

Application for Reduction in Long-Term Care Home Basic Accommodation Resident Receiving ODSP Form

Pursuant to section 177 of the *Long-Term Care Homes Act, 2007* the Director may directly or indirectly collect the information provided in this application to determine the reduced amount payable by the resident for basic accommodation in accordance with section 253 of O. Reg. 79/10 made under the *Long-Term Care Homes Act, 2007*. Pursuant to subsection 253(4) of O. Reg. 79/10 the licensee is required to submit this application and retain a copy.

Resident's Information

Last Name		First Name	Middle Name
Date of Birth (yyyy/mm/dd)	Long-Term Care Home		

Resident's Lawful Representative (if applicable)

As defined as 1) an attorney authorized by a power of attorney under the Powers of Attorney Act where the resident is capable, 2) an attorney authorized by a continuing power of attorney under the *Substitute Decisions Act, 1992*, and 3) a guardian of property under the *Substitute Decisions Act, 1992*.

Last Name		First Name	Middle Name
Telephone Number	<input type="checkbox"/> The Office of the Public Guardian and Trustee (OPGT) is the guardian of property under the <i>Substitute Decisions Act, 1992</i> OPGT File Number _____		

Part A. General Information - please check in the appropriate box(es)

Are you a resident currently receiving income from the Ontario Disability Support Program (ODSP) under the *Ontario Disability Support Program Act 1997*? If yes, please provide a current ODSP documentation. Yes No

Part B. Resident Declaration

I have and, if applicable, my dependant spouse and/or dependant child has, accessed all benefits, entitlements, supplements, settlements or other financial assistance that may be available including those available from the government of Canada, the government of any province or territory in Canada, any municipal government in Canada and all benefits, entitlements, supplements, settlements or other financial assistance from any foreign country.

If a component of my annual net income and, if applicable, a component of my dependant spouse's annual net income and/or dependant child's annual net income, changes during the course of my rate reduction term, including for example involuntary separation, I understand that I must reapply for a new rate reduction at that time.

If my eligibility for a rate reduction and, if applicable, the eligibility of my dependant spouse and/or dependant child, changes during the course of my rate reduction term, I understand that I must reapply for a new rate reduction at that time.

I have supplied the information in this application to the best of my knowledge. All statements are true and no information required to be given has been withheld or omitted.

I acknowledge that if it is determined that I have provided false information on the application for a rate reduction, my application may be retroactively denied or my rate may be retroactively adjusted. I acknowledge that if it is determined that I should have paid a higher rate, I will be required to repay the difference before I can receive a further rate reduction.

I, _____ of the _____ of _____
 (Name of Resident or Lawful Representative) (Town/City) (Name of Town or City)

in the Province of Ontario, do solemnly declare that:

- I am the person named in, and who subscribed, the foregoing application.
- The matters and facts in it are true, to my own knowledge and I make this solemn declaration conscientiously believing it to be true.

Declared before me,

_____ at _____ this _____ day of _____, 20_____
 (Name of Witness) (City) (Day) (Month) (Year)

Signature of Witness

X

Signature of Applicant

X

To Be Completed by the LTCH Licensee

1. Resident Unique Identifier Number	2. Date application received by LTCH (yyyy/mm/dd)
3. Resident date of admission to any Long-Term Care Home (yyyy/mm/dd)	4. Resident date of admission into basic accommodation if different than date provided in 3. (yyyy/mm/dd)
5. If a renewal, end date of last rate renewal term.(yyyy/mm/dd)	
