

## Application for Reduction in Long-Term Care Home Basic Accommodation Schedule A: Spouse Dependant

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.

### Spouse Information

A spouse is defined as a person to whom the resident is married to or a person to whom the resident lives with outside of marriage in a conjugal relationship

Last Name	First Name	Middle Name
Date of Birth (yyyy/mm/dd)		

### Part A. Eligibility

If you answer "no" to question 1 or "yes" to either questions 2, 3 or 4 then your spouse dependant is not eligible for a dependant deduction. Please do not complete this form.

- Were you living with your spouse prior to your Long-Term Care Home (LTCH) admission (including hospital, LTC home, or other institution)?  Yes  No
- Does your spouse live in a long-term care home, hospital or other government funded institution?  Yes  No
- Is your spouse at least 65 years of age and receiving an OAS pension or, eligible to receive an OAS pension?  Yes  No
- Does your spouse receive income support from ODSP or basic financial assistance from OW either directly or indirectly as part of a benefit unit?  Yes  No

### Part B. Mandatory Income Information

Notice of Assessment (NOA) sent by the Canada Revenue Agency, to the spouse, for the most recent taxation year. (For definition, please see the RRISA supporting document list).

NOA Tax Year (yyyy)	Net Income from line 236
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### Non-taxable Current Income

Provide the total amount of non-taxable income your spouse will receive this year

Non-taxable private insurance (insurance policy or insurance benefit letter)	\$
Financial assistance from a foreign country (Cdn. \$) (foreign country letter)	\$

### Income Excluded from Annual Net Income

The following income may have been included in **your spouse's** NOA and must be removed. Provide the total amount of income included in your spouse's NOA.

Taxes payable (Notice of Assessment, line 435)	\$
Universal child care benefit (Option-C Printout, line 117)	\$
Registered disability savings plan (RDSP) (Option-C Printout, line 125)	\$
CPP death benefit /QPP death benefit (T4A (P) Box 18)	\$

### Part C. Current Income Not Listen on NOA

For any benefit, not included in your spouse's NOA, provide the total amount of the benefits your spouse will receive this year.

Canada Pension Plan (CPP)-Retirement (Service Canada Rate Letter), Quebec Pension Plan (QPP) (Regie des rentes Quebec Rate Letter)	\$
CPP-Disability (Service Canada Rate Letter), QPP Disability (Regie des rentes Quebec Rate Letter)	\$
CPP Survivor Benefit (Service Canada Rate Letter), QPP Surviving Spouse's Pension (Regie des rentes Quebec Rate Letter)	\$
CPP Children's Benefit (Service Canada Rate Letter), QPP Orphan's Pension (Regie des rentes Quebec Rate Letter)	\$
OAS Allowance for the Survivor (Service Canada Rate Letter)	\$
OAS Spousal Allowance (Service Canada Rate Letter)	\$
Workers' Compensation (WC) (Workers' Compensation Rate Letter)	\$
Other Canadian Government Benefits (Federal, Provincial/Territorial or Municipal) or taxable private insurance (insurance policy or insurance benefit letter)	\$

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**Part D. Assistive Device**

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Lump-sum income used by the spouse to pay for the consumer contribution of an assistive device under the Ministry's Assistive Devices Program (ADP) within the spouse's NOA tax year will not be included in the calculation of the spouse's annual net income. Since the income was used to pay for the assistive device, it will no longer be available to the spouse. Provide the type of income for exclusion and amount included on your NOA.

Please indicate the type of lump-sum income for exclusion and corresponding amount received in the NOA year (e.g. RRSP, GIS lump-sum, life insurance cash out)	\$
Spouse's contribution for an Assistive Device (reported as spouse's portion on supplier invoice)	\$

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**To Be Completed by the LTCH Licensee**

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Resident Unique Identifier Number: \_\_\_\_\_

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