or at another time in the day). The idea is to write spontaneously whatever comes into your mind, even if it appears insignificant, without censoring yourself.

If you think that you have nothing to write about, or if you wonder what purpose such writing would serve, you only need to write, “I have nothing to say. I do not know what to write about. I do not see any purpose in writing.” Then you allow your thoughts to continue on the page, but you remain thinking in the moment.

This exercise allows you to be in contact with what you are really feeling and thinking. In the long run, it can allow you to write your way out of your confusion and discouragement, while pointing you to possible solutions to your problems that you had not envisaged, but which could be very helpful for you.

The time you take to write in a journal can be a very precious time. It is a time when you can write your thoughts. Its pages are confidential and for your eyes only. Once written it is best to put the pages aside for a while and not re-read them for several months. As you re-read them later, you will be able to recognize the direction that your life is taking. You can also destroy the pages as you go along, or after a certain time, when you think that you have crossed a bridge or achieved insight.

**Finding inner peace comes by knowing and respecting yourself, that is, by loving yourself.**

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## **2.4 Seeking Help**

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Making a simple telephone call to a friend or relative can change your life significantly. Even if you cannot seem to say exactly what you need or how you feel, the act of confiding in someone that you trust can be a great help. The important thing is to share your concerns, confusion, and doubts with someone who will listen to you without judgement.

There is help out there and it can take a variety of forms, such as your immediate family, members of your extended family that you can rely on, or a close friend. There are also those in the wider community such as your pastor or a sympathetic volunteer who can help. In addition, there are other types of aid that you might not have considered, but which could make a big difference in your life. For

example, there are community aid workers, or social workers from the CLSC. Also, Vision Gaspé Percé Now is ready to offer help in finding resources for you. All inquiries are kept strictly confidential.

Ask yourself...

- When all is said and done, who is better placed to offer you help...a friend, a brother or sister, a psychologist, or your pastor?
- What kind of support would be best for you... individual support or a support group?

It really depends on you. The important thing is for you to make contact with a pertinent source of help at particular times.

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## **2.5 Being Better Informed for Better Understanding**

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How do you look after loved ones who day after day are losing their memory or who tremble so badly that they can no longer feed themselves? The first step in dealing with this changing situation and adapting your environment to it is to learn about the characteristics of this illness, handicap, or loss of autonomy. You will then have a sense the foreseeable evolution of the illness or situation and you can therefore anticipate the possible long term consequences.

If your loved one is suffering from Alzheimer's disease, for example, communication will become increasingly difficult. Because that particular disease affects short term memory, your loved one will have more and more difficulty in understanding what you are asking, or even if you have asked something.

You will also understand that despite the serious prognosis for your loved one, it is still possible to have a deep and rewarding relationship. And so, you will be able to communicate your concerns and needs for your loved one more clearly to the other members of your family or support network.

**Seeking out information is a means of understanding what is going to happen. Being well informed is a means of learning to live more adequately.**

---

## **2.6 Keeping Family Members and Your Support Network Informed**

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- Do you want your other family members to understand better what you are living through?
- Do you hope that they will become more involved with your loved one, thus alleviating your burden somewhat?

In order to obtain their moral and practical support, you need to take the time to explain or draw up an outline of what you have to do as a caregiver.

---

## **2.7 Who Does What: A Task Sharing Chart**

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There are multitudes of tasks associated with taking care of someone ill, handicapped, or losing autonomy. The following exercise allows you to enumerate the daily and regular tasks involved in caring for a loved one.

The following chart gives you an overview of the extent and complexity of a caregiver's tasks. With the aid of this chart, you will be able to show clearly to your family the nature of your responsibilities as a caregiver and to help them understand the needs of the aid-receiver as well as your own needs.

Once the questionnaire is completed, you will be able to see exactly the tasks that you and your support network accomplish on a daily basis in order to meet the needs of the aid receiver. This chart will be useful in navigating the discussions and negotiations you will need to work out with your support network or at a family council.

To sum up, this chart should help you:

- ✓ Establish a clear picture of your care giving situation;
- ✓ Show the full extent of your various tasks and responsibilities;
- ✓ Begin discussions with your loved one and your support network;
- ✓ Negotiate a more equal sharing of responsibilities with your care partners;
- ✓ Obtain outside help through the CLSC or another agency.



© Kim Teugel

**Indicate Who Does What With a Check.**

<b>Job Description</b>	Aid-receiver	Caregiver	Helpers	Community Resources	CLSC or Day care	Private Help
------------------------	--------------	-----------	---------	---------------------	------------------	--------------

**Promoting Autonomy**

Help to rise and retire						
Help to dress						
Help to eat						
Help with walking						
Help with taking medication						

**Personal Hygiene**

Bathing and showering						
Hair washing and hair dressing						
Shaving						
Brushing teeth and dentures						
Manicure and pedicure						

**Housekeeping**

House cleaning						
Washing, ironing and sewing						
Grocery shopping						
Preparing meals						
Errands and shopping						
Spring cleaning						
Entertaining						

### Financial affairs

Keeping the budget						
Paying bills						
Financial planning						
Filling tax forms and other financial reports						

### Managing help and services

Seeking help and information						
Planning/coordinating help and services						
Making medical and other appointments						
Accompanying to appointments and on						
Supervising therapy sessions						
Dealing with the unforeseen						

## RESPITE

Respite is a service developed specifically for caregivers.

It is a period of time when the caregiver is off duty and another person is in attendance upon the aid-receiver.

It allows the caregiver to be absent for a few worry-free hours.

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## 2.8 Reminder Lists for Your Replacement

---

It may be that your support network will find your tactics of caring and sharing somewhat overwhelming, even upsetting. If you find it difficult to speak directly to family members, particularly if your communication with them has reached an impasse, it is possible, with the help of a member of the CLSC, to organize “a family council”.

A family council is a meeting with the members of your immediate family and the CLSC social worker to share with everyone the reality of your current situation.

First, make contact with your local CLSC to find out what resources they have available. A social worker can work with you on this project and even act as a mediator at the time of the family council. Even if the family council does not result in all that you hoped for, at least you can be encouraged that everyone was made aware of your situation and your preferences.

The following exercise enables you to paint a clear picture of the health of your loved one, indicate any specific health needs, outline a daily or regular routine, and list important telephone numbers. It is an essential tool for the person who replaces you while you are absent for both short or long time periods.

**By keeping your family informed of your work as a caregiver  
you have made the first step in sharing your tasks.  
That is another means of taking care of yourself.**



It may be a good idea to complete this form in order to give a copy to each person who replaces you during your absences, whether long or short. It is advisable to revise the document on a regular basis.

---

### **General Information About the Aid-receiver**

---

**Family name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Birth date:** (day \_\_\_\_\_) (month \_\_\_\_\_) (year \_\_\_\_\_)

**Health Insurance number:** \_\_\_\_\_

**Hospital Card number:** \_\_\_\_\_

**Name of the hospital:** \_\_\_\_\_

**Hospital (second) Card number:** \_\_\_\_\_

**Name of the (second) hospital:** \_\_\_\_\_

**Location of the health insurance (RAMQ) and hospital cards:** \_\_\_\_\_

\_\_\_\_\_

**Location of all required medications:**

\_\_\_\_\_

\_\_\_\_\_

## Health Chart

This is a brief description of the person you will be caring for. (This should include the medical condition or disability, such as: heart condition, diabetes, Alzheimer's disease, macular degeneration, etc.)

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For the medical condition(s) listed above, the following medications are prescribed:

Medication (name)	Morning	Noon	Evening	With meal(s)

## Recommendations:

Supervision is required because the patient resists or forgets taking the prescribed medications:

Yes \_\_\_\_\_ No \_\_\_\_\_

For the Caregiver:

To make your life easier, ask the pharmacist to put the medication for your patient in a pill dispenser. Most drug stores offer this service at no cost and it saves you from wondering about the number of pills required and the appropriate time to give them. Also, ask the pharmacist to make out a list of medications to be taken. It is important to have such a list available with you if you have to go to the hospital's emergency room, visit a doctor or specialist, have prescriptions renewed, or if the patient has to undergo a medical procedure. It really does make life easier.

## Particular Problems

Check the appropriate lines:

The aid-receiver wears:

- Glasses
- Hearing aids     Right ear  Left ear
- Denture (s) or partial
- Other

The aid-receiver uses:

- A cane
- A walker
- A wheelchair
- Other

The aid-receiver has difficulty recognizing:

- Places
- Dates

- People
- The time of day or night

The aid-receiver:

- Cannot stay alone
- Cannot go out alone
- Has a tendency to wander off
- Cannot support their own weight

The aid receiver has memory loss:

- Of yesterday
- Of last month
- Of last year

Care-giver instructions – The aid-receiver:

- Requires constant surveillance
- No longer understands instructions received (example: how to use household equipment)

Personality – The aid-receiver is:

- Gentle
- Passive
- Aggressive

**Incontinence:**

- During the day
- At night
- Uses pads
- Uses diapers
- Needs to be reminded to use the toilet

---

## Specific Needs

---

The aid-receiver needs help:

- |   |  |
|---|--|
| <input type="radio"/> To get up or to go to bed | <input type="radio"/> To eat                   |
| <input type="radio"/> To dress and to undress   | <input type="radio"/> To go to the toilet      |
| <input type="radio"/> To get around             | <input type="radio"/> To go up and down stairs |

---

## Personal Hygiene

---

The aid-receiver needs help:

- To take a bath (specify)
- Tub seat or special equipment
- Medicinal soap
- Water temperature
- Attitude of the aid-receiver
- Time of day  morning  afternoon  evening
- To wash hair  to arrange hair
- To shave  with a manicure or a pedicure
- To brush teeth or dentures  to apply cream or medicinal lotion
- Other \_\_\_\_\_

Toilet articles are found \_\_\_\_\_

Bed linens are found \_\_\_\_\_

---

**Routines for:**

---

• *Naps*: Does the aid-receiver take a nap \_\_\_\_\_

Where \_\_\_\_\_ When \_\_\_\_\_

• *Tobacco*: Does the aid-receiver smoke \_\_\_\_\_

How often \_\_\_\_\_ When \_\_\_\_\_ Supervised \_\_\_\_\_

• *Eating habits*: Does the aid-receiver usually have his/her meals:

In the dining room  in the kitchen  in his/her bedroom

• Favorite meals: \_\_\_\_\_

• Does not eat: \_\_\_\_\_

• The aid-receiver eats with a:

hearty appetite  little appetite  no appetite

• The aid-receiver is on a special diet  Specify: \_\_\_\_\_

• Snacks:

What \_\_\_\_\_

When \_\_\_\_\_

---

**Recreational Activities:**

---

The aid-receiver appreciates:

Reading, specify (fiction novels, police stories, newspapers, etc.)

---

Handicrafts, specify (sewing, knitting, needlepoint, etc.)

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Music, specify styles (classical, country, folk, etc.)

---

Watching television, specify any specific programs

---

Having conversations, specify preferred subjects

---

Outings, specify to where (theatre, shopping, bingo, etc.)

---

Other activities:

Playing cards, scrabble, chess, or other games

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Crossword puzzles, sudoku, memory games, other

---

Painting, sketching, watercolours, other

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## Daily Schedule

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This is a typical day's schedule:

### Morning

6:00 a.m.	
7:00 a.m.	
8:00 a.m.	
9:00 a.m.	
10:00 a.m.	
11:00 a.m.	
12:00 p.m.	

### Afternoon

1:00 p.m.	
2:00 p.m.	
3:00 p.m.	
4:00 p.m.	
5:00 p.m.	

### Evening

6:00 p.m.	
7:00 p.m.	
8:00 p.m.	
9:00 p.m.	
10:00 p.m.	

---

## 2.9 Examples Showing Positive Steps

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### Mary

I have been taking care of my spouse, who has Alzheimer's disease, for the past seven years. I saw my mother-in-law wear herself out taking care of my father-in-law who suffered from the same condition.

Once my spouse was diagnosed, I immediately thought that if I wished to care for him as long as possible, I had to take steps to protect my own health as well as his. My children have been a great support. They take turns coming to help me. I also contacted the Alzheimer's Association which supplied me with useful information about this disease.

A health worker from the Centre monitors my situation. With her help I have obtained respite services. This allows me to have some time for myself to do the things that I like...to rest and to be refreshed.

I belong to a support group for caregivers. Sharing with other caregivers brings me a new lease on life. It is a lifesaver. I make use of every service available to me to enable me to carry on. That is essential to being able to get through. With all this help I can continue to care for my husband and myself.

### Margaret

I am 64 years old and I live with my 43 year old autistic son. I took care of my husband for 10 years until he died three years ago of a lung condition. I never felt that I was a caregiver, but rather a wife and mother. When I heard about the services being offered to caregivers, I

was pleasantly surprised. I did not want money to be spent on caring for me. As far as I was concerned, I was only doing my duty. But today I appreciate our meetings without the presence of my son because he talks constantly. It gives me a break.

## **Andrea**

As a young retired person, Andrea chose to move back to her home town. The more she visited her mother, the more she noted subtle changes in her behaviour. Some members of the family would not admit to noticing anything.

Even after her mother was diagnosed with Alzheimer's disease, they still refused to accept the diagnosis. Appointments, medications, appropriate clothes, and leisure activities are Andrea's life now. She has, therefore, drawn up a schedule enabling others of her rather extensive family to share the tasks according to each one's availability and capabilities. Accepting the fact that their mother has this degenerative illness will allow them to accompany her for the duration of their mother's time with them.



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## **PART 3: PEOPLE AND SERVICES WAITING TO HELP YOU**

### **3.1 Health and Social Services in Your Area**

**Some identifiable resources are on the front line:**

- **Centre for Health and Social Services (CISSS- Centre de Intégrés Santé et de Services Sociaux)**
- **Local Community Services Centre (CLSC)**
- **Community Organizations**
- **Other Resources**

**The Centre for Health and Social Services (CISSS)**

**418-368-3301**

215 boul. de York O.,  
Gaspé, Québec, G4X 2W2

**<http://www.cssscotedegaspe.ca>**

## Health and Social Service Centres (CLSC)



Support and home care services are available from the CLSC's in the areas of Barachois, Gaspé, Rivière-au-Renard, Grande-Vallée and Murdochville. The first step is contacting your local CLSC and asking to speak to a social worker.

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### Locations:

#### **Barachois CLSC:**

1070 route  
132, C.P. 32,  
Barachois, Québec, G0C 1A0  
**418-645-2572**

Opening Hours: Tuesdays: 8 a.m. – 4p.m. and Wednesdays: 9a.m. – 5p.m.

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#### **Gaspé CLSC:**

205 boul. de York Ouest,  
2e étage, C.P. 6397,  
Gaspé, Québec, G4X 2W2  
**418-368-2572**

Opening Hours: Monday to Friday: 8a.m. – 4p.m.

**Rivière-au-Renard CLSC:**

154 boul. Renard E.,  
Rivière-au-Renard, Québec,  
G4X 5R5  
**418-269-2572**

Opening Hours: Monday to Friday: 8a.m. – 4p.m.

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**Grande-Vallée CLSC:**

71 rue St-François-Xavier E.,  
Grande-Vallée, Québec, G0E 1K0  
**418-393-2572**

Opening Hours: 24h/7

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**Murdochville CLSC:**

600 avenue Docteur William  
May, Murdochville, Québec,  
G0E 1W0  
**418-784-2572**

Opening Hours: 24h/7

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## Steps toward acquiring services from your local CLSC:

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**1.** A doctor may prescribe any of the services offered by a local community service centre (CLSC) when a person has been discharged from the hospital or following a regular check-up. A fax or request form will be sent to the home-care sector where it will be evaluated and directed.

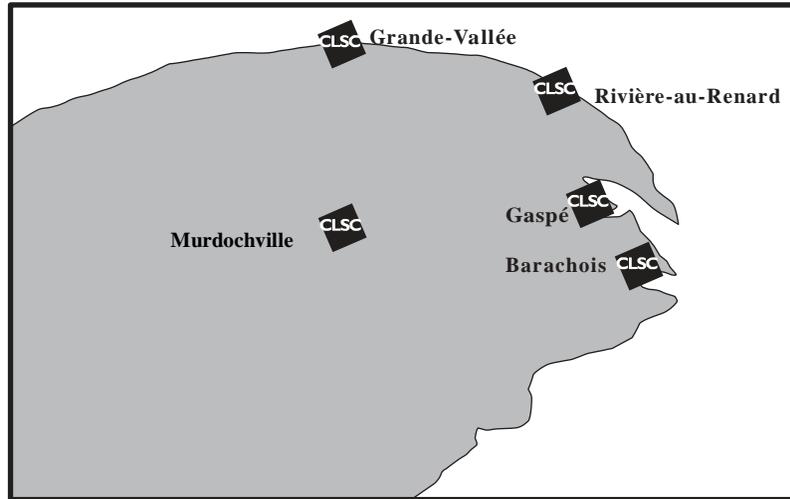
***OR***

Go in person (or with a family member) or telephone your local CLSC.

**2.** Briefly explain your situation to the receptionist. This person may be capable of answering your question or if needed will transfer you to another individual who may be able to help. You may have to leave your name and number.

**3.** Information may be needed in order to generate a formal request for services, such as, your name, address, date of birth, place of birth, and your health insurance number. Once this has been recorded, the nurse may ask general questions about your situation in order to complete and direct your request.

**4.** Finally, the request will be transferred to the appropriate sector (social work, occupational therapy, etc.) You may receive a call within hours or days. The person will speak with you over the phone and, if needed, set up a day to meet with you in your own home. Take note that all information is kept confidential unless you have consented to a transfer of information.



### 3.1.1 Solutions to Your Situation

#### 1. Solutions to Your Situation

**“Mom and Dad just moved back to the area and they do not have a family doctor. They know how hard it is to find a family doctor. Are there any doctors that are taking new patients?”**

#### **CLSC**

The CLSC in Rivière-au-Renard handles all requests for a family doctor. The person who answers your call will evaluate your needs and he or she will refer you to the appropriate medical service. “Guichet unique” **418-269-2572**

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## **Other local medical clinics that may or may not be taking on new patients:**

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### **The Family Medicine Unit:**

#### **Pavillon Cantine (CLSC offices)**

205 York West, Gaspé

418-368-6663

#### **Clinique du Harve**

79A Jacques Cartier, Gaspé

418-368-5609

#### **Clinique Médicale Centre-Ville**

5-167 de la Reine, Gaspé

418-368-1811

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## **2. Solutions to Your Situation**

**“Uncle Jeff was telling me how he would like to go into a home. He says he is lonely on his own and can no longer take care of the house. What kinds of residences exist in the area and what is the process for getting into a long term care centre?”**

### **Long term care residences:**

This type of request can be initiated by the individual, a close family member, a friend, or a general practitioner. For a public long term care centre (Centred'hébergement), a medical and psychological evaluation must be completed.

An individual's daily and domestic activities are evaluated, such as, bathing, dressing, grooming, and the ability to prepare meals. The evaluations are analyzed by a committee made up of a doctor, a social worker, and a nurse. This committee meets once a week to determine, according to the individual's profile, which type of residence would be most appropriate to answer his/her needs. The types of residences that are available are: family-type resources, intermediate resources, and long term care centres. Depending on room availability, a person may have to be added to a waiting list.

A case manager (social worker) is assigned to each person's file. Once a room becomes available, the social worker will contact the individual and/or a family member in order to inform him/her. Take note that private residences do not require a medical or psychological evaluation. An individual or his/her family must organize his/her own arrangements with the private residence's owner.

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### **Publicly Funded Residence:**

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#### **Centre d'Hébergement Mgr. Ross**

150 Monseigneur Ross, Gaspé

418-368-3301

#### **Maison des Aninées de Grande-Vallée**

42 Route de la Rivière, Grande-Vallée

418-393-2713

### **Résidence St-Pierre**

1069 Route 132 East, Barachois

418-645-3955

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### **Private Residences:**

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#### **Foyer Notre Dame**

50 Bossé, Gaspé

418-368-2125

#### **Manoir St-Augustin**

225 York West, Gaspé

418-368-2215

#### **Résidence du Phare**

1268 de Cap des Rosiers, Cap de Rosiers

418-892-5261



### **3. Solutions to Your Situation: Security and Prevention Programs**

**“Mother lives alone and has dizzy spells. My sisters and I who live out of town worry about her and are unable to visit on a regular basis. What type of security measures can we put in place?”**

**LIFELINE 1-866-832-5426**

**<http://www.lifeline.ca>**

This program called “Lifeline” allows the elderly or people at risk to remain in their homes while increasing their sense of security and autonomy. With the use of a wrist band or a necklace that transmits a signal, the wearer can easily signal the Lifeline service that assistance is needed. A nurse is on call 24/7. This is a bilingual service.

How it works:

- If a need arises, the wearer pushes the button on the band at any moment of the day or night;
- The signal can be sent from anywhere in the house or even outside within a certain distance;
- The call signal goes to the nurse on duty at the centre without the direct use of the telephone;
- The nurse receives the signal and uses the computer screen immediately to consult the medical file of the person calling along with any other pertinent information;
- The nurse can thus reassure the caller or offer advice about the health concern. If necessary the nurse can also notify a third person previously designated (for example, a neighbour, relative, or friend);
- If necessary, the nurse can call for an ambulance or the police directly;
- According to the need, the nurse can stay on line with the caller until safety is restored.

For more information, call the local CLSC. A counselor will answer all questions about the service. If you qualify for this service, a CLSC worker will come to your residence to establish your needs clearly.

## 4. Solutions to Your Situation

**“Grandpa does not seem to have as much energy as he used to and Grandma mentioned that it is becoming harder to prepare meals and clean the house. Are there any meals on wheels/ frozen meal\* services in the area?”**

*\*The Frozen Meals refers to an initiative by Vision Gaspé Percé Now, see p.105*

### **Corporation d’aide à Domicile/Multiservices**

86 St-François-Xavier E,  
Grande-Vallee G0E 1K0  
418-393-3310

The goals of this organization is to meet the home assistance needs of people over 65 years of age and those with reduced capacities. The hourly rates are based on an individual’s income.

Services provided include:

- Light and heavy housekeeping
- Yard work
- Laundry
- Meal preparation
- Shopping

## **Centre d'Action Bénévole Le Hauban (Centre for Volunteer Action)**

94 rue Jacques-Cartier, Gaspé  
418-368-6634

This centre is a non-profit organization whose goal is to improve the quality of life for the community. The Centre assumes its role by offering different services, such as:

- Support to volunteers
- Support to organizations
- Support to individuals
- Friendly visits
- Medical accompaniment
- Friendly phone calls
- Security telephone calls
- Meals on Wheels

All services offered by Multi-Services are eligible for a 30% tax credit.

## 5. Solutions to Your Situation

**“Margaret is really tired. She has been caring for Frank, who has Alzheimer’s, and she never seems to get a break. I would like to take her out sometimes, maybe shopping for an afternoon every couple of weeks. Who could stay with Frank while we go out for a few hours?”**

Contact the CLSC social worker to perform an evaluation of the situation. If approved, the CLSC can pay a fixed number of hours per week for someone to stay with your loved one while you go out. You are responsible for finding the person. Another option is to contact Centre d’Action Bénévole (Centre for Volunteer Action) to arrange for friendly visits. They have trained volunteers who visit people in their homes on a regular basis. Finally, for a longer period of time, the CLSC can arrange for respite care in your home (a fixed fee is paid by the CLSC) or at Monseigneur Ross Pavilion (the full fee is covered by the CLSC). If the care is in your home, you would have to find a person to stay with your loved one. As spaces are limited at Mgr. Ross Pavilion, please reserve in advance.

**La Société Alzheimer Gaspésie et Îles de la Madeleine Inc.**

94 rue Jacques-Cartier, Gaspé

G4X 2P6

418-368-6634

**<http://www.alzheimer.ca>**

## 6. Solutions to Your Situation

**“Nancy has been diagnosed with cancer and will have to travel to Rimouski for treatment. Is there financial help available to her?”**

### **The Gaspé Cancer Foundation**

418-368-5527 or 418-368-8994

If your doctor refers you to a specialist outside Gaspé, ask for your Travel Form from your referring health institution before travelling. They will reimburse a portion of your travel costs. The rest of the costs can be claimed on your income tax return.

If you require services in English while at the Rimouski Hospital or the Hôtellerie Omer-Brazeau (short-term care residence for people who are receiving treatment for cancer at Rimouski Hospital):

- Ask your doctor or transfer coordinator to arrange service in English in Rimouski.
- When booking your appointment with Rimouski, inform a hospital employee of your need for service in English.
- Contact Rimouski Hospital Volunteer Services, or the Hôtellerie Omer-Brazeau directly, to inform them of your requirements. They can provide the following services:
  - Presence of a translator throughout the different stages of your visit;

- If you are hospitalized, friendly visits by English-speaking volunteers;
- Assistance in finding accommodation near the hospital for family members or the person who accompanies you.

**Volunteer Services Coordinator: 418-724-8306**

## **7. Solutions to Your Situation**

**“Bob says his leg is getting worse all the time. Where could I get information about a disabled parking permit?”**

### **Disabled Parking Permit**

This permit allows access to the parking spaces reserved for individuals who have a limited walking ability or are unable to walk independently without risk to their health and/or safety. This means that when a person (either the driver or passenger) has a disabled parking permit he/she is allowed to use the handicapped parking spaces.

Any member of the following professions is qualified to fill out an assessment in order to receive a permit:

- Occupational therapist
- Physiotherapist
- Family doctor
- Optometrist

**Here's how to get the application for the disabled parking permit:**

- At the local license bureau – SAAQ
- By calling the toll free number 1-800-361-7620
- <http://www.saaq.gouv.qc.ca/formulaires/6375A-50.pdf>



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## EMERGENCY NUMBERS

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Fire – Police – Ambulance.....**911**  
Info-Santé – Medical Information....**811**  
Crisis Centre.....**1-800-353-1143**  
Suicide Ligne prévention suicide Gaspésie-les-Îles..... **1 866 APPELLE (277-3553)**

## HOSPITALS

Centre Hospitalier de Gaspé.....**418-368-3301**  
  
Poison Control Centre.....**1-800-463-5060**  
Info Crime.....**1-800-711-1800**

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### 3.1.2 Community Services and Programs

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**Accueil ‘Blanche Goulet’** provides a 24-hour bilingual service, including shelter for homeless men and women, an emergency food counter, and group cooking sessions. **418-368-4700**

**Corporation Corporation d’aide à Domicile/Multiservices** provides home assistance to people over 65 years of age and those with reduced capacities. The hourly rates are based on an individual’s income. **418-393-3310**

**Association de défense des droits de personnes handicapées de Gaspé** offers leisure activities and respite services to families. They also work toward breaking isolation, supporting integration, and toward promoting and defending the rights and interests of handicapped people. **418-368-6585**

**CALACS** assists women who have been, or are currently subject to, sexual aggression. Their Services include phone support, consultation, referrals, individual visits, support groups, hospital, police and court accompaniment, and documentation. **418-368-6686**

**Centre d'assistance et d'accompagnement aux plaints (Complaints Assistance Centre or the CAAP)** is a regional community organization mandated by the Québec Minister of Health and Social Services to assist and accompany individuals filing a complaint to a public institution, the regional board, or the Health and Social Services Ombudsman. Its role is not to treat complaints but to assist users in lodging a complaint. Forms can be found at the hospital and most doctors' offices.

**(1 877-767-2227)**

**418-368-7433**

**<http://www.caapgim.qc.ca>**

**Centre L'Escale** offers programs in English to assist any person who may face problems associated with alcohol, drug, medication, or gambling addictions. Their Office is located within the Gaspé CLSC, Level 2 building. **418-368-2572**

**Centre d'Action Bénévole Le Hauban (Centre for Volunteer Action)** is a non-profit organization whose goal is to improve the quality of life for the community. **418-368-6634**

**Centre de Réadaptation de la Gaspésie (Rehabilitation Centre)** works to rehabilitate individuals with disabilities. The centre offers evaluation, family support, and reintegration into society. Their Office is located in Pavillon Monseigneur Ross. **418-368-2308**

**Diabetes Québec** works by defending rights, educating, funding research, informing, and raising awareness on diabetes. **1-800-361-3504**

**Elder Abuse – INFO** is a telephone service that offers support for elderly people who have been or are being abused, as well as for their family and friends.  
**1-888-489-2287**

**Gaspé Cancer Foundation** provides financial aid to individuals afflicted with cancer and acts as a bilingual information centre for the region.  
**418-368-5527 or 418-368-8994**  
**gaspe\_foundation\_cancer@yahoo.ca**

**Public Curator of Québec** oversees the protection of citizens unable to take care of themselves through measures appropriate to their condition and situation. They ensure that all decisions affecting the well-being and property of citizens reflects their best interests, respects their rights, and safeguards their autonomy. They provide information to the public and to those with the responsibility of their care, promoting awareness of the protection required by incapacitated people. **1-877-663-8174**

**Québec Cancer Federation 1-888-939-3333**  
**www.fqc.ca**

**Ville de Gaspé 418-368-2104**

**Ville de Percé (418) 782-2933**

**Transport Adapté et Collectif (Assisted and Community Transport Service)** is a transit service available to the general public, on a reservation basis, for a fee.

**418-368-6324**

**tac.cotedegaspe@cgocable.ca**

## **Notaries**

Abdelnour & Desrosiers  
155 de la Reine, Gaspé  
**418-368-3292**

Raymond Gagne  
147 de la Reine, Gaspé  
**418-368-2525**

## **Funeral Arrangements**

Résidence Funéraire Valère Fortin  
86 Jacques Cartier, Gaspé  
**418-368-2158**

Gaspesian Funeral Cooperative  
58 Renard East, Rivière au Renard  
**418-368-2018**

La Maison Funéraire Harris Gleeton  
125 Renard East, Rivière au Renard  
**418-269-3012**

## **3.2 Other Available Services**

### **3.2.1 The Social Worker**

A CLSC social worker is a health professional who works in conjunction with a team of other types of professionals. The social worker works with the aid-receiver, but also, and sometimes especially, with the caregivers of the aid-receiver. The social worker is familiar with the different community resources, and works in conjunction with them to obtain the services that fit your specific situation.

In consultation with you, the social worker will identify the services that will enable your loved one to remain at home as long as possible, if that is what you decide. If you are thinking about a residence, the social worker can accompany you and your loved one in the examination of your situation and any preparatory steps necessary to accomplish this change of living arrangement. As necessary, the social worker can be joined by other professionals, for example, a psychologist or a nurse.

If your life is really difficult, if you are exhausted or overcome by grief, or if you are questioning your role as a caregiver, or one of your family members is struggling with physical or cognitive problems, you can call on your social worker to find psychological and moral support for you as a caregiver.

The social worker can also answer your questions concerning any risk of physical abuse, violence, or negligence to one of your family members and can walk you through the legal maze encountered in those situations. They can also guide you in obtaining guardianship or power of attorney in the case of incapacity. Contact the CLSC in your area for further information or contact a social worker.

After hours contact:

**Service Info-Social, dial 811 and choose option 2** for consultation by telephone with a social worker for situations such as crisis intervention, suicidal thoughts, etc. This service may or may not be in English

### **3.2.2 CLSC Home Support Services:**

The help you are entitled to can take many forms, depending on your needs and those of the person for whom you are caring. Since the provision of home care services is subject to well defined criteria, the CLSC can turn to house-keeping agencies, community organizations, and volunteer groups to complete its range of services. The following is an overview of the services offered by various Health and Social Service Centres. This brief summary will provide basic information to anyone interested in learning more about the nature of the services offered in a CLSC.

#### **Home care services:**

- Personal care (help regarding hygiene, eating, getting dressed, getting up/going to bed, telehomecare services like “Life-Line”)
- Domestic help (housekeeping, preparing meals, laundry – these services are provided by a visiting homemaker)

### **Professional services (available under certain conditions)**

- Nursing (injections, treatment supervision, dressings, blood sample collection, etc.)
- Palliative care (physician, nurse, psychologist, pastoral worker, etc.)
- Psychosocial assessment and follow-up (social worker or psychologist)
- Occupational assessment (adapting the home to specific needs: grab bars, bath seat, etc.)
- Physiotherapy (rehabilitation services for people with fractured bones, sprains, arthritis, recovering from knee or hip surgery, etc.)
- Dietary services

### **3.2.3 Services Provided by Local Community Support Services**

#### **Transportation program:**

This is a program aimed at people with a physical, intellectual, or psychological disability that causes functional limitations. Partial refund of some expenses related to transportation, depending on the person's income and the intervention plan in place, is available through this program. If you are eligible, your social worker will make the necessary arrangements for your registration. An assessment is a pre-requisite for the program.

#### **Programs related to physical and intellectual disability:**

These are programs that follow an assessment conducted by a professional. The services provided vary depending on the person's needs, but include personal care, domestic help, relief, support, etc.

### **Info-Santé Service: 811**

A 24-hour bilingual service by which you can consult with a nurse on the phone.

### **Info-Social Service: 811**

A 24-hour service where you can consult with a social worker in emergency situations, such as crises and thoughts of suicide. This service may or may not be available in English.



**To access these various services for home care, please contact the nurse responsible for home care at your local CLSC:**

**Barachois CLSC:  
418-645-2572**

**Gaspé CLSC:  
418-368-2572**

**Rivière-au-Renard CLSC:  
418-269-2572**

**Grande-Vallée CLSC:  
418-393-2572**

**Murdochville CLSC:  
418-784-2572**

### 3.3 Temporary Lodging

This program is designed to offer respite to caregivers who are in need of help due to a crisis or for a time of convalescence. The objective is to allow the patient to return home. Temporary lodging (not exceeding 21 days) is intended for an aid-receiver with a serious loss of autonomy, one which prohibits them from caring for themselves or availing themselves of other resources in the community for that purpose. In order to make use of this service, a social worker must evaluate your situation.

#### Centre d'hébergement Mgr Ross

150 rue Mgr-Ross, Gaspé  
418-368-3301

**\*\*Please note during the renovation period from 2015-2016 respite services will be suspended. Contact a social worker for more information.**

### 3.4 Help for Specific Problems

#### 3.4.1 Programme Intégré d'Équilibre Dynamique (P.I.E.D.)

This free program offered by the CLSC aims at preventing falls and fractures for autonomous community members who are over the age of 65. The program spans 12 weeks at two meetings per week.

There are three parts to each meeting:

- Group exercises;
- Exercises to be done at home;
- Discussion about preventing falls.

Participants in this program will be able to:

- Improve their balance and the strength of their legs;
- Know how to arrange their home for better safety;
- Develop a healthier lifestyle and begin to exercise regularly;
- Improve their feeling of personal management over the danger of falls.

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**MedicAlert** is another emergency medical service available. When paramedics are trying to save you, knowing your medical needs quickly can make all the difference. But what if you're hurt or too overwhelmed to tell them? Trained paramedics and other first responders will check for the official MedicAlert emblem on your bracelet. It's engraved with your most urgent medical needs, your special MedicAlert ID number, and the 24-hour Emergency Hotline for first responders to calls.

**MedicAlert Foundation Canada Inc.**

2005 Sheppard Ave East

Suite 800

Toronto, Ontario M2J 5B4

**Dial toll free: 1-800-668-1507**

**<http://www.medicalert.ca>**

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### **3.4.2 Palliative Care**

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For information on palliative care, please contact your local CLSC.

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### **3.4.3 Home Care Services**

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#### **Corporation d'aide à Domicile/Multiservices**

86 St-François-Xavier E, G0E 1K0  
418-393-3310

This organization's goal is to meet the home assistance needs of people over 65 years' of age and those with reduced capacities. Hourly rates are based on an individual's income.

The services provided include:

- Light and heavy housekeeping;
- Yard work;
- Laundry;
- Meal preparation;
- Shopping

#### **Centre d'Action Bénévole Le Hauban (Centre for Volunteer Action)**

189 Rue Jacques Cartier, Gaspé, QC G4X 2P8  
(418) 368-6634

This centre is a non-profit organization whose goal is to improve the quality of life for the community.

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### 3.4.4 Alzheimer's Society

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Alzheimer's disease is recognized by the onset of symptoms affecting mental faculties. They affect the person's personality and cognitive abilities. The illness progressively attacks and destroys vital brain cells. Physical and intellectual abilities are gradually and irreversibly damaged, thus changing the personality of the individual.

**La Société Alzheimer Gaspésie et Îles de la Madeleine Inc.**

94 rue Jacques-Cartier, Gaspé

G4X 2P6

418-368-6634

**<http://www.alzheimer.ca>**

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#### **If your loved one is suffering from mental illness and you need help:**

If your loved one's life or those around you are in danger (e.g. violent behaviour, threats of suicide, etc.), then:

**Call 911** The police will decide whether they need to bring your loved one to the emergency room of the hospital for a medical examination, even if the patient does not want to go.

**Call 811** You can obtain the contact information for other regional resources that can come to your assistance rapidly.

## 3.5 Bell Canada

### Directory Assistance 411

Directory assistance fees are not applied to people unable to use the telephone directory or who are 65 years and older.

### Operator Assisted Calls

When a handicapped person, or someone 65 years or older, needs help in dialing a number, he/she can dial “0” and ask the operator for assistance. The operator will recognize that the person calling needs help and will place a local call and navigate your call through interactive answering voice systems at no cost. The tariffs for long distance calls placed through the operator in this way do not apply. In order to access this service or for more information, call the Accessibility Services Centre at **1-800-268-9243** from Monday to Friday between 8:30 a.m. and 5:00 p.m. The operator will help you with your request. Once registered, you may use this service by dialling 0 or 411 and stating that it is a “special call” and you will not be billed.

### Accessibility services

If you have a hearing, speech, visual or other physical disability, contact Bell Canada to find out about special equipment that will make phoning easier. Disabled customers are entitled to some discounts.

**By telephone** 1-800-361-8412

**TTY Teletypewriter users** 1-800-361-6476

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### 3.6 Transportation

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#### **Transport Adapté et Collectif de la Côte-de-Gaspé Inc.**

1384 Rte de Haldimand,  
Gaspé, QC G4X 2K1

**418-368-6324**

This is a service in Gaspé that covers the district from l'Anse-à-Valleau to Corner of the Beach. Anyone with mobility limitations is welcome to use this service.

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#### **Taxi Porlier**

11 rue Baker,  
Gaspé, QC G4X 1P1

**418-368-3131**

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#### **Taxi Déry Enr**

41 Montée de Rivière-Morris,  
Gaspé, QC G4X 5M7

**418-269-3348**



## **PART 4: MOVING OUT, MOVING IN**

### **4.1 Leaving Home and Learning to Live Elsewhere**

Taking care of a loved one who is suffering from an illness, handicap, or growing old ultimately raises the question of whether moving from home to residence is beneficial. Regardless of the best of intentions in care giving, the situation may simply become overwhelming. In that case, moving in with a family member or into a seniors' home is required.

Such a change from living at home to living in someone's home or in a facility may bring on a range of emotions for the caregiver. Although realizing the necessity of a move, the caregiver may very well have the impression of being inadequate or that the loved one is being abandoned, spawning the following questions:

- Is this really the best choice?
- Whose choice is it anyway?
- Can I continue longer in caring for my mother, brother, spouse, child, or friend?

### **4.2 Help in Moving Forward**

In the process of making a difficult choice, it is important for both the caregiver and the person receiving care to not be alone in the decision-making process. Assistance can be found through a social worker from your local CLSC. The social worker's role is to welcome you, listen to your wishes, worries, and expectations, and help you to decide upon the best choice of a future residence for your loved one.

By enabling you to see the various aspects of your family situation more objectively, the support of the social worker allows you to put your situation into perspective. This also enables you to identify the type of help that you can reasonably continue to offer to your loved one in these new surroundings. In addition, you will know that even if your loved one is moving out, your relationship is not over and neither is your caregiver role. Considering a new residence is often a very stressful time for the person receiving aid as well, prompting questions such as:

- What does the future hold for me?
- Where will I be staying?
- Who will be my new neighbours?

Obviously, such a stressful time requires each person concerned to be as adaptable as possible. The aid-receiving individual is not necessarily ready to deal with the implications of such a change in the closing years of their life. These implications include such life-altering effects as loss of familiar surroundings, change of habits and the rhythm of life, or a change in the neighbourhood. However, sooner or later such questions must be faced.

Although you cannot force people to leave their home, you can talk about it frankly and allow the idea to gradually sink in. Gather information about retirement residences and visit them. Share the information you collect with your loved one and be sure to remain sensitive but firm while discussing the situation.

At the same time, continue to watch out for the safety of your loved one and to make them aware of any risks they are taking and the consequences of their actions. Such actions will hopefully influence their thought process when considering moving to a new home.

In spite of the difficult reality of this change in living arrangements, we must learn to live with the emotional turmoil that such a change can provoke. This transitional period will require some getting used to, which can lead to eventual acceptance. Thus, the benefits of the new living arrangements will be felt more keenly by both the aid-receiver and the caregiver.

It is important to accompany your loved one from the beginning. This will facilitate a longer stay at home while receiving any necessary support and, when the time comes, make the transfer to an assisted-living facility as smooth as possible.

Yet, as the saying goes, “You get out of it what you put into it”. When the aid-receiver leaves home to live in an assisted living residence, it is to receive the help necessary to compensate for their loss of capacity and, thus, to improve the overall quality of their life. It is important to prepare for this eventuality and to take the time necessary to make this important decision. It is essential to establish as clearly as possible with the person receiving aid all of their needs, wishes, and expectations. In addition, it is recommended that several residences be seen in order to compare the various advantages of each one. This transitional period can take several months. When the change finally comes, the caregiver should continue to provide both practical and moral support.

The first step is a needs assessment of the person losing autonomy. This evaluation must include their needs surrounding everyday activities: meals, personal hygiene, clothing, mobility, and any other particular help that the person might require. The question then naturally arises whether it is time to leave home for an environment more suitable to address the needs you have identified together. During this period of reflection and adjustment, the role of the caregiver will inevitably change. It then becomes necessary to ask certain questions concerning the wishes and the expectations of the person receiving help.

The second step is the evaluation of various residences and the services that they offer. It is important to verify the layout of the facilities, their available services in-house, the services available only close by, the quality of the welcome offered, and the overall atmosphere. The ultimate objective is to find a place that corresponds as closely as possible to the needs of the person losing autonomy.

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### **4.3 Seniors' Housing in the Public Sector**

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If a care facility in the public sector seems to be best for your loved one's situation, a social worker from your CLSC will accompany you through the process of seeking admission.

A complete needs assessment must be completed and will be used as a screening device in your request for admission. You will be invited as a caregiver to participate at every level of the admission process (evaluation, committee, etc.)

According to their needs, your loved one will be directed towards one of the following types of care facilities:

- A family style care facility;
- An intermediate care facility;
- A palliative care facility.

It is important to understand that your loved one will be directed to the facility within the region that best corresponds to both the patient's needs and the resources available. For example, it is possible that a care facility in your community cannot receive your loved one because of the particular care required, the admission criteria of the establishment, or because of a lack of space.

Your social worker can work with you to find home care services on a temporary basis until such time as a place becomes available in the intended care facility. Or you can search for another solution together.

In order to make the change easier for your loved one, your social worker will accompany you for a while after admission into a public care facility. Later, the care facility team will take up the work. Nevertheless, your role as a caregiver continues after placing your loved one in a residence. Make sure you also give yourself the necessary time to adapt to the new situation.



## **PART 5: LEGAL AND JUDICIAL ASPECTS**

This section applies to both yourself as a caregiver and your loved one as an aid-receiver. Be sure to discuss all of these options carefully with your loved one, consulting with a professional as necessary, before making any decisions.

For all of the matters discussed below, you are encouraged to speak with your notary or to consult the web site of the Chamber of Notaries of Québec at:  
**<http://www.cdnq.org/en/>**

Or The Quebec Law Network at: **<http://www.avocat.qc.ca/english/index.htm>**

### **5.1 Last Will and Testament**

A will is a legal document in which you indicate how your goods and wealth will be distributed and in what amounts. You can make your will in one of three ways:

- A handwritten will;
- A will produced before witnesses;
- A will prepared by a notary.

It is advisable to reread your will from time to time in order to assure that it still represents your wishes, and that it continues to correspond to your situation. To know more about this matter, consult the following website:

**<http://www.justice.gouv.qc.ca/english/publications/generale/testamen-a.htm>**

### **5.2 A Living Will**

A living will is a legal document where you indicate your wishes in case you are unable to express them at the end of your life (because of a coma, vegetative state, etc.) This

kind of will allows you to state for your family and doctors what you accept or do not accept by way of medical treatment at the end of your life. It also explains your wishes about organ donations.

### **Typical Contents of a Living Will**

- The name of the executor of your living will (someone who will be responsible to ensure that your wishes are respected at the end of your life);
- An expression of your intentions (the purpose of this will, when it should take effect, your general wishes);
- Specific directions as to what to do or not do (I reject cardio-respiratory resuscitation, I reject the use of a life-support system, etc.);
- Organ donations;
- Other directives;
- A supplementary executor of your living will;
- Your signature and those of the witnesses.

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### **5.3 Power of Attorney**

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You can designate, either in writing or verbally, a person (also called “mandatory”) to represent you and to act on your behalf in carrying out legal matters with a third party.

The power of attorney can either be specific or of a general nature. A specific power of attorney can be for a particular matter such as the sale of your car. A general power of attorney grants someone the responsibility of acting as your administrator to represent your interests in all of your affairs.

*NOTE:* It is important to distinguish power of attorney from Mandate of Incapacity.

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## 5.4 Mandate in Case of Incapacity

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The mandate in case of incapacity is a legal document in which, being of sound mind, you designate a person of your choice to be responsible for you and your goods and wealth, should you become incapable of doing so yourself because of illness, accident, or incapacity by reason of age. There are two types of mandates:

- A mandate drawn up by a notary;
- A mandate made in front of witnesses.

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## 5.5 Public Protection

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If you should become incapable of taking care of yourself and your affairs and you have not prepared a mandate in case of incapacity, you can still be covered by one of the three forms of public protection offered by the Public Curator's Office of Québec

The three forms of public protection are:

- The curatorship to the person and to the property;
- The tutorship to the person of full age;
- The advisor to the person of full age.

One of your family members or the Public Curator's Office can request one of these forms of protection. Such a request for public protection is unnecessary if you are already adequately represented by someone with power of attorney. Only a curator's jury can authorize the opening of a public protection form and establish its extent and content.

<http://www.curateur.gouv.qc.ca/cura/en/index.html>

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## 5.6 Funeral Arrangements

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A prearranged funeral enables you to specify all the particulars of your funeral:

- Viewing;
- Service details;
- Burial or cremation.

This document provides you with a series of choices designed to enable you to give clear and complete instructions to the next of kin designated to carry them out.

Examples of the contents of the document “Funeral Arrangements” are:

- Viewing;
- Funeral service;
- Burial or cremation and burial of ashes;
- Mandatory responsible for the arrangements to be carried out;
- Publication of death;
- In memoriam donations;
- Death occurring outside the country;
- Prearrangements completed;
- Last will and testaments;
- Other instructions;
- Signature.

## **PART 6: GOVERNMENT PROGRAMS FOR FINANCIAL AID**

This section applies to the caregiver as well as the aid-receiver.

It is imperative to make use of the variety of resources aimed at supporting people in need of care. These resources are the “domain” of Health and Social Services, community groups, social support enterprises, and governmental and private agencies.

### **6.1 Federal and Provincial Governments**

Government aid comes from a variety of sources:

#### **Fiscal measures:**

- Non-taxable income;
- Tax deductions for the cost of maintaining seniors at home;
- Tax deductions for lodging a relative;
- Tax credits for a dependant person;
- Tax exemptions for goods purchased;
- Financial aid program for housing;
- Program for adapting and equipping a dwelling;
- Tax credit for medical expenses or for incapacity;
- Etc.

#### **Support from other governments agencies:**

- Revenue Ministry;
- Québec Pension Board;
- Human Rights Commission;

- Health and Social Services Users' Advocacy Committee
- Ombudsman
- Curator for Private Citizens;
- Québec's Public Curator's Office;
- Québec Rental Board;
- Société de l'habitation du Québec;
- Human Resources Department;
- Conseil des aînés.

For more information, you can contact directly the different government ministries and agencies, or use the telephone line "Services Québec" which is the gateway to all Québec government services, or "Service Canada" for the rest of the country.

### **Services Québec**

96 Montée Sandy-Beach,  
Gaspé, QC G4X 2W4  
418-644-4545  
1-877-644-4545

**<http://www.servicesquebec.gouv.qc.ca>**

### **Service Canada**

98 de la Reine,  
Gaspé, QC G4X 3B3  
1-800-622-6232

**<http://www.servicecanada.gc.ca>**

## **6.2 Fiscal Measures**

The following information applies both to the caregiver and the person receiving aid. You may wish to consult an accountant or another individual familiar with the tax credit process for further information or clarification.

### **Tax Deductions for the Cost of Maintaining Seniors At Home**

This tax deduction for helping seniors remain at home is a refundable tax designed to contribute financially to the cost of remaining in your home, thus preventing or delaying the need to seek housing within the health and social services network.

To be eligible for this tax credit in any given year, you must:

- Be 70 years or older;
- Have been living in Québec on December 31st of the year in which services were received.

### **Tax credit for housing a relative**

You are eligible for this tax credit for each admissible next of kin living in Canada in a building that you owned, rented, or sub-let separately or with your spouse.

### **Tax credit for voluntary care giving**

You can benefit from this refundable tax if you have given unpaid support, called “relève volontaire”, in response to a person who has a significant and on-going incapacity. Each volunteer applying for this tax credit must have provided voluntary home care to the same person for about 400 hours over the course of a year.

## **Tax Credit for Medical Expenses**

If you have paid medical expenses for yourself, your spouse, or dependants, you can, under certain conditions, claim the following tax credits:

- A non-refundable tax credit;
- A refundable tax credit.

You can also claim medical expenses for services not offered in your area when you complete your annual tax return.

## **Land tax reimbursement**

If a very large part of your budget goes to municipal taxes, you could be eligible for this refunding program. The municipal taxes involved include school taxes and property taxes. People who are home owners, renters, or who sub-let can benefit from this refund.

## **6.3 Transportation**

### **Qualifying for Adapted Transport**

If you have a handicap which severely limits your mobility, you can qualify for the public transportation service to handicapped people. You must contact your local provider of Adapted Transport services in order to obtain the necessary forms to be completed. They also indicate all the documentation that is required.

## **Aptitude for Driving a Motor Vehicle**

The driver of a motor vehicle must be in good physical and mental condition and have normal vision. Hence, the Automobile Insurance Office can require certain information concerning your state of health. The Office can also require a medical examination or an eye exam in the following cases:

- You are over 70 years old;
- Your driving habits or state of health or both suggest that a review of your driving skills is necessary;
- You have not had a medical check-up or an eye exam during the last 10 years and the Office believes that they are warranted immediately.

## **6.4 Housing Subsidies**

### **Housing Allowances**

If you have a low income and a large part of it goes to housing costs, at least 30% or more, you could qualify for the “Programme Allocation-Logement”. Beneficiaries of this program can be property owners, renters of apartments or rooms, or people who share lodgings with one or more people. This non-taxable housing subsidy takes into account:

- The type of household and the number of its occupants;
- The monthly rent;
- The total income of the household.

## **Dwellings adapted for independent seniors**

If you are 65 or older and have a low income, you could be eligible for this program. It enables you to make minor adjustments to your house or apartment in order to live safely and independently in your home as long as possible. To find out the details of this program, contact your local city hall or the offices of your MRC.

**Ville de Gaspé 418-368-2104**

**Ville de Percé (418) 782-2933**

## **Dwellings Adapted for Handicapped People**

If you are a person whose handicap stops you from doing all the daily chores that you should be able to do in your home, you could be eligible for the “Programme d’adaptation de domicile.” This program offers financial aid to home owners who will undertake qualifying renovations to their homes in order to accommodate a handicapped person. The renovations must offer solutions that are simple and economical, such as:

- Installing an access ramp outside the home;
- Transforming a bathroom;
- Enlarging doorways.

Home owners should contact their local city hall to find out the details of this type of aid and the necessary forms to be completed.

## 6.5 Health

### Technical Aids for a Physical Disability

If you have reduced mobility that forces you to use or wear equipment to accomplish your daily tasks, you could be eligible for the “Programme d’appareils suppléant à une déficience physique,” which is intended for people enrolled with the Régie d’assurance maladie. Contact your doctor, who can supply you with an official letter indicating that you must use certain medical equipment because of your incapacity.

### Ambulance Transportation

The policy governing Gaspésie–Îles-de-la-Madeleine user transportation applies to travel from a residence or public place located in Quebec to the medical health facility (CLSC Murdochville, CLSC Grand-Vallée, or Hôtel-Dieu de Gaspé). Ambulance transportation costs are waived for patients when justified by their state of health, physical condition, social circumstances, or accessibility to the facility.

The need for an ambulance is determined by the attending physician of the CISSS or a designated representative, such as an emergency triage nurse. When returning home, patients who decide to be transported by ambulance when such transportation is not authorized will be required to bear all related costs.

In light of the above, the CISSS de la Côte de Gaspé could send you an invoice for the costs of the ambulance transportation you had retained, in light of the priority given at the triage. You are required to pay this invoice upon receipt.

## 6.6 Help at Home and Support for the Family

### Vision Gaspé Percé Now provides freshly prepared Frozen Meals

- Affordable
- Convenient
- Delicious
- Nutritious

The cost per meal is currently \$3.00 and they are delivered to your home or picked up at the Douglastown Community Centre every two weeks. Up to 10 meals can be ordered for the two week period. You will receive a phone call on the week of delivery to take your order. Meals can be provided to seniors aged 65 and over who live in Gaspé area, including St. Georges to Coin du Banc. If you would like further information please contact the Vision Gaspé Percé Now office at **418-368-3212**.

### Domestic Services

If you meet certain conditions, you could be eligible for the “Financial Assistance Program for Domestic Help,” which is a service offered by the RAMQ. This program enables you to obtain financial help, either fixed or variable, in order to hire domestic help at a reduced cost from authorized enterprises.

## Home support Services

If your state of health keeps you at home, or if you have a physical or intellectual handicap that prevents you from leaving home, you can benefit from the following:

- Professional care giving and services;
- Housekeeping services;
- Services to caregivers;
- Technical support.

These services are designed to enable you to remain at home, thus avoiding hospitalization or reducing the length of your stay if hospitalization is unavoidable, and to speed up your return home after illness or surgery.

**Contact your local CLSC for more information.**

## 6.7 Compassionate Care Benefits

One of the most difficult times for anyone is when a loved one is dying or at risk of death. The demands of caring for a gravely ill family member can jeopardize both your job and the financial security of your family. The Government of Canada believes that, during such times, you should not have to choose between keeping your job and caring for your family.

Compassionate care benefits are Employment Insurance (EI) benefits paid to people who have to be away from work temporarily to provide care or support to a family member who is gravely ill and who has a significant risk of death within 26 weeks (six months). A maximum of six weeks of compassionate care benefits may be paid to eligible people.

This publication is designed to answer questions you may have about compassionate care benefits, including who is eligible and how to apply for these benefits.

Service Canada administers the Employment Insurance program. For information about all EI benefits, visit the Service Canada website:

**<http://www.servicecanada.gc.ca/eng/home.shtml>**

## **PART 7: MEDICATION**

### **7.1 Safety**

Medicine should be kept in a cool, dark, dry, and secure place; **not** in the bathroom or kitchen because the dampness can affect their effectiveness. The same goes for any place too warm (near a stove, heater, or in the sun). The best place would be a bedroom drawer or a cupboard. Some medicine must be kept in the fridge, but try to keep all medicine together for convenience. You should be able to get to them but not children and pets.

Medicine is chosen for one person and for that person specifically. Sharing with someone else may make that other person sick and will mean there is less medicine for the person it was meant for. Even if someone feels better, all the medicine must be finished or that person could get sick again. Some medicine has to be taken at certain times to make sure there is the proper amount of medicine in a person's body and to make sure it works as long as possible. If one needs to go to the hospital, it is important to bring a list of all the medicine a person is taking.

### **Is there old or expired medicine in the home or is the person taking expired or discontinued medicine?**

If yes, ask the pharmacist for a list of all current medicine. Take old prescriptions to the pharmacy for disposal, (putting them in the garbage is dangerous for children or animals that might find them and flushing them is bad for the environment). This will help make sure the person does not take them by mistake. Check with the pharmacist or doctor to see if the medicine is still needed. Also, find out why the person didn't take all the medicine when they were supposed to. Some medicine doesn't work properly over time (like aspirin or eye drops) and may make the person sick. If the original problem has not gotten better, the person needs new or different medicine, not the old or expired medicine that didn't work.

### **Does the person have many kinds of medicine to take?**

If yes, this may be confusing or discouraging. Talk to the doctor or pharmacist about making the routine simpler, like taking the medicine at meal times instead of having to remember different times throughout the day. Also, try to use only one doctor and get all the prescriptions filled at the same pharmacy, to make it easier to keep track of all medication.

### **Does the person forget to take medicine or forget how to take it?**

If yes, you could write out a schedule with instructions and put it somewhere the person will see it regularly, like on the fridge door, bathroom mirror, or kitchen cupboard. You could also try a pillbox with sections labelled for each day, keep the medicine in a place the person will see regularly, or have the person take the medicine with meals (unless the medicine has to be taken on an empty stomach).

### **Does the person have trouble seeing or reading labels?**

If yes, find out if the person has vision problems. To check, you may want to make an appointment with an eye doctor (optometrist). Ask the doctor or pharmacist for the name of someone nearby, or check the yellow pages in the phone book. If the person can't read the label or instructions, find out if the person doesn't read well, or if the writing is in a language the person doesn't understand. You may have to read it to the person, or ask the pharmacist to print it in another language, if possible

### **Does the person not understand what medication to take, what it does, and when to take it?**

If no, you could write out a schedule with instructions and put it somewhere the person will see it regularly, like on the fridge door, the bathroom mirror, or the kitchen cupboard. You could also write out an explanation (e.g., “the small white pill is to thin your blood to make it easier to go through your veins”.) If you're not sure yourself, ask a doctor or a pharmacist because they may also have information pamphlets for that medication.

Try to make sure the person gets the instructions written in his/her own language. After you explain information, ask the person to repeat them back to you, to make sure they're clear. Be sure the person knows:

- The medicine name;
- What it does;
- How to take it;
- When to take it;
- How long to take it;

- Where to keep it in the house;
- What to do if a dose is missed;
- Possible side effects and what to do if they happen;
- If alcohol should be avoided;
- If the medicine should be taken with meals;
- How to tell if it's working.

Review the instructions with every prescription refill or doctor's visit and make sure the person feels comfortable asking questions. If the person is embarrassed or shy, then you can prepare the questions together before you ask them.

### **Does the person have trouble swallowing pills or other medicine?**

If yes, tell the doctor or pharmacist and ask if the medicine comes in a different form, like a liquid or two smaller pills instead of one large one. Check the label or ask if the medicine can be taken crushed and taken in water or in food. Sometimes all a person needs is to take a sip of water to wet the throat before trying to swallow a pill.

### **Does the person have trouble cutting pills, using inhalers, giving needles, using drops, or measuring medicine?**

If yes, ask the person to show you what the problem is. The solution may be as simple as practising. If it's still a problem, talk to the pharmacist for tips.

### **Does the person have trouble opening medicine bottles?**

If yes, does the person have stiffness, pain, swollen joints, or shaky hands? Is the person clumsy or feeling weak? If you answer yes to these questions, tell your pharmacist, who can then change the lid or use a different container for the

medication.

**Does the person not want to take the medicine?**

If yes, find out why. Don't lecture, just ask. The person may feel he/she is taking too many kinds of medicine, the medicine is making things worse, the medicine is not working, or the medicine is working against another medication. If so, have the person talk to the doctor or pharmacist in person or on the telephone for more information or to discuss concerns. There are many simple things that can be done to help.

**Is the person afraid of side effects?**

If yes, talk to the doctor or pharmacist. They will have more information and may change the medicine to stop or prevent side effects.

**Does the person have problems getting to the doctor or the pharmacy?**

If yes, talk to a health care professional about volunteer transportation services in your community or contact a local home support agency. Also, talk to the pharmacist about picking up prescriptions yourself or having them delivered.

**Does the person not finish medicine?**

If yes, find out why. If there are side effects, tell the doctor and pharmacist. If the person is feeling better, remind the person he or she can get sick again if the medicine is stopped too early. Also point out that some sickness doesn't show itself all the time, but it is still there (like high blood pressure or high cholesterol).

## **Does the person drink beer, wine, or liquor while taking medicine?**

If yes, make sure it's okay to have alcohol while taking the medicine. Check the medicine instructions and label, and ask the doctor or pharmacist to make sure. If it's not okay, the person will have to stop drinking alcohol, or will have to drink less, while on the medicine. Explain that alcohol can make side effects worse, or make the medicine ineffective.

Alcohol and medicine do not mix well. Alcohol interacts with many kinds of medications and can often have side effects like impaired coordination, stomach irritation, nausea, and vomiting. This may happen even if there is a long time between the dose and the drink



## 7.2 Medicine Chart

<b>Name of Medicine and Strength</b>  <i>Example: mg</i>	<b>Dosage</b>  <i>Example: Number of tablets, teaspoons, puffs</i>	<b>When to Take Dose</b>  <i>Example: 12 p.m. or before bed</i>	<b>How to Take Dose</b>  <i>Example: On an empty stomach or in each eye</i>	<b>Reason for Taking Medicine</b>

**Family doctor's name:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Name of pharmacy:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

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## Vision Gaspé Percé Now

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**Vision Gaspé Percé Now** is a non-profit organization that works with and on behalf of the English-speaking community from Manche-d'Epée to Corner of the Beach. Vision has become the “go to” resource for communities in these areas.

Vision Gaspé Percé Now works with CISSS to improve access to health and social services, as well as many community partners in delivering health and social services, and with schools to support healthy living and prevention programs.

### **Programs offered by Vision include:**

- Flu Clinics
- Seniors' Health Services Guide
- Frozen Meals
- Seniors' Wellness Centres
- Network Clusters
- Nutrition
- Supernanny Arrives
- Community Gardens
- Mellow Yellow ID Badges
- Stand Up Program
- Seniors' Day Centre



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