



APPLICATION FOR A TEMPORARY REDUCTION OF THE DAILY RATE FOR SHORT-TERM RESIDENTIAL CARE SERVICES

The personal information requested on this form is collected under the authority of and used for the purposes of administering the Continuing Care Act and the Hospital Insurance Act, and will be kept confidential in compliance with the Freedom of Information and Protection of Privacy Act.

A. PERSONAL INFORMATION (please print)
CLIENT'S NAME, SPOUSE'S NAME, CLIENT'S PERSONAL HEALTH NUMBER, CLIENT'S IDENTIFICATION NUMBER, FAMILY UNIT SIZE, NAME OF RESIDENTIAL CARE FACILITY, NAME OF CLIENT'S LEGAL REPRESENTATIVE, ADDRESS OF CLIENT'S LEGAL REPRESENTATIVE

B. ALLOWABLE MONTHLY EXPENSES
Table with columns: HOUSING, MEDICAL, FINANCIAL, OTHER. Rows include Mortgage/Rent, Property Taxes, Medical Services Plan, etc.

TOTAL MONTHLY EXPENSES (add all expenses listed above)

C. CALCULATION OF TOTAL ANNUAL EXPENSES
Table with columns: Client, Spouse/Dependents. Rows include Client's Annual Expenses, Spouse/Dependent's Annual Expenses, Client and Spouse/Dependent's Expenses of Daily Living Amount.

D. FINANCIAL CALCULATIONS
Table with columns: Client, Spouse, Joint. Rows include Net Income, Income Tax Paid, Universal Child Care Benefit, Registered Disability Savings Plan, Total Annual Expenses, Adjusted Annual After Tax Income.

7. DAILY RATE FOR SHORT-TERM RESIDENTIAL CARE SERVICES, 8. TEMPORARY DAILY RATE FOR SHORT-TERM RESIDENTIAL CARE SERVICES, 9. TEMPORARY MONTHLY RATE FOR SHORT-TERM RESIDENTIAL CARE SERVICES, 10. EFFECTIVE FROM, 11. EFFECTIVE TO, SIGNATURE OF RESPONSIBLE ASSESSOR, DATE SIGNED, PRINTED NAME OF RESPONSIBLE ASSESSOR

E. APPLICANT AGREEMENT (please read carefully)

I hereby declare that I have examined this statement carefully and that the disclosure of financial information stated is accurate, complete and true to the best of my knowledge. I agree to pay the temporary daily rate as calculated. I accept the responsibility of informing the local health authority in writing within 10 days of any changes in my monthly income/expenses which may affect my eligibility for a temporary reduction of my daily rate.

SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE, DATE SIGNED, SIGNATURE OF SPOUSE OR LEGAL REPRESENTATIVE, DATE SIGNED

F. HEALTH AUTHORITY AUTHORIZATION (only to be completed by an authorized individual within the health authority)

APPROVED, DECLINED, SIGNATURE(S) OF AUTHORIZED INDIVIDUAL(S), DATE SIGNED

INSTRUCTIONS AND GUIDE

Please ensure one copy of the completed application form is included in the client's file and one copy is provided to the client. If client is a sponsored immigrant, refer to additional instructions in manual.

A. PERSONAL INFORMATION

- 'Family Unit Size' includes the client, their spouse (if applicable), and any dependent children (if applicable). Enter 1 if client has a spouse or 0 if client does not have a spouse. Enter number of dependent children (if applicable). Dependent children are children under the age of 19 and living in the family home or children 19 to 25 years of age and attending school full-time and living in the family home. Add 'Client' plus 'Spouse' plus 'Dependent Children' to get 'Total'. 'Total' will be used to determine the 'Expenses of Daily Living Amount' for line C3.

B. ALLOWABLE MONTHLY EXPENSES

- Include all allowable monthly expenses for the client, their spouse (if applicable), and any dependent children (if applicable). Record the allowable monthly expenses for the client in the 'Client' column and the allowable monthly expenses for the spouse and any dependent children in the 'Spouse/Dependents' column.
- See below for the complete list of allowable and non-allowable monthly expenses.
- Add all allowable monthly expenses to calculate 'Total Monthly Expenses' for the client and their spouse (if applicable) and any dependent children (if applicable).

ALLOWABLE MONTHLY EXPENSES

- First mortgage or rent for the family home
- Property taxes/condo fees
- Water, hydro/heat, and garbage charges (utilities)
- Homeowner's or renter's insurance
- Medical Services Plan (MSP) premiums
- Extended health and dental insurance premiums – The non-reimbursable portion (i.e., deductible) of extended health and dental care costs are allowed.
- Prescription drugs – The non-reimbursable portion of prescription drug costs under an extended health and dental insurance plan are allowed. Use a prorated monthly rate for high monthly/yearly estimates.
- Dental care costs – The non-reimbursable portion of dental care costs under an extended health and dental insurance plan are allowed. Repayment of, or defaulted debt owed for services rendered is not allowed.
- Medical equipment (e.g., oxygen equipment, wheelchair, walker or scooter), including purchases, instalment payments, rentals or maintenance.
- Medical supplies (e.g., incontinence products, wound care supplies) – Clients may not claim medical supplies that are paid for by the facility.
- Prescribed special food and dietary supplements
- Canada Pension Plan deductions
- Employment Insurance premiums
- Payments dictated by the court (e.g., alimony or child support). This does not include defaulted credit payments.
- Public Guardian and Trustee commissions

NON-ALLOWABLE EXPENSES

- Client rate for home and community care services
- Loan payments (e.g., 2nd or 3rd mortgage against the family home)
- Mortgage and associated expenses for any additional properties – Expenses allowed are for the primary family residence only. All associated expenses would be deducted and reflected under 'Net Income' (line 236). Current losses are not an allowable expense.
- Reimbursable extended health and dental care costs
- Non-prescribed vitamins
- Outstanding bills or debts for services (e.g., arrears on monthly rate for residential care services, legal, accountant, ambulance or dental charges, income tax prepayments or repayments).
- Credit card payments (e.g., VISA, department store credit cards)
- RRSPs, bonds, mutual funds or other types of savings
- Bank service charges
- Life insurance
- Tuition and education expenses, scholarship funds
- Charitable donations
- Costs associated with employment income or volunteer activities
- Child care
- Non-medical transportation costs (e.g., bus fare or passes, including Handi-dart, taxicabs, loans, maintenance, insurance or gas)
- Clothing or footwear
- Newspapers, magazines, books, entertainment
- Cable television
- Telephone service (landline or cellular telephone)

- Personal comfort items and incidentals (e.g., gifts, beautician fees, toiletries, cigarettes, alcohol, membership fees)
- Pet supplies or veterinarian bills

C. CALCULATION OF TOTAL ANNUAL EXPENSES

- C1 and C2 – Multiply 'Total Monthly Expenses' by 12 to calculate 'Annual Expenses' for the client and their spouse (if applicable) and any dependent children (if applicable).
- C3 – Enter the annual 'Expenses of Daily Living Amount' for the client and spouse/dependents from the table, below. Refer to 'Total' from 'Family Unit Size' in Section A to determine the appropriate amount and record it in the 'Client' column.

Client and Spouse/Dependent's Expenses of Daily Living Amount

Family Unit Size of 1:	\$11,733 per year
Family Unit Size of 2:	\$16,593 per year
Family Unit Size of 3:	\$20,322 per year
Family Unit Size of 4:	\$23,466 per year
Family Unit Size of 5:	\$26,236 per year
Family Unit Size of 6:	\$28,740 per year

- C4 – Add lines C1, C2, and C3 to calculate 'Total Annual Expenses' for the client and their spouse (if applicable) and any dependent children (if applicable). Transfer the amount for 'Total Annual Expenses' to line D5.

D. FINANCIAL CALCULATIONS

- D1, D2, D3, and D4 – If client has no spouse, complete 'Client' column only. If client has a spouse, complete both 'Client' and 'Spouse' columns and combine numbers on lines D1, D2, D3, and D4 to obtain 'Joint' column. If spouse's expenses are claimed, spouse's income MUST be included in Section D.
- D5 – Enter 'Total Annual Expenses' as calculated on line C4.
- D6 – Subtract lines D2, D3, D4 and D5 from line D1 to calculate 'Adjusted Annual After Tax Income'.
- D7 – Enter current fixed daily rate for short-term residential care services (see HCC Policy Manual, Chapter 7.C.1).
- D8 – Divide 'Adjusted Annual After Tax Income' (line D6) by 365 to calculate 'Temporary Daily Rate for Short-Term Residential Care Services'.
- D9 – Divide 'Adjusted Annual After Tax Income' (line D6) by 12 to calculate 'Temporary Monthly Rate for Short-Term Residential Care Services'.
- D10 – Enter the effective date ('Effective From') for the temporary daily rate. Once the temporary daily rate is approved, it is effective immediately.
- D11 – Enter the expiry date ('Effective To') for the temporary daily rate. The temporary daily rate should be in place for the shortest amount of time necessary to alleviate the client's serious financial hardship.
- Responsible assessor signs and dates the completed application form.

E. APPLICANT AGREEMENT

- Client signs and dates the completed application form. If client cannot sign but can make their mark, the responsible assessor enters the client's name, the words "his/her Mark", and countersigns. If the client cannot sign or mark, the client's legal representative may sign on behalf of the client.
- If the client has a spouse and the spouse's income and expenses were included on the application form and used to calculate the client's temporary daily rate, the spouse must also sign and date the completed application form.
- The responsible assessor ensures the client is aware he/she is certifying that the answers to Sections A, B and D are correct, and that he/she is agreeing to pay the temporary daily rate as calculated in Section D.
- The responsible assessor forwards the completed application form to an authorized individual within the health authority for review and approval.

F. HEALTH AUTHORITY AUTHORIZATION

- Only to be completed by an authorized individual within the health authority.
- Authorized individual ticks one box, signs and dates signature.

Reference: Home and Community Care Policy Manual, Chapter 7.D (Temporary Reduction of Client Rates).