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UNIVERSITY OF LOUISVILLE

A STUDY OF ONE HUNDRED AND FORTY KING'S DAUGHTERS

HOME FOR INCURABLES APPLICANTS

SERVED BY FAMILY SERVICE ORGANIZATION

JANUARY 1, 1946 - DECEMBER 31, 1947

A Dissertation

Submitted to the Faculty

Raymond A. Kent School of Social Work

In Partial Fulfillment of the

Requirements for the Degree

Of Master of Science in Social Work

by

Elizabeth Conder Lewis

1948

NAME OF STUDENT: Elizabeth Conder Lewis

TITLE OF THESIS: A Study of One Hundred and Forty King's Daughters Home for Incurables Applicants Served by Family Service Organization January 1, 1946-December 31, 1947.

APPROVED BY THE READING COMMITTEE COMPOSED OF THE FOLLOWING MEMBERS:

Howell V. Williams

Mathilda Mathisen

NAME OF DEAN: Howell V. Williams

DATE: June 11, 1948

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INTRODUCTION

INTRODUCTION

Purpose of the Study

Due to the resignation of Miss Nettie Smith, a board member of The King's Daughters Home for Incurables, Louisville, Kentucky, who was paid on a part time basis to do social work for the Home, the board members requested help from the Community Chest in finding someone to continue the work that Miss Smith had been doing for the Home. Due to the shortage of medical social workers in the community, the Community Chest suggested that the board request the Family Service Organization to continue with the services which Miss Smith had been performing.¹

After discussions between both Family Service Organization and the King's Daughters Home Board and with the help of Miss Mathilda Mathisen, Director of Medical Social Work, Kent School of Social Work, it was decided that Family Service would handle all applications coming to the Home beginning January 1, 1946 and would continue with this service for a demonstration period of one year.²

This period has extended at the present time to a little over two years. Family Service was interested in having a study made which would sum up what this two year de-

¹ Personal Interview with Esther Taylor, Family Service Organization Executive.

² Ibid.

monstration has shown and which would help point the way for the future. It was for this purpose that this study was made.

Method

With the aid of Miss Esther Taylor and Miss Mathilda Mathisen, a tentative schedule was constructed. This schedule was used for a sampling of ten of the cases in the total group, after which certain additions were made to the schedule.³

The plan at first was to use all the one hundred and forty cases handled by Family Service during the two year period for only certain factors on the schedule, and a sampling of cases for the other points. However, after determining the time limit for collecting the full schedule from one case, it was decided that the entire one hundred and forty cases could be used, and the full schedule would be employed for all the cases.

All data for the study was collected through this schedule from the one hundred and forty cases. This number represented the entire group of King's Daughters Home for Incurables applicants served by Family Service during the two year period.

These one hundred and forty applicants were studied in

³ Cf. Appendix

groups. The groups were determined by their disposition-- 1) those admitted to the Home, 2) those refused admission to the Home because of ineligibility, 3) those who withdrew their applications and 4) those who were on the waiting list for the Home.

Data was collected about age; case number; sex; residence; marital status; religion; social service exchange information; disposition of case -- whether admitted, refused, withdrawn, or waiting--; diagnosis; precipitating causes for application; attitudes about entrance to the Home on the part of the applicant and on the part of the family of the applicant; source of intake; number of services performed by Family Service to the applicant, to the relatives of the applicant; number of contacts by Family Service with the referral, with the Home, with community resources, and the contacts between different members of the staff at Family Service; and the period between application and the disposition of the case.

At first it was felt important to collect this data in relation to all the groups. This was done but in the later analysis of the data, the factors which did not seem particularly significant were not included in the completed study.

As much as was possible the information kept by the

5.

Home was used as a check for accuracy with the material secured through the Family Service records. However, only the applicants in the admissions group could be checked, for the Home had information only on those admitted to the Home. Only the data concerning age, religion, marital status and diagnosis could be secured from the Home files, as this was the only information which coincided with the topics presented in the schedule.

CHAPTER I

ADMISSION POLICY OF KING'S DAUGHTERS HOME FOR INCURABLES

CHAPTER I

ADMISSIONS POLICY OF KING'S DAUGHTERS HOME FOR INCURABLES

The Home for Incurables in Louisville is a non-sectarian institution for the care of chronically ill persons. It is owned and operated by the Kentucky Branch of The King's Daughters and Sons. It is maintained for those persons who may never be entirely cured of their physical disease or disability.

The Home receives its support from members of the King's Daughters and Sons throughout the State as well as from an annual appropriation from the state of Kentucky and from patients in the Home who are able to pay for their care. The largest share of funds, however, is raised in the annual Community Chest Red Feather Campaign. For this reason the Home finds it desirable to admit more city applicants than it does applicants who come from the county and state. As nearly as possible, the admissions are kept in proportion to the amount of funds contributed by city and state.

The Home accepts any applicants after they reach the age of eighteen provided they pass the physical examination by the Home's physician. Applicants with the diagnosis of cancer, epilepsy, mental illness, diabetes, mental defectiveness, senility and diseases which are not incurable are ineligible for care at the Home. Applicants

who need too great nursing care and those who are incontinent are ineligible. Persons addicted to drugs cannot gain admission. Reasons for refusal because of these different diagnoses vary. Cancer patients, mentally ill, mentally defective and senile patients are thought to need too much care and attention to be kept in the Home. With the relative freedom which the patients have, the mentally ill might tend to disrupt this. It is believed by the Home that the mentally defective and senile patients require more nursing care than the Home is equipped or wishes to give. The cancer patient, too, needs too much care and usually the course of the disease leads to death.

Diabetics and epileptics are not admitted because of the expense of the medicine which must be administered in treatment. Too, the diet which the diabetic needs is of added expense for the Home. Since the Home is a place for persons with an incurable disease, patients with diseases not incurable are ineligible for care at the Home.

Religion, too, is a factor considered by the Home. Even though it is a non-sectarian institution, there are more Protestants accepted than any other religion. Due to the provision for the Priests to hold Mass, it is felt best by the Home to keep the Catholics as close together as possible. If, however, there is no vacancy in the rooms occupied by the Catholics, persons of this religious

faith are not turned down by the Home. There is a chapel in the Home, and the religious needs are cared for by Ministers of various denominations.

The Home, however, in spite of these things previously mentioned does consider each individual application from the standpoint of the urgency of the need. The Home has an admissions committee which is a sub-committee of The King's Daughters Home for Incurables board of directors. This committee has the responsibility of studying the social worker's recommendation on the individual application, after which the admissions committee makes the final decision as to admittance. In unusual instances the admissions committee discusses the situation with the board of directors. However the admissions committee has authorization to admit applicants without going through this procedure.

The maximum charge of care at the Home was \$55. monthly, but was raised to \$60. However, persons who are unable to pay anything are also eligible for care. Anything which can be offered by the patient or his family is acceptable by the Home. If the patient has in his possession any real estate, money, insurance or any other property, it is required that this be turned over to the Home for his care there. No distinction is made between patients

who are receiving free care, nor does this factor play a part in the admission of the patient. At all times patients are considered in the order in which their applications appear on the waiting list.

If the patient, while staying in the Home acquires any money, real estate, insurance or other income, he must sign this over to the Home to remain there. If he should later become dissatisfied with the Home and should want to leave, the balance of the money is given back to him upon his departure. Patients who leave the Home of their own accord may later be proved ineligible if they wish to return. If they leave due to improvement of their condition and with the recommendation of the Home, they may later return when their disease becomes worse. However, it is necessary for them to reapply and wait their turn on the waiting list. If the Home finds that the patient is not adjusting to care there, after the trial period, the Home may ask the patient to leave.

The physical set-up of the Home makes it possible for more women to enter than men. The ratio for this is sixty-four to thirty six. The reason for this is due to the fact that more women than men apply for care there.

CHAPTER II

ADMISSIONS

CHAPTER II

ADMISSIONS

During the entire period studied, there were 45 patients who were admitted to the Home. Twenty-six of these were admitted in 1946 and the other 19 in 1947. Eleven of these had made application to the Home before 1946. Fifteen of those accepted in 1946 were admitted during the first six months of the year. In the first six months of 1947, there were only 6 admissions. This would indicate that there were more vacancies the early part of 1946 than there were in 1947. During the two year period studied, Family Service kept a waiting list. When a vacancy occurred the agency was notified by the Home. Contact was made with the applicant at the top of the list and upon completion of examination, interviews, and other necessary procedures, the patient was admitted. This has kept the Home operating at its full capacity of one hundred patients as completely as possible. This benefitted the patient just as well as the Home, for most of the applicants had made only temporary arrangements with relatives, friends, or nursing homes.

The ratio of men to women patients in the Home is thirty six to sixty four. This would seem to hold true in relation to those admitted in the two year period.

There were 15 males admitted in comparison to 30 females. In 1946 there were 9 males admitted and 17 females. In 1947 there were 6 males and 13 females.

Age on Admission

The ages of the patients in the Home varied from 18 to 89. However, the largest number of admissions fell in the age group from 60 to 69. There were 25 admissions in this grouping--over half of the total admissions for the two year period. Nineteen were women and six were men.

TABLE 1
AGE OF PATIENTS ON ADMISSION BY SEX

Age	Male	Female	Total
18 - 19	2	-	2
20 - 29	2	1	3
30 - 39	-	-	-
40 - 49	2	1	3
50 - 59	2	4	6
60 - 69	4	9	13
70 - 79	2	10	12
80 - 89	1	5	6
Total	15	30	45

As shown in Table 1, the only place the men outnumbered

or equaled the women was in the grouping from 18 to 49 years. The ratio here was six to two.

The Home's admission policy does not include any one under the age of eighteen. There were no patients above the age of eighty nine. The Home does allow patients to be admitted above this age, however, providing they pass the examination by the physician employed by the Home.

Marital Status

The majority of patients at time of admission were widowed. This might indicate one of the main reasons for applications being made to the Home. When the spouse has passed away and the children of the patient have their own families to rear and take care of, an elderly and ill person in the home can be a burden that the children sometimes do not feel they can bear. This can precipitate any number of negative feelings both on the part of patient and family. This is one of the things that the social case worker has to face and in turn has to be capable of giving help to the patient and his family in understanding and working through these feelings. The next largest number of admissions was in the single group which seems again to bear out the point that those

TABLE 2

AGE OF PATIENTS ON ADMISSION BY MARITAL STATUS

Age	Single	Married	Widowed	Divorced	Total
18 - 19	2	-	-	-	2
20 - 29	3	-	-	-	3
30 - 39	-	-	-	-	-
40 - 49	2	-	1	-	3
50 - 59	1	2	3	-	6
60 - 69	2	2	6	3	13
70 - 79	3	-	9	-	12
80 - 89	1	-	4	1	6
Total	14	4	23	4	45

TABLE 3.

MARITAL STATUS AT TIME OF ADMISSION BY SEX

Marital Status	Male	Female	Total
Single	7	7	14
Married	2	2	4
Widowed	4	19	23
Divorced	2	2	4
Total	15	30	45

persons who are alone most frequently make application to the Home.

With the capacity of the Home greater for women than for men, the only variation by sex in admissions for the two year period in marital status as shown in Table 3, was in the widowed group. When women are widowed it is harder for them to make their way than it is for men. Women, too, are used to a more protected environment than are men. Women, because of this may find it easier to make application and enter a Home.

Residence

As was explained in Chapter I, the admissions of Louisville residents are greater than those from the county¹ and the state.² Three different waiting lists were kept by Family Service. Before a county or state applicant could be admitted there had to be no one remaining on the city waiting list. No state applicant could enter when there was someone on the county waiting list. Table 4, however indicates that there were not enough county applications to fill their quota. Consequently, these vacancies were filled by applicants from the state.

¹ "County" is used to mean in Jefferson County but not in Louisville.

² "State" is used to mean in Kentucky but outside of Louisville, or Jefferson county.

TABLE 4

ADMISSIONS BY RESIDENCE AND SEX

Residence	Male	Female	Total
City	11	25	36
County	-	2	2
State	4	3	7
Total	15	30	45

It should be clarified, however, that if there are a number of women on the city waiting list and no men on the city waiting list and a vacancy occurs for a man, a county or a state male would fill this vacancy before a city woman. This is due to the set-up of the Home in relation to male and female patients. A woman could not go into the men's room where the vacancy occurred.

Religion

As was explained in the first chapter, the Home accepts more Protestants than any other denomination. The Home does accept other sects, but in a limited number. Living quarters are arranged in order that the Catholics can be kept in a separate room. This enables the Priest to hold Mass in the room. This arrangement is not always possible, and Catholics are placed in other rooms when there is no vacancy in the room for Catholics.

The fact that more Protestants were accepted than any other religion is shown in the following table.

TABLE 5

ADMISSIONS BY RELIGION

Religion	Number
Protestant	34
Catholic	8
Greek Orthodox	1
Other	2
Total	45

Diagnosis

The findings in regard to diagnoses indicated that the greatest number of patients entered due to paralysis. The paralyzes were due to hemeplegia, injury or poliomyelitis with the degree of disability varying from very slight to almost total disability. Entrances due to heart conditions, arthritis and orthopedic conditions were the next highest in diagnoses. The heart conditions included arteriosclerosis, hypertension and rheumatic heart. The orthopedic conditions were breaks or fractures of the hip, pelvis or shoulder. In some cases it was a combination of two of these. As shown in Table 6 these admissions were in the age grouping from 60 to 89.

Those classified in the "Other" column consisted of only one patient in each grouping. There was one diagnosis of spinal meningitis, post-encephalitis, muscular dystrophy, amputation of both legs due to varicose veins, a semi-invalid and two patients with blindness; unless blindness is accompanied by some other disabling disease, those applicants are not admitted. In one case the blindness was accompanied by atonic colon and a crippled foot, and in the other case it was with locomotor ataxia. Some of the patients classified in Table 6 had as many as two and three different diagnoses. In each case the diagnosis which was felt to be most crippling and disabling was chosen for use in the table.

TABLE 6
DIAGNOSES OF PATIENTS BY AGE AND SEX

Age	Arthritis		Paralysis		Orthopedic		Cardiac		Other		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
18-19	-	-	1	-	-	-	-	-	1	-	2	-
20-29	1	-	1	1	-	-	-	-	-	-	2	1
30-39	-	-	-	-	-	-	-	-	-	-	-	-
40-49	-	-	1	1	-	-	-	-	1	-	2	1
50-59	1	-	-	3	-	-	-	-	1	1	2	4
60-69	-	4	3	3	-	1	1	1	-	-	4	9
70-79	-	1	1	2	-	2	1	3	-	2	2	10
80-89	-	-	1	1	-	3	-	-	-	1	1	6
Total	2	5	8	11	-	6	2	4	3	4	15	30

In working with patients suffering from these diseases it would seem quite important to have a social worker trained to understand these illnesses and what they can mean to the patient. With the greatest number falling in the paralytic, arthritic and cardiac group these are the most important to understand. The trained social worker, particularly the medical social worker, has built up a body of knowledge and understanding of the implications of the above diagnoses. With the understanding of the physical side of the illness as well as how it affects the patient emotionally, the social worker is better equipped for working with the patient and in turn can give him more understanding of his disease and the particular feelings which the disease arouses in him. With the medical knowledge which the social worker possesses, she can help to eliminate and alleviate unnecessary worry which the patient might have in regard to his disease. All of this in turn can help to bring about a happier and better adjusted patient. Knowing that he has someone accessible who understands and is interested in him can mean a great deal to the ill person. The social worker can also help the family of the patient by giving them interpretation of the patient's illness, and by stressing the importance

of their keeping in contact with the patient, can again aid the patient.

Social Agency Contacts

More than half of the patients or their families were known to various social agencies in the past. Not all of them were relief agencies. Several of the patients were known to more than one or two social agencies. Since more than half of the patients or their families had sought service, it might be concluded that problems were existing in their home prior to their making application for care at the Home.

TABLE 7

PATIENTS IDENTIFIED BY SOCIAL SERVICE EXCHANGE BY SEX

Patients	Male	Female	Total
Identified*	8	20	28
Not Identified	7	10	17
Total	15	30	45

* Persons listed by the Social Service Exchange as having been known to Social Agencies.

Legal Aid identified five, Juvenile Court and Visiting Nurse Association each knew four. The other listings were in Health, Child Welfare, Child Guidance, American Red Cross and group work agencies.

Twenty of the patients were known to two relief agen-

cies, the Municipal Bureau of Social Service and the State Division of Old Age Assistance. Seven of the patients or their families were known previously to the Family Service Organization. The majority of these were service cases.

Precipitating Causes for Application

As shown in Table 8, the precipitating causes for the patient making application to the Home varied greatly. Not considering the medical diagnosis, the greatest cause was relatives being unable to take care of the patient. The reasons why the relatives could not give care were many. Some of them were due to crowded conditions in the home. An elderly and ill person only added to this, and the families did not feel that they could carry this added responsibility. In other cases the family was not financially able to care for the patient. In some instances the family who had formerly been able to care for the patient, found themselves unable to continue due to a flare-up in handicap of the applicant. Some of them felt the patient would receive better care in the Home than he would staying on with them. The relatives themselves were children, parents, spouses, siblings, cousins, aunts and uncles.

The next greatest cause for applications was the pat-

ient's inability to care for himself financially. With the high cost of nursing care, it is extremely hard for a person to continue to pay for his care indefinitely, unless he has a substantial income. Even though the patient is active with Old Age Assistance, the grant is rarely sufficient to meet his entire expenses. The only two places available to the indigent and chronically ill patient in Louisville and Jefferson County are The King's Daughters Home and the Home for the Aged and Infirm in Shively, Kentucky. This might explain one of the reasons for the long waiting lists which both of these Homes have.

TABLE 8
PRECIPITATING CAUSES FOR APPLICATION BY SEX

Causes	Male	Female	Total
Relatives Unable to Care	7	11	18
Housing	3	4	7
Couldn't keep House	-	3	3
Financial	4	7	11
Other	1	5	6
Total	15	30	45

Those patients grouped under the "Other" column in Table 8 included two people whose reasons for entering the Home could not be determined; one patient who was dis-

satisfied with care in the nursing home where she was staying; one, whom friends had been caring for but could no longer continue to do so; and one person who really had no desire to enter the Home but who was persuaded to do so by persons not connected with the Home or Family Service.

Living Arrangements

At the time the application was made, most of the applicants were found to be living with their families. Even though the patient was living with a distant relative, it was still considered a family, for the applicant was at that time a part of a family group. The next largest group was found to be staying in nursing homes. Two of the patients were paying for their own expenses in the nursing home. The care of the applicants was being paid for by relatives, in six of the cases. One was being cared for in the nursing home by an old age assistance grant, one with a combination of old age assistance and his own finances, and one by a combination of his finances and help given by a relative.

One of these persons had been in Louisville General Hospital nine months. After the acute state of the disease was over, the hospital was ready to release the patient. Due to his chronic illness there was no place for him to go, so application was made to the Home, and the

patient was transferred from the hospital to the Home upon gaining admission. The other patient also considered in this column had been in a private hospital for the past several years financed through the company where she formerly worked. She was also moved from the hospital directly to the Home upon gaining admission.

TABLE 9
LIVING ARRANGEMENTS BY SEX

Living Arrangements	Male	Female	Total
Alone	1	3	4
With Family	9	16	25
With Friends	2	2	4
In Nursing Home	2	8	10
In Hospitals	1	1	2
Total	15	30	45

Many of the patients were living with their families at the time of the application. This is one place where the social case worker can be of help both to the family and to the applicant. There is always the possibility of the family members feeling guilty over the institutional placement of a relative. The case worker can be of help in giving them an understanding of how the Home operates, and how the patient can benefit from an institutional placement. The social worker can also in turn help the

patient with his or her feelings about placement. Assurance that he isn't being put out of his home, but that the best thing is being done for him is very important to the patient. It is extremely important that he does not feel rejected by his family. With the social worker present to help both the patient and his family with this, there is less opportunity for these feelings to be aroused or to be misunderstood by the patient.

Attitudes about Entrance to the Home

By far the majority of persons admitted to the Home wanted to enter. It is pointed out that the data in Table 10 on attitudes about entrance sometimes came from only one interview. The patient usually told the case worker that he either wanted or did not want to enter; sometimes a person might say just the exact opposite of what he feels.

TABLE 10

PATIENTS ATTITUDES ABOUT ENTRANCE BY SEX

Patients Attitudes	Male	Female	Total
Wanted to enter	7	23	30
Did not want to enter	-	3	3
Ambivalent	2	-	2
Saw no other way out	1	2	3
Other	-	1	1
Unknown	5	1	6
Total	15	30	45

Consequently, it is important to know the person fairly well before true attitude can be determined. However, there must have been some positive feeling toward entrance on the part of the patient or more resistance to entrance would have been found. One person who stated that she did not want to enter did so because some of the people in the community thought the Home was the perfect place for her. She entered the Home against her own will and the advice of the Family Service worker. She later had to leave the Home because she was unable to adjust.

Included in the "Other" column of Table 10 was one patient who was so afraid that his family was trying to get rid of him, that it was impossible for him to express his feelings one way or the other.

TABLE 11

RELATIVE'S ATTITUDE ABOUT PATIENTS ENTRANCE TO HOME

Attitude	Total
Favorable	34
Ambivalent	1
Unknown	8
Other	2
Total	45

The attitude of relatives were also considered important in relation to the patient entering the Home,

since this helped to influence the patient's adjustment to the Home after entrance.

Included in the "Other" column was one patient who had no relatives and a patient whose relative's only wish seemed to be to get rid of the Patient.

Source of Application

For the most part the referral for application came through relatives as is shown in Table 12. However, there were referrals from other sources. The agencies making the referrals were Kentucky Crippled Childrens' Commission, Municipal Bureau of Social Service, St. Vincent de Paul Society and the Municipal Housing Commission. The Bureau referred two applicants and the Crippled Children's Commission referred three. Included in the "Other" column was a lawyer, a doctor and a police officer.

TABLE 12
REFERRAL SOURCE

Source	Total
Relatives	25
Agencies	7
Friends	6
Self	2
Ministers	2
Other	3
Total	45

Number of Services on the Cases

It was felt to be important to ascertain how much time was spent by Family Service in admitting a patient to the Home. Included in services were such things as personal interviews, telephone calls, letters and visits made in connection with a particular case. It was decided to classify the contacts and separate the totals into services to the applicant, services to the relatives, contacts with referral in regard to what happened on the case or else the use of a referral as a resource, contacts with community resources, contacts with the Home in relation to a case, and the contacts on a case between workers on the staff of Family Service.

As shown in Table 13, the largest number of applicants had only one contact with the social worker. Four of those who had no contact with the worker were state applicants, and it was impossible for the worker to talk with them before entrance.

After the patient was admitted, if he was making a good adjustment to the Home there was no further contact. Some of the case workers, however, did do a follow-up interview after the patient had entered the Home even though there was no particular request for this from the Home. One of the patients with whom there was no contact by the social worker either before or after admission left the

TABLE 13

SERVICES TO THE APPLICANT BY FAMILY SERVICE

Number of Services	Number of Applicants	Total Number of Services
none	6	-
1	19	19
2	4	8
3	6	18
4	4	16
5	1	5
6	1	6
8	1	8
12	1	12
13	1	13
17	1	17
Total	45	122

TABLE 14

CONTACTS BY FAMILY SERVICE WITH THE REFERRAL SOURCE*

Number of Contacts	Number of Cases	Total Number of Contacts
none	29	-
1	5	5
2	1	2
4	2	8
5	2	10
6	2	12
9	2	18
14	1	14
18	1	18
Total	45	87

* Relatives who made referrals are not included in this table, but are included in table 15

Home of his own accord soon after entrance. Had the social worker been able to see and talk with the patient, this might possibly have been avoided.

TABLE 15

SERVICES BY FAMILY SERVICE TO RELATIVES

Number of Services	Number of Cases	Total Number of Services
None	8	-
1	3	3
2	5	10
3	5	15
4	4	16
5	1	5
6	3	18
7	2	14
8	1	8
10	1	10
11	4	44
12	3	36
13	1	13
14	1	14
15	1	15
16	1	16
25	1	25
Total	45	262

TABLE 16

CONTACTS BETWEEN AGENCY STAFF MEMBERS

Number of Contacts	Number of Cases	Total Number of Contacts
none	24	-
1	8	8
2	8	16
4	2	8
5	1	5
6	1	6
7	1	7
Total	45	50

TABLE 17

CONTACTS BY FAMILY SERVICE WITH HOME

Number of Contacts	Number of Cases	Total Number of Contacts
1	1	1
2	8	16
3	6	18
4	5	20
5	4	20
6	6	36
7	4	28
8	3	24
9	3	27
10	2	20
11	1	11
15	1	15
21	1	21
Total	45	257

Contacts with the Home were relative to the applicants' diagnosis, financial status, living arrangements, and other significant information secured by Family Service through interview with the applicant. Contacts were continued with the Home in some cases where special arrangements had to be made for entrance. Contact was made with the Home in relation to a follow-up interview and in the case of a patient having a hard time adjusting; there were numerous contacts between Family Service and the Home.

TABLE 18

CONTACTS BY FAMILY SERVICE WITH COMMUNITY RESOURCES

Number of Contacts	Number of Cases	Total Number of Contacts
none	10	-
1	9	9
2	11	22
3	3	9
4	3	12
6	2	12
7	1	7
8	1	8
9	2	18
12	2	24
24	1	24
Total	45	145

Counted as community resources were private physicians,

private psychiatrists, neighbors, friends, nursing homes and the various social agencies in and out of the city. These contacts were used for various reasons. The physicians and psychiatrists helped in establishing diagnosis before the Home's physician examined the patient. The out of city agencies were used in visiting state patients and their families. The nursing homes were approached in relation to patients already residing there.

As mentioned previously, contacts with the referral source would have been greater had the relatives been counted in these totals. In the case of a relative referring, he was classified in the services to relatives rather than in the referral totals.

With a social worker on the staff of the Home who is familiar with policy and procedure, it would seem that much needed time would be saved. New workers coming to Family Service have necessitated an orientation to the Home with each one of these. This problem would not exist if there were a regular social worker at the Home. The contacts between agency staff members would also be eliminated if the social worker were in the Home. It also seems important to note the large number of community resources used. It would seem necessary for the worker to be familiar with the resources in the community, and that she be able to carry through with them in case it is necessary.

TABLE 19

NUMBER OF SERVICES

Number of Services	Number of Cases	Total Number of Services
3	1	3
4	1	4
5	1	5
7	3	21
8	2	16
9	2	18
11	2	22
12	2	24
13	3	39
14	1	14
15	2	30
16	1	16
18	1	18
19	1	19
20	2	40
22	2	44
23	3	69
24	2	48
25	1	25
26	2	52
27	1	27
28	1	28
31	2	62
34	1	34
36	1	36
40	1	40
43	1	43
64	1	64
67	1	67
Total	45	926

Analysis of Table 19 shows that the average services per case in the Admissions group was 20.5. The services to the applicant were given both before and after entrance to the Home. On the majority of cases there were more services before entrance than after entrance. There were more contacts with the patients who did not want to enter, and who were ambivalent about entrance than there were with the patients who wished to enter. On one state case, there were no contacts before admission but there were thirteen after admission, on the basis of case work service.

Case work service was continued with three of the applicants' families after the patient entered the Home. Case work services were offered to several of the other families of the patients, but no further service was desired by the family. Two of these services to the applicant's family consisted of helping a son make arrangements to pay off some debts and services to a daughter in helping her understand and accept her feelings about placement of her father in the Home.

Time between Application and Admission

The largest number of applicants fell into the interim time period of 2 - 3 months. This meant that some sort of care had to be worked out for the applicants dur-

ing the period they were waiting to gain admission to the Home. In most cases they continued on in their present living arrangements, but in the cases of necessity they went to a nursing home, to relatives other than the ones with whom they were living when the application was first made, or to some other place where they could receive care for a temporary period. One applicant's admission was held up to enable him to break himself from the use of morphine. As has been explained previously, the Home does not accept drug addicts. One of the other applicants was longer in gaining admission because he passed up several chances when a vacancy occurred.

TABLE 20

TIME BETWEEN APPLICATION AND ADMISSION

Time	Total
1-2 weeks	2
3-4 weeks	17
2-3 months	19
4-5 months	4
6-8 months	2
9-11 months	-
11-14 months	1
Total	45

It should be stated that Family Service has been

assisting approximately nine cases referred for service by the Home. These cases were not included in this study, as they were already in the Home before Family Service took over their work on applications.

TABLE 21

LIVING ARRANGEMENT BETWEEN APPLICATION AND ADMISSION

Type	Total
With Family	23
With Friends	3
In Nursing Home	11
Other Homes	4
Unknown	4
Total	45

TABLE 22

AGENCY OR PERSONS MAKING LIVING ARRANGEMENTS PRIOR TO ADMISSION

	Total
Family Service	1
Family	23
Applicant	6
FSO and Family	3
Family and Applicant	4
Kentucky Crippled Childrens Commission	1
Louisville General Hospital	1
Friends	3
Unknown	3
Total	45

CHAPTER III

WITHDRAWALS

CHAPTER III

WITHDRAWALS

During the two year period studied there were found to be 72 withdrawals. Out of these 72 withdrawals only 47 were studied because there were no case records made on 25 of the cases. As soon as Family Service took over the service to the Home contact was made with these 25 cases. Application had been made originally to the Home, in some cases quite some time ago. As soon as these applicants were approached it was learned that they wished their name withdrawn from the list. Consequently, there was not enough information on these patients to include them in the study. They will only be considered in determining the total number of withdrawals in 1946 and the total number in 1947.

Out of the total number of 72 cases, in 1946 there were 54 withdrawals. In 1947 there were only 18 withdrawals. This difference is believed to be significant. A number of these applicants had not been approached for quite some time. When the Family Service worker got in touch with them or their families, the applicant either had made other arrangements or had died. After first taking over this service to the Home, Family Service workers spent much time clearing away all of the old wait-

ing list. When contact was made with an applicant or his family and it was learned that they no longer wanted to gain admission to the Home, this applicant was counted as a withdrawal and his name was taken from the waiting list. Out of the 54 withdrawals in 1946, 26 had made application to the Home prior to this time. This was felt to be effective in the large difference between 1946 and the 1947 withdrawals.

Out of the 47 cases studied over the two year period there were 34 female withdrawals and 13 male withdrawals. This is in accordance with the way the Home is able to take care of more women patients than men.

Age at Time of Withdrawal

The largest group fell in 70-79 years of age. With as large a number as 11 whose ages were not known, it seems difficult to determine if this is accurate; however, in consideration of the ages in the admission group, it may be assumed that the largest grouping would have fallen in the 60-79 year age group.

Marital Status

The largest group of withdrawals fell in the "Single" group, with the next largest falling in the "Widowed" group.

This is the same pattern as was noted in the admissions group.

TABLE 23

AGE OF APPLICANTS AT TIME OF WITHDRAWAL BY SEX

Age	Male	Female	Total
18-19	1	-	1
20-29	-	2	2
30-39	2	-	2
40-49	2	1	3
50-59	1	4	5
60-69	2	5	7
70-79	3	7	10
80-89	1	5	6
Unknown	1	10	11
Total	13	34	47

Residence

It was believed important to see if there were more State withdrawals than City withdrawals. Since it does take longer to secure admission to the Home from the State and County, it was believed that this might prove significant.

In comparison with the admissions there were greater proportions of County and State applicants who withdrew.¹

¹ Cf. Table 4, p.17.

TABLE 24

AGE OF APPLICANT AT TIME OF WITHDRAWAL
BY MARITAL STATUS AND SEX

Age	Single		Married		Widowed		Divorced		Seperated		Unknown		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
18-19	1	-	-	-	-	-	-	-	-	-	-	-	1	-
20-29	-	-	-	1	-	-	-	-	-	-	-	1	-	2
30-39	2	-	-	-	-	-	-	-	-	-	-	-	2	-
40-49	1	1	1	-	-	-	-	-	-	-	-	-	2	1
50-59	-	-	-	2	-	-	1	-	-	-	-	2	1	4
60-69	1	3	-	-	-	-	1	-	-	1	1	1	2	5
70-79	-	3	1	1	1	2	-	1	-	-	1	-	3	7
80-89	-	2	-	-	1	3	-	-	-	-	-	-	2	5
Unknown	-	2	-	-	1	3	-	-	-	-	-	5	1	10
Total	5	11	2	4	3	8	2	1	-	1	1	9	13	34

TABLE 25

RESIDENCE OF WITHDRAWALS

Type	Number
City	29
County	4
State	14
Total	47

The fact that it takes a County or State applicant longer to gain admission might have caused this difference.

Diagnosis

Arthritis, as shown in Table 14, has the largest number of persons who withdrew classified under it. In the chapter on admissions, Table 6, page 19, shows that paralysis had the largest number, with arthritis being second. The "Unknown" factor of Table 26 might have caused this as there were seven in this group. The other four classifications in the "Other" column was one person with multiple sclerosis, one with amyotrophic lateral sclerosis, one with tuberculosis of the bone and the other with cirrosis of the liver.

TABLE 26

DIAGNOSIS OF WITHDRAWALS BY SEX

Diagnosis	Male	Female	Total
Arthritis	2	11	13
Paralysis	2	5	7
Cardiac	2	4	6
Blind	1	1	2
Orthopedic	2	1	3
Chorea	-	2	2
Encephalitis	3	-	3
Unknown	1	6	7
Other	-	4	4
Total	13	34	47

Reasons for Withdrawals

It should be mentioned that a great many of these applications were withdrawn after it was learned just how long it would be before admission to the Home could be gained, although even then some of the applicants wished their names to be kept on the waiting list. When vacancies occurred, these applicants were notified. By this time ten of the applicants had made other arrangements. One had gone to The Little Sisters of the Poor and wished to remain there. Another had secured a small apartment and had hired someone to stay with her and take care of her. One of the other applicants went to the Home for the Aged and Infirm and two went to nursing homes. These arrangements were all worked out by the family and the applicant except for the one who went to the Home for the Aged and Infirm, which was done by Louisville General Hospital and the Division of Old Age Assistance.

The eleven persons who withdrew their own application had various reasons for doing so. One did not want to enter because both he and his wife had applied at the same time and his wife had proved ineligible for care at the Home. Consequently, he did not want to be separated from his wife. Two applicants withdrew because they, "never wanted to enter in the first place." One had only gone

through with the application because that was what her family wanted her to do. The other's application had been forced upon her by a minister and some of the neighbors. Another withdrew because his disease did not mean that he could not hold a job and he only needed some place to live; he withdrew his application when he found that the routine of the meals, etc., at the Home conflicted with his working hours. Another withdrew her application because she was unable to face an institutional placement. One of the other applicants withdrew because at the time she could enter the Home she had become very ill and did not wish to be moved.

TABLE 27

REASONS GIVEN FOR WITHDRAWAL

Reasons	Total
Death	4
Made other arrangements	10
Own request	11
Family's request	13
Other	9
Total	47

Twelve of the other applications were withdrawn at the family's request. The reasons again varied. Two of the families recognized senility and mental defectiveness

in the patients. Realizing that the Home did not accept patients with this accompanying handicap, the applications were withdrawn. Another family was unwilling to turn the applicant's insurance over to the Home, so they withdrew the application. The remainder of the cases were withdrawn for unknown reasons.

Social Agency Contacts

Table 28 shows that the agency listings were just about the same as the agencies listed in the chapter on admissions.

TABLE 28

SOCIAL SERVICE EXCHANGE INFORMATION BY SEX*

	Male	Female	Total
Identified	7	13	20
Not Identified	6	21	27
Total	13	34	47

* Includes agency registration in Louisville and elsewhere in state.

As shown in the chapter on admissions, the greatest number of applicants were known to social agencies. Since the largest number in both classifications were in the relief agencies, it might seem that financial stress is an underlying and prominent cause for many of the applications. The fact too, that other case working agencies knew the

applicants before their application was made, might indicate that there were family problems already existing before the need for institutional placement arose. The fact that there were more in the withdrawal group that were not identified might indicate something about the withdrawals. When they are financially able and with no other problems existing, it may be possible that more withdrawals are made. There is a greater probability of their being able to make other arrangements when there are no family or financial problems to complicate their illness.

Precipitating Causes for Application

Four of the applicants classified in the "other" column were felt by the relatives to need better care than they were getting in the family home. The applicants too were wondering about the future and thought that living in a Home would be the best thing for them. The relatives could no longer continue care because of varied reasons. In some cases it was due to finances, in others to crowded living conditions, or to the fact that the relatives worked and there was no one to stay with the applicant during the day.

TABLE 29
PRECIPITATING CAUSES FOR APPLICATION BY SEX

	Male	Female	Total
Housing	0	1	1
Relatives unable to care for applicant	2	8	10
Couldn't continue housekeeping for self	2	4	6
Financial	2	4	6
Flare-Up in Handicap	3	2	5
Accident	-	2	2
Other	2	2	4
Unknown	2	11	13
Total	13	34	47

Living Arrangements

Table 30 shows that more of the applicants were living in a family group than in any other manner. This was probably one of the main reasons for so many contacts between the family and the case worker. Included in the "Other" column was one who was staying in a hospital as there was no other place for her to go.

Difficulties frequently arose when the applicant needed an immediate placement at the Home because this was not always possible, especially when the patient lived out of the

city. Lists of nursing homes were submitted to the families of the applicants, but this often did not meet the problem. Nursing homes are often so expensive that the family is unable to meet this added expense. When there is a fairly good income in the home, the applicant is not eligible for the Home for the Aged and Infirm. This means that King's Daughters Home is about the only resource for patients in this category. When the waiting period is of any long duration this means that the family or the applicant has to undergo financial stress.

TABLE 30
LIVING ARRANGEMENTS

Applicant	Total
Alone	5
With Family	28
With Friends	1
In Nursing Home	3
Other	1
Unknown	9
Total	47

Attituded about Entrance to
the Home

There were more applicants who did not want to enter in the withdrawal group than there were in the admissions

group. This was probably one of the underlying reasons for the withdrawal even though in some instances the reason was indicated in some other way. Since there were 12 in the group who did not wish to enter, it can be assumed that there were several in the group of "Unknowns" who did not want to enter.

TABLE 31

ATTITUDE OF APPLICANT ABOUT ENTRANCE TO THE HOME

Attitude	Total
Wished to enter	10
Did not wish to enter	12
Ambivalent	2
Other	1
Unknown	22
Total	47

Table 32, in reference to the attitudes of relatives, shows a contrast between the admission group and the withdrawal group. By far the majority of the relatives in the admission group were in favor of the applicant entering the Home.

Referral Source

The agencies making the referrals were American Red

Cross, Louisville General Hospital, and one case was already active with Family Service for another problem when the need for institutional placement came up. Again, however, the source of referral came for the largest part through relatives.

TABLE 32

RELATIVES' ATTITUDES ABOUT APPLICANT ENTERING THE HOME

Attitudes	Number
Favorable	14
Guilt Reactions	4
Ambivalent	6
Not in favor	2
Uninterested	1
No relatives	3
Unknown	17
Total	47

Number of Services on the Cases

Tables 34 and 39 show a relatively low number of services for forty-six cases. However, some of these applications were made as far back as 1944 and 1945. By the time the Family Service worker approached them there were some who could not even be located.¹ This is one of the reasons for there being so many unknowns in all the tables of this grouping.

¹ Family Service Correspondence to applicant's who applied before 1946.

TABLE 33

REFERRAL SOURCE

Source	Number
Relative	19
Friend	7
Agency	7
Minister	5
Doctor	3
Self	6
Total	47

TABLE 34

SERVICE BY FAMILY SERVICE TO APPLICANT

Number of Services	Number of Applicants	Total Number of Services
none	29	-
1	9	9
2	4	8
3	3	9
5	1	5
8	1	8
Total	47	39

TABLE 35
SERVICES BY FAMILY SERVICE TO RELATIVES

Number of Services	Number of Cases	Total Services
none	18	-
1	5	5
2	5	10
3	4	12
4	3	12
5	5	25
6	1	6
7	1	7
8	2	16
9	1	9
12	1	12
14	1	14
Total	47	128

TABLE 36
CONTACTS BY FAMILY SERVICE WITH REFERRAL*

Number of Services	Number of Cases	Total Services
none	28	-
1	4	4
2	3	6
3	4	12
4	2	8
5	5	25
1	6	6
Total	47	61

* Contacts with relatives who were referrals are not included.

TABLE 37

CONTACTS BY FAMILY SERVICE WITH HOME

Contacts by Family Service with Home	Number of Cases	Total Contacts
none	28	-
1	4	4
2	6	12
3	4	12
4	2	8
6	2	12
7	1	7
Total	47	55

TABLE 38

CONTACTS BY FAMILY SERVICE WITH COMMUNITY RESOURCES

Number of Contacts	Number of Cases	Total Contacts
none	25	-
1	7	7
2	3	6
3	2	6
4	5	20
5	3	15
6	2	12
10	1	10
Total	47	70

The community resources used were the same that were

shown in Table 17, page 32. They were used also in the same respect as they were in the admissions group.

TABLE 39
NUMBER OF SERVICES

Number of Services	Number of Cases	Total Services
1	3	3
2	4	8
3	5	15
4	4	16
5	7	35
6	2	12
7	3	21
8	1	8
10	2	20
11	2	22
12	2	24
14	3	42
15	3	45
16	1	16
17	1	17
18	2	36
20	2	40
Total	47	380

Relative to the contacts between the case workers within Family Service, the number was quite low with the withdrawal group. There were only nine cases on which there were any contacts. With five of these there was one contact, with three there were two contacts, and with one there were eight contacts.

The average services per case in the withdrawal group was 8.1, showing fewer services for the withdrawals than the admissions.

Two of the cases within this group were already active with Family Service for other case work services, at the time the application was made. In two of the cases services were continued with the family after the applicant's name was withdrawn. Case work services were continued with one of the applicants after the withdrawal of his name. Case work services were offered in three of the other cases but were refused.

CHAPTER IV

REFUSALS

CHAPTER IV

REFUSALS

During the two year period there were found to be 33 refusals. By refusal is meant those applicants who were found ineligible for care at the Home. Out of these 33 cases only 31 of them were studied, because on two of the applicants no case record was made. Consequently, there is very little information on them.

Out of the 31 refusals there were a total of 21 females and 10 males. As before the females outnumbered the males. Fifteen of the total number were found ineligible in 1946 with the remaining 16 in 1947. These findings differ from those in the admissions and withdrawal group. Their largest number fell in the first year, the withdrawal group having 39 more in 1946 than in 1947. One factor believed to have some influence on these findings was the fact that a larger number in the admissions and withdrawals had applied for admission prior to 1946. Twenty-six in the withdrawal group had applied prior to that time, all in the admission group and only 4 in the refusal group.

Age of Applicant at time of Refusal

Table 40 shows that the largest number for the refusals fell in the 70-79 years age group with the 60-69

years group having the next largest number. The applicants who were found ineligible for care were on about the same age level with those who were admitted.

TABLE 40

AGE OF APPLICANT AT TIME OF REFUSAL
BY SEX

Age	Male	Female	Total
30 - 39	2	-	2
40 - 49	1	-	1
50 - 59	-	1	1
60 - 69	2	7	9
70 - 79	2	9	11
80 - 89	3	4	7
Total	10	21	31

TABLE 41

MARITAL STATUS

Status	Number
Single	11
Widowed	12
Married	6
Divorced	1
Other	1
Total	31

Table 41 shows that the widowed and single seem to outnumber the other groups.

Residence

Table 42 shows that among the refusals the City residents have the largest number. This has held true for each of the different groups studied.

TABLE 42

RESIDENCE

	Number
City	21
County	2
State	8
Total	31

Reasons Applicants were found Ineligible for Care

There are various diseases which cause applicants to be made ineligible for care at the Home. These diseases are epilepsy, diabetes, cancer and senile psychosis. The Home cannot accept persons with epilepsy or diabetes because of the drug which has to be administered regularly with epileptics and diabetics. The Home does not have a sufficient amount of nursing staff to administer these necessities; another reason for the refusal of diabetics is due to the constant management and attention needed by them. The amount of freedom which the other patients have might be jeopardized if senile patients were accepted.

When a patient in the home develops senility, it is necessary for him to be removed from the Home at once. This sometimes arouses a lot of feeling in the relatives for they cannot consider committing the patient to a mental institution and yet they are unable to care for the patient themselves. Here, too, is an excellent time for a social worker to give help to the family in seeing the need for placement of the patient in an institution set up for the care of patients with a mental illness.

Other applicants are refused admission due to incontinence and the fact that they need too much nursing care. Again the Home is unwilling to accept the applicant in this category because they require more nursing care than the Home can give. They feel that these applicants could receive better care in another type of institution or nursing home. Persons who are mentally handicapped are not accepted either for this reason. Persons addicted to drugs and those whose disease is not incurable are ineligible for care at the Home. If the drug addict can arrive at the point where the drug is no longer needed, he then becomes eligible for care at the Home.

In the study made on the 31 cases each of the above were present. One applicant was refused by the Admissions Committee because on a previous admission to the Home he had given indication of not being able to adjust and had

left the Home. However, as shown in Table 41, it seems that most persons were proved ineligible due to the medical diagnosis.

TABLE 43

REASONS APPLICANT WAS FOUND INELIGIBLE FOR CARE

Reasons	Total
Senility	12
Disease not Incurable	3
Mentally Handicapped	4
Needed too great Nursing Care	3
Psychotic & Psycho-Neurotic	2
Cancer	2
Drug Addiction	2
Other	3
Total	31

By far the largest number found ineligible was in the senility group. Included in the "Other" column was one applicant with diabetes, one with epilepsy and one who had left King's Daughters Home at one time voluntarily prior to this application. When an applicant is refused admission to the Home it takes the work of a skilled case worker to handle this with the applicant and his family. The person working with these people has to be able to accept hostility and resentment and needs skill to help the applicant and family work it through. Part-

icularly when an applicant has been refused due to senility or any other mental illness, it is quite hard for the family to accept it. The worker should be conscious of what the family is going through. Along with this skill the worker should have a knowledge of the community's resources that might be used. Plans have to be made for the applicant and because he is proved ineligible at the Home does not relieve the worker of the responsibility of being able to help the family made other arrangements. If he is not eligible there, it is then the worker's responsibility to help him locate a place where he will be eligible. When there is no resource for this person, it is the worker's responsibility to see that the community is informed of the need which it is not meeting.

The largest number of diagnoses for refusals fell in the paralytic group (10), the next in orthopedic conditions (7), arthritis (4), sensory defects (3), cardiac conditions (4), and "Other" (4). Those included in the "Other" group was one diabetic, one with anemia, one with only the diagnosis of senility, and one with arrested tuberculosis. Arrested tuberculosis is not considered by the Home to be an incurable disease. Neither is anemial an incurable disease. One of those grouped in the orthopedic conditions was felt to be curable as her broken hip would heal.

Social Agency Contacts

As in the admissions group there were more applicants who were refused known to Social and Health Agencies than were unknown. Practically the same agencies were listed. The only difference found was a listing by Waverly Hills Clinic, and the Kentucky Pauper-Idiot Pension.

TABLE 49
REFUSALS
IDENTIFIED BY SOCIAL EXCHANGE

	Number
Identified	17
Not Identified	14
Total	31

Precipitating Causes for Application

The largest number in the classes of precipitating causes for the application was found under the grouping of relatives being unable to care for the patients, as shown in Table 45. The reasons the relatives could not continue care varied as they did in the study of the Admissions group. Financial reasons were again in second place. By "outside pressure" is meant that some one or several persons within the community see the importance of the applicant going into the Home, but the applicant

himself can see no reason for entering. This was also the precipitating cause for one of the patients in the admissions group.

TABLE 45
PRECIPITATING CAUSE FOR APPLICATION BY SEX

Cause	Male	Female	Number
Financial	3	5	8
Relatives unable to care for applicant	2	8	10
Outside pressure	-	1	1
Flare-up in Handicap	-	3	3
Accident	1	-	1
Couldn't Continue house-keeping for Self	1	2	3
Other	3	2	5
Total	10	21	31

Living Arrangements

It seems that the living arrangements of all applicants who were refused were for the most part with their family as a part of a family group. Out of the six patients who were living in nursing homes, there were five of them who were being supported by their family, so again the family was greatly tied up with the making of the application. The one other applicant who was living in a nursing home

was paying for his own care. One of the two classified in the "Other" column was staying at Waverly Hills Sanatorium until some other care could be arranged. The other applicant was in the Home for the Aged and Infirm; it was felt that the King's Daughters Home would be a better place for him because of their vocational rehabilitation program.

TABLE 46
LIVING ARRANGEMENTS

Type	Number
With Family	18
With Friends	1
Alone	4
In Nursing Home	6
Other	2
Total	31

Attitudes about Entrance
To Home

The majority of the applicants in the group of refusals wanted to enter the Home. However, there were a few who did not want to enter and who were ambivalent about it, as shown in Table 47.

Two of those whose attitudes were unknown however, were too disoriented to say how they felt about going to the Home. These two were later proved ineligible due to

senility. The applicant who saw no other way out felt herself to be a terrific burden to her family and consequently was willing to go to the Home because she did not know what else to do.

TABLE 47

APPLICANTS' ATTITUDES ABOUT ENTRANCE TO THE HOME

Attitudes	Number
Wanted to enter	14
Did not want to enter	5
Ambivalent	2
Saw no other way out	1
Unknown	9
Total	31

The majority of the relatives were affirmative about the applicant being placed in the Home, as shown in Table 48. They recognized it as a good plan and thought it the best thing for the applicant. Two of the relatives were found to be disinterested in regard to making any arrangements for the applicant. Just as long as they were not asked to keep the applicant or to help make any arrangements, they were agreeable to whatever was arranged. Another family wanted the applicant to go to the Home, but apparently were not too much in favor of it, for they were

unable to give up the applicant's savings to the Home.
Five of the applicants had no relatives.

TABLE 48

ATTITUDES ON THE PART OF RELATIVES IN REGARD TO THE APPLICANT ENTERING THE HOME

Attitude	Number
Favorable	20
Guilt Reactions	1
Ambivalent	1
Disinterested	2
No Relatives	5
Unknown	2
Total	31

Referral Source

As with the other groups studied the greatest source of referrals for the refusals came through relatives. Other sources of referrals were through friends, doctors, ministers and social agencies as well as one self referral.

Included in the "Other" column was one self application, one referred by a minister, and one referred by the head of a nursing home where the applicant was staying.

Number of Services

There were quite a number of persons in the refusal

group with whom there were no contacts by Family Service workers. The majority of the persons were either living in the state or outside of Louisville. The number of contacts with the applicant himself were not as high in this group as they were in the admissions and withdrawal group. Since the applicant was found ineligible for admission, the agency concentrated on contacts with relatives and community resources to see what kind of care was best to consider for the applicant. Contacts again consisted of visits, telephone calls, letters and office interviews.

TABLE 49

SOURCE OF APPLICATION

Source	Total
Relatives	14
Agency	6
Friends	5
Doctor	3
Other	3
Total	31

There were a large number of cases on which there were no services to relatives. Five of these had no relatives with whom contact could be made. Four of them lived out in the state and the relatives were not approached.

There was only one applicant who lived in the city for whom contact was not made with the relatives.

TABLE 50
SERVICES GIVEN BY FAMILY SERVICE ORGANIZATION
TO APPLICANT

Number of Services	Number of Cases	Total Number of Services
none	11	-
1	13	13
2	4	8
3	2	6
4	1	4
Total	31	31

The services to the relatives consisted first of all in securing significant information about the applicant and in determining whether entrance to the Home was really wanted by the applicant and his family. The other points which have been brought out so far in the study were also secured at this time. After the applicant was found ineligible for care at the Home, where it was possible, contacts were continued with the family until some suitable arrangements could be made. Three of the families were helped to see the necessity of committing the patient to an institution for the mentally ill. When the family

did not know the procedure for this, the worker at Family Service gave them the necessary information and helped them to proceed with this plan. In other cases the best plan seemed to be nursing home care at which time lists of nursing homes were submitted to the applicant's family.

TABLE 51

SERVICES TO RELATIVES

Number of Services	Number of Cases	Total Services
none	10	-
4	2	8
5	2	10
6	2	12
7	2	14
8	2	16
9	1	9
10	2	20
11	4	44
14	1	14
15	2	30
17	1	17
Total	31	194

In some cases where the applicant was not receiving old age assistance, the family was helped to make application

for the grant. The family thought they would be able to continue care of the patient with this added income in the home. In other cases where old age assistance was already active, the family was directed to their assistance worker to see about placement of the patient in the Home for the Aged and Infirm.

TABLE 52

THE CONTACTS BY FAMILY SERVICE WITH THE REFERRAL SOURCE*

Number of Contacts	Number of Cases	Total Contacts
none	15**	-
1	3	3
2	3	6
3	3	9
4	2	8
5	2	10
6	1	6
8	1	8
Total	31	50

* Contacts with relatives who were referrals are not included.

** 14 of this number had relatives as the referral.

Out of the thirty-one applicants who were ineligible for care at the Home, there were only two cases in which

direct hostility was shown toward the agency. In one of these cases there was a conflicting diagnosis on the part of the family physician and the Home's physician. For this reason the family felt quite strongly toward the Home and Family Service, and were unable to follow through with any additional plans. In one of the other cases where the applicant had no relatives, the worker tried to make plans through the applicant's friends. These friends would have nothing to do with Family Service and after the refusal took no interest in making other plans for the applicant.

Family Service worked with the minister of the applicant who had made the referral, and the applicant was moved to a nursing home where she received care. Contacts with the referral as shown in Table 52 were used in making plans for the applicant and for other reasons. When the applicant was found ineligible for care at the Home, the referring person was usually notified, and the reason for the refusal was explained to him.

The contacts shown in Table 53 were carried on with the Home in relation to the report given by the case worker to the admissions committee, with the Home's physician in regard to his examination of the patient, with the matron of the Home and with the head of the finance committee

in regard to what the applicant would be able to pay the Home for his upkeep. The one patient on which there were ten contacts with the Home lived in the county. There was no one to examine her there, so she was brought to the Home for an examination. After the examination by the Home's physician, she was found to be senile, so it was necessary for her to leave the Home.

TABLE 53

CONTACTS BY FAMILY SERVICE WITH THE HOME

Number of Contacts	Number of Cases	Total Contacts
none	2	-
1	4	4
2	7	14
3	4	12
4	4	16
5	4	20
6	2	12
7	2	14
8	1	8
10	1	10
Total	31	110

The contacts with community resources were quite numerous in the Refusal Group. One reason for this was in relation to making some suitable arrangements for the

applicant. The resources most frequently used were the Municipal Bureau of Social Service, the Division of Old Age Assistance, Louisville General Hospital, nursing homes, and private physicians.

TABLE 54

CONTACTS BY FAMILY SERVICE WITH COMMUNITY
RESOURCES

Number of Contacts	Number of Cases	Total Contacts
none	5	-
1	1	1
2	6	12
3	1	3
4	1	4
5	3	15
6	3	18
7	3	21
8	3	24
10	3	30
11	1	11
20	1	20
Total	31	159

The contacts between agency staff members were those between the individual worker on the case and the worker at the agency in charge of all the King's Daughters Home

applications. These were usually about names on the waiting list and how long it would be before an applicant could enter the Home.

TABLE 55

CONTACTS BETWEEN AGENCY STAFF
MEMBERS

Number of Contacts	Number of Cases	Total Contacts
none	16	-
1	6	6
2	4	8
3	3	9
4	1	4
5	1	5
Total	31	32

The total number of contacts per case were not quite as high with this group as they were with the admissions, but they were much higher than the withdrawal group. The difference between the admission group and the refusal group was quite small. It would seem that the refusal group was given practically as many services as was the admission group. The data in Table 56 shows that the average number of contacts per case was 18.2.

TABLE 56

THE NUMBER OF SERVICES

Number of Services	Number of Cases	Total Services
3	2	6
7	1	7
8	1	8
9	2	18
10	2	20
12	1	12
14	1	14
15	2	30
16	2	32
17	1	17
18	1	18
21	1	21
22	2	44
23	1	23
24	2	48
25	1	25
26	2	32
27	1	27
28	1	28
29	1	29
30	1	30
34	1	34
42	1	42
Total	31	565

CHAPTER V

THE WAITING LIST

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THE WAITING LIST

As has been mentioned previously a waiting list has been kept by Family Service during the two year period. This waiting list was kept in three parts. There was a city waiting list, a county waiting list, and a state waiting list. The reasons for this again were due to the large contribution of funds submitted by the Louisville Community Chest. For this reason it was felt that the city applicants should have first choice with the county and the state groups following, the latter having the least preference. When a state applicant enters, it is at the time that there is no one waiting on the other two lists. These lists are again broken down to a male and female waiting list. Even though there are city women on the list, if there is no city or county men on the list, a state male may enter. This is due to the number of men and women patients in the Home. No female can come into the Home in a males place, or vice versa, due to the physical set up of the Home.

Again it was found that the females far outnumbered the males in wishing entrance to the Home. Even though there are more beds for females than males in the Home, the demands for admission is far greater from women than

from men.

At the end of this study the waiting list consisted of 17 applicants--15 of which were female and 2 of which were male. Three of the females were on the city waiting list. All of the other 14 were on the state waiting list.

TABLE 57

AGE OF APPLICANTS ON WAITING LIST

Age	Number
17 - 19	2
20 - 29	1
30 - 39	3
40 - 49	2
50 - 59	-
60 - 69	2
70 - 79	3
80 - 89	-
90 - 100	1
Unknown	3
Total	17

Age of Applicants

Though the waiting list was comparatively small in comparison with the number of admissions and withdrawals,

slightly larger numbers show up in the 30-39 and 70-79 years groups. However, in proportion with the other two groups the number under the 30-39 years group seems high for the waiting list. If and when these persons gain admission, they would probably be quite interested in occupational therapy.

TABLE 58

MARITAL STATUS OF APPLICANTS ON WAITING LIST

Status	Number
Single	9
Widowed	2
Married	2
Unknown	4
Total	17

Marital Status

The proportion of single persons in the waiting list seems to be quite high. One factor which probably had some influence on this factor was the fact that there was a larger number of younger persons in this group.

Diagnosis

Table 59 shows diagnosis by sex and age for persons

on the waiting list. As was done before, the disability that was felt to be most crippling was chosen for this classification. Considered in the "Other" column was one patient with progressive muscular dystrophy, one with Parkinsonian's disease, and one whose disease was unknown. The Orthopedic group has the highest number, with paralysis having only one less.

TABLE 59

DIAGNOSIS OF APPLICANT'S ON WAITING LIST BY SEX AND AGE

Age	Arthritis		Paralysis		Orthopedic		Other		Total	
	M	F	M	F	M	F	M	F	M	F
17 - 19	-	-	1	1	-	-	1	-	2	1
20 - 39	-	-	-	1	-	-	-	-	-	1
30 - 39	-	2	-	1	-	-	-	-	-	3
40 - 49	-	1	-	1	-	-	-	-	-	2
50 - 59	-	-	-	-	-	-	-	-	-	-
60 - 69	-	-	-	1	-	1	-	-	-	2
70 - 79	-	-	-	-	1	-	-	2	1	3
80 --89	-	-	-	-	-	-	-	-	-	-
90 - 99	-	-	-	-	-	1	-	-	-	1
other	-	-	-	-	-	3	-	-	-	3
Total	-	3	-	5	1	5	1	2	2	15

Residence

Out of the 17 persons on the waiting list only three

of them were city residents. The remaining 14 lived in the state outside of the city. This ratio has been quite consistent through the two year period studied. It would indicate that it does take longer for applicants in the state outside of the city to gain admission than for the city residents. Three of the applicants had applied to the Home for admission as far back as 1945. When Family Service made their yearly check in 1947 these applicants still wished their names kept on the list. The majority of them had remained with their relatives and planned to continue this arrangement until they could gain admission to the Home. Even though they were informed that it might be a year or longer before they could gain admission, they still preferred to keep their name on the list. Many of them really had no other place to go other than King's Daughters Home, for there are not many resources for chronically ill persons in the state of Kentucky.

Social Agency Contacts

Out of the 17 applicants in this group only four of them were known to social agencies. Two of these were city applicants. It is felt that the number is smaller in this group than in the others due to the fact that so many more are state applicants. It is difficult to know if these persons are known to social agencies when they

do not live in Louisville or Jefferson County and are cleared through the Social Service Exchange.

TABLE 60
REFERRAL SOURCE OF WAITING LIST

	Number
Family	7
Self	2
Doctor	1
Agency	7
Total	17

Source of Application

In comparison with the other groups studied, there seem to be more referrals in this group than in any other. This may be due to the fact that more agencies are becoming aware of King's Daughters Home for Incurables, and are using it more than they used to do. These referrals were made through the Department of Welfare in Frankfort, through Red Cross agencies in the state, the Municipal Bureau of Social Service, and the Kentucky Crippled Childrens Commission. One of the referrals came through the State President of the King's Daughters Order.

Since it would be quite some time before most of these

persons on the waiting list could gain admission to the Home a complete study is not made. This is done for various reasons. If the complete study were made at the time of application for the state applicants, sometimes it is a year or longer before they can gain admission. In this length of time there can be many things which can happen to change what is learned at the time of application. Consequently, only enough information is secured to know that the applicant is eligible for further study, and this is completed at the time a vacancy occurs.

Since this is the usual procedure for those on the waiting list, there was not enough information secured for study around the factors studied in the other groups. Also the number of services was much smaller in proportion to the other groups. There were only a total of eighty-nine contacts for these seventeen cases. Of course, it must be remembered that these cases will each have more services before the applicant is admitted to the Home.

The waiting list seems to be a very important thing to keep. Not only does it keep the order in which each applicant shall enter the Home, but it also gives the person keeping it an idea of how many people are waiting. Then when another application is made, she has this information and can estimate as closely as possible about the length of time it will be before the applicant can

gain admission. If it is going to be an extremely long period the family or the person making application should know this in order to make plans accordingly. During the period that Family Service Organization handled the services to King's Daughters Home for Incurables two supervisors had charge of this list. These two kept in close contact with the Home and attended the monthly Admissions Committee meeting at the Home. The individual case workers working with the applicant also attended these meetings from time to time. When emergencies kept the supervisors in charge of the waiting list away, they were represented by another member of the Family Service Supervisory staff. It was with one of these two that the individual case workers consulted from time to time on the different cases. It seemed very important for the agency to have one person in charge of all the Home's admissions, and through this person, a co-ordination which would probably not have been obtained otherwise was usually present. If a social worker was working within the Home, there would be no need for a person in this role, for the worker would be in constant contact with the Home and the members of the Admissions Committee. This would cut down considerably on time spent under the present arrangements. There would be no time taken in phoning and visiting the Home

in regard to various questions arising. Otherwise with the group of students who do carry cases at Family Service changing from year to year and too, with the taking of new workers from time to time, it necessitates a new group working with the Home. These workers in turn have to learn all about the Home.

Precipitating Causes for Application

The "Other" category in Table 61 represents one application of an individual who badly needed care in a Home due to her physical condition and one applicant who was living in such an acute home situation that she needed to get away.

TABLE 61

PRECIPITATING CAUSES FOR APPLICATION

Cause	Number
Relatives can't continue care	10
Accident	2
Unknown	3
Other	2
Total	17

Living Arrangements

The largest group of applicants, as shown in Table 62,

were making their home with relatives and living as a part of a family group. In the "other" category, was one applicant who was staying in a hospital and three whose living arrangements were unknown.

TABLE 62

LIVING ARRANGEMENTS

Arrangement	Number
With relatives	11
In nursing home	2
Other	4
Total	17

Attitudes about Entrance to the Home

Since not too much study has been done on those applicants on the waiting list not much can be concluded from the findings in relation to the applicants' attitudes about entrance to the Home. The same thing holds for the attitudes of the relatives. In Table 63, the unknown factor was much higher than the known as was to be expected since no attempt was made to individualize those applicants at this early date.

Services on the Waiting List

As was mentioned previously there was a total of 59

contacts in this group. There was a total of 10 services to the applicant, 24 services to relatives in relation to the applicant, 24 contacts with the referral, 18 contacts with the Home, 15 with community resources, and 2 between staff members. Again the relatives have had the highest number of contacts with the agency.

TABLE 63

APPLICANTS ATTITUDES TOWARD ENTERING THE HOME

Attitude	Number
Want to enter	6
Unknown	11
Total	17

TABLE 64

ATTITUDE OF RELATIVES TOWARD APPLICANT ENTERING HOME

Attitude	Number
Favorable	8
Unknown	8
No relatives	1
Total	17

CHAPTER VI

CONCLUSIONS AND RECOMENDATIONS

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

1. The majority of applicants who applied for care at the King's Daughters Home during the two year period were in the 60 - 79 years age group.
2. The female applications outnumbered the male applications two to one.
3. The marital status of the majority of applicants was either widowed or single.
4. The city applications doubled the state applications, with the latter being almost six times as great as the county applications.
5. The proportion was about the same for those identified and not identified by the Social Service Exchange.
6. The majority of applicants were suffering from some form of paralysis while the next largest group had a diagnosis of arthritis, orthopedic conditions, or cardiac conditions, respectively.
7. The precipitating cause, following the medical

diagnosis was, first, because relatives were unable to care for the applicant and second, because of financial stress of the patient.

8. By far the majority of applicants when making application were living with relatives as a part of a family group.

9. The majority of applicants wished to enter the Home. However, there were some who did not want to enter and some who expressed ambivalent feelings about entrance.

10. By far the largest number of relatives were affirmative about the applicants entering the Home. However, there were some who expressed guilt, ambivalence, disinterest and disfavor.

11. The largest group of referrals came through relatives while the next largest number came through agencies, friends, and self applications, respectively.

12. There was a total of 1960 services rendered in the 140 cases. Two hundred of these were rendered directly to the applicant; 386 of the services were given indirectly to the applicant through the use of community resources; and 223 through the referral

source. There were 610 services to the relatives of the applicant; the majority of these were centered around the applicants going to the Home and to his adjustment after entrance, and the others were direct service to the relatives. There were 439 contacts with the Home and 102 between agency staff members.

Recommendations

Since at this time the Family Service Organization is attempting to evaluate the results of its two year demonstration period, and is in the process of trying to decide whether their out-post services should be continued or whether another plan should be devised, and in consideration of the conclusions of this study indicating that a great deal of valuable time of the case working staff is lost because of it being an out-post service, the following recommendations are offered:

1. That one full time medical social worker be employed by the Home to interview the applicants and their families.

A. A social worker would help the families understand the meaning of placement to the patient and let them know the importance of their visiting with the patient in order that he will not feel he is completely forgotten.

B. In case of a long waiting period before ad-

mission, the social worker could help the family and applicant to make temporary arrangements elsewhere.

- C. In case a person is found ineligible for care at the Home, a social worker could interpret this to the family and suggest other resources for help with the problem.
- D. A social worker could help the applicants and their families to understand and clarify their feelings about entrance to the Home. After the patient enters the Home, the social worker could serve as a link between patient and the home left behind.

2. That the medical social worker also have the responsibility for case work services to those patients already under the care of the Home.

- A. A social worker working within the Home could be available to the patients when any problems arise.
- B. When problems come up which do not fall within the function of the social worker in the Home, she could make arrangements for this service to be met elsewhere.
- C. A medical social worker has a background in the understanding of physical illness and what it can mean to the patient. She is well equipped for working with patients suffering from a chronic illness.

3. That the medical social worker accept the responsibility for working with the matron of the Home, the occupational therapist of the Home, and with outside resources for rehabilitation according to the individual need of the patient.

4. That the medical social worker should work with the members of the Board of the Home in services rendered by board members to individual patients. This would mo-

bilize and coordinate all services being carried on for the patients.

APPENDIX

APPENDIX

Schedule Used in Study

1. IDENTIFYING INFORMATION

- | | | |
|--------------|--------|-------------------|
| A. Name | | B. Case |
| C. Sex | D. Age | E. Marital Status |
| F. Residence | | G. Religion |

2. SOCIAL SERVICE EXCHANGE INFORMATION

- | | |
|------------|--------------------|
| A. Known | Agency or Agencies |
| B. Unknown | |

3. DISPOSITION OF CASE

- | | | |
|---------------------------------|--|----------------------------|
| A. Acceptance | | C. Withdrawals |
| B. Refusal | | 1. Made other arrangements |
| 1. Mental Condition | | 2. Death |
| 2. Cancer | | 3. At own request |
| 3. Epilepsy | | 4. At Families request |
| 4. Disease not Incurable | | 5. Other |
| 5. Needs too great nursing care | | |
| 6. Incontinence | | |
| 7. Other | | |

4. DIAGNOSIS

5. PRECIPITATING CAUSES FOR APPLICATION

- A. Housing
- B. Financial
- C. Relatives can no longer continue care
- D. Outside Pressure
- E. Flare up of Handicap
- F. Accident
 - a. Car
 - B. Fall
 - c. Other
- G. Can no longer continue housekeeping for self
- H. Other

6. LIVING ARRANGEMENTS

- A. Alone
- B. With Family
- C. With Friends
- D. In nursing Home
 - a. Financed by self
 - b. Financed by other
 - 1. Relative
 - 2. Old Age Assistance
 - 3. Other
- E. Other

7. FEELINGS ABOUT ENTRANCE TO THE HOME

- A. On the part of the applicant
 - a. Wants to enter
 - b. Does not want to enter
 - c. Ambivalent
 - d. Sees no other way out
 - e. Other
- B. On the part of the family of applicant
 - a. Favorable
 - b. Guilt over institutional placement
of a relative
 - c. Ambivalent
 - d. Disfavor
 - e. Disinterest
 - f. Other

8. PROCEDURES OF FAMILY SERVICE ORGANIZATIONS SERVICE

- A. Source of Intake
 - a. Self application
 - b. Individual
 - c.
 - 1. Relative
 - 2. Friend
 - 3. Doctor
 - 4. Minister
 - 5. Other
 - c. Agency Name
- B. Services to Applicant
- C. Services to Relative in connection with _____
applicant
- D. Services to relatives with their own problems _____
- E. Contacts with the referral source _____

- F. Contacts with the Home
 - G. Contacts with community resources
 - H. Contacts between Agency staff members
 - I. Total number of contacts
 - J. Case work service given to family
 - 1. after acceptance of applicant
 - 2. after refusal
 - 3. after withdrawal
 - 4. pending admittance
 - K. Case work service offered but refused
- _____
- _____
- _____
- _____
- _____

9. INTERIM OF CARE BETWEEN APPLICATION AND DISPOSITION OF CASE

- A. Length of period
- B. Kind of care worked out
- C. By whom
 - 1. Family Service
 - 2. Family
 - 3. Applicant
 - 4. Other

10. REMARKS

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