

Application for Reduction in Long-Term Care Home Basic Accommodation Resident with a Notice of Assessment and Transitioning to New Government Benefit(s)

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*.

Name of Lawful Representative

Last Name	First Name	Middle Name
Telephone Number (include area code)	<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 R in the appropriate box(es)

Note: For residents under 65 and/or residents over 65 that are ineligible for OAS: If your annual income is less than \$13,764, please ensure that you are applying for the Ontario Disability Support Program (ODSP) from the Ministry of Community and Social Services (MCSS) prior to applying for a Reduction in your Long-Term Care Home Basic Accommodation.

1. Are you 65 years or older? Yes No
 2. Are you eligible to receive or are you receiving Old Age Security (OAS) pension under the *Old Age Security Act* (Canada)? If "yes", complete the following questions: Yes No
 3. Do you have a spouse? If no, please skip to question 3d. Yes No
 - a. Is your spouse 65 years or older and receiving or eligible for OAS? If no, please skip to Part B. Yes No
 - b. Do you reside in the same room in the Long-Term Care Home (LTCH) with that spouse? Yes No
 - c. Have you applied for involuntary separation?
 "Involuntary separation" is a term used only to indicate that, as a result of circumstances beyond their control, married couples are required to live apart. **Please note that if you have been approved for involuntary separation but your benefits have not yet been adjusted then you are required to reapply as soon as you receive a notice from Service Canada reflecting an adjustment to your benefits.** Yes No
 - d. As of January 2018, the OAS/Guaranteed Income Supplement (GIS)/Guaranteed Annual Income System (GAINS) maximum annual benefit amount for single pensioners in Ontario was (\$18,550.68) (\$1,545.89 monthly). Is your current income less than this amount? Yes No
- Please note that the annual guaranteed income level for single pensioners in Ontario for the year of your 2017 NOA was \$18,398.43 (\$1,533.20 monthly), therefore please ensure that your current income calculation includes the January 2018 increase.**
- e. If yes to question 3d. above:
 - i) Have you applied for GIS? Yes No
 - ii) Have you received a decision? Yes No

Part B. Mandatory Income Information

Notice of Assessment (NOA) sent by the Canada Revenue Agency, to the resident, 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 you will receive this year.

Non-taxable private insurance (insurance policy or insurance benefit letter)	\$
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Financial assistance from a foreign country (Cdn. \$) (foreign country letter)	\$
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Financial support from the resident's sponsor (For resident and dependants, only include dependants amount if claiming them in Schedule A and/or B)	\$
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Income Excluded from Annual Net Income

The following income may have been included in your NOA and must be removed.

Provide the total amount of income included in your NOA.

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

If you have support payment due or owing to you provide the annual amount of the support payments below. If this applies to you, please speak to your LTC home as you may be eligible to apply to have this income excluded if it is not available to you.

Court Order or Support Agreement Amount	\$
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Taxable amount of support payments received (Option-C Printout, line 128)	\$
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Annual Net Benefit

This information will be used to calculate the difference between the total benefits you received previously and the total benefits you will receive in the current year.

Benefits Received in the Previous Year (Based on your Notice of Assessment)

Provide the total amount of income you are no longer receiving but you received from each government benefit in the previous year that was reported on your Notice of Assessment.

Benefits you are Receiving this Year (New benefits, not reflected in the Notice of Assessment)

If you transitioned to new government benefits after your NOA year, please provide the monthly amount of your new benefit income and multiply this amount by 12 to provide the total annualized amount.

If you transitioned to the new government benefits during your NOA year, please provide the monthly amount of your new benefit income and multiply this amount by the number of months in **Column B** to ensure your benefits are not double counted. If you need further assistance, speak to your LTC home to assist you in calculating the total amount of your new government benefit.

Benefit/Income	Column A Amount included in NOA (\$)	Column B Number of Months Received (#)	New Benefit/Income	Column C New Monthly Amount (\$)	Column D New Total Amount (\$)
Ontario Disability Support Program (ODSP) Ontario Works (OW) (T5007 Box 11)	\$		Ontario Disability Support Program (ODSP)/Ontario Works (OW) (T5007 Box 11) (MCSS Eligibility or Rate Letter or cheque stub)	\$	\$
Old Age Security (OAS) (Option-C Printout, line 113)	\$		Old Age Security (OAS) (Service Canada Rate Letter)	\$	\$
Old Age Security (OAS) Spousal Allowance (Option-C Printout, line 146)	\$		Old Age Security (OAS) Spousal Allowance (Service Canada Rate Letter)	\$	\$
Old Age Security (OAS) Allowance for the Survivor (Option-C Printout, line 146)	\$		Old Age Security (OAS) Allowance for the Survivor (Service Canada Rate Letter)	\$	\$
Guaranteed Income Supplement (GIS) (Option-C Printout, line 146)	\$		Guaranteed Income Supplement (GIS) (Service Canada Rate Letter)	\$	\$
Guaranteed Annual Income System (GAINS) (T5007 Box 11)	\$		Guaranteed Annual Income System (GAINS) (Ministry of Revenue Rate Statement Letter)	\$	\$
Canada Pension Plan (CPP) – Retirement, Quebec Pension Plan (QPP) (T4A (P) Box 14)	\$		Canada Pension Plan (CPP) - Retirement, (Service Canada Rate Letter) Quebec Pension Plan (QPP) (Regie des rentes Quebec Rate Letter)	\$	\$
Canada Pension Plan (CPP) - Disability, Quebec Pension Plan (QPP) Disability (T4A (P) Box 16)	\$		Canada Pension Plan (CPP) - Disability, (Service Canada Rate Letter) Quebec Pension Plan (QPP) Disability, (Regie des rentes Quebec Rate Letter)	\$	\$
Canada Pension Plan (CPP) Survivor Benefit, Quebec Pension Plan Surviving Spouse's Pension (QPP), (T4A (P) Box 15)	\$		Canada Pension Plan (CPP) Survivor Benefit, Quebec Pension Plan Surviving Spouse's Pension (QPP) Disability (Service Canada Rate Letter)	\$	\$
CPP Children's Benefit (Service Canada Rate Letter), QPP Orphan's Pension (Regie des rentes Quebec Rate Letter) (T4A (P) Box 17)	\$		CPP Children's Benefit (Service Canada Rate Letter), QPP Orphan's Pension (Regie des rentes Quebec Rate Letter)	\$	\$
Worker's Compensation (WC) (Option-C Printout, line 114)	\$		Worker's Compensation (WC) (Worker's Compensation Rate Letter)	\$	\$
Other Canadian Government Benefits (Federal, Provincial/Territorial or Municipal) or taxable private insurance (insurance policy or insurance benefit letter)	\$		Other Canadian Government Benefits (Federal, Provincial/Territorial or Municipal) or taxable private insurance (insurance policy or insurance benefit letter)	\$	\$

What Parts of this Form am I required to fill in? Everyone is required to fill in Part A, Part B and Part E.

4. a. Have you received a rate reduction at any time during the NOA year? Yes No
- b. If yes, do you have lump-sum income that was included in your NOA and that you used to pay for an assistive device or for your LTC accommodation fees? Please fill in **Part D of this Form** to have part of this lump-sum income deducted. Yes No
- c. Does your NOA include income that was payable for a period when you were not receiving a rate reduction? Yes No
- d. Does your NOA include lump-sum payment of OAS, GIS or GAINS payable prior to January 1, 2011 and you were receiving a rate reduction during this period? Yes No

If "yes" to questions 4c. and/or 4d. above, you may be able to exclude the income source no longer available from your income calculation. Please fill in **Part C of this Form** to have this income deducted.

Part C. Income Excluded from Annual Net Income: Income Payable Prior to Receiving a Rate Reduction

For any income that you no longer receive that was included in your NOA that were payable for a period of time when you were not receiving a rate reduction, provide the total amount for the applicable period included in your NOA. If there are other types of income not listed that were included in your NOA and are no longer available to you and were received and payable for a period of time when you were not getting a rate reduction, please speak to your LTC home. You may be eligible to apply to have this income excluded.

Stoppage of employment income (Option-C Printout, line 101)

Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	\$
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RRSPs withdrawn (Option-C Printout, line 129)		
Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	\$

Lump-sum income i.e. OAS/GIS/GAINS (Service Canada Rate Letter)		
Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	\$

Split pension income (Option-C Printout, line 116)		
Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	\$

Registered Retirement Income Fund (RRIF) or Life Income Fund (LIF) income (Option-C Printout, line 115)		
Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	\$

Part D. Income Excluded from Annual Net Income: Lump-sum income used to pay for an Assistive Device or for LTC Home Accommodation

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)	\$
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Assistive Device

Lump-sum income used by the resident to pay for the consumer contribution of an assistive device under the Ministry's Assistive Devices Program (ADP) within the resident's NOA tax year may not be included in the calculation of the resident's annual net income.

Resident contribution for an Assistive Device (reported as resident's portion on supplier invoice)	\$
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Accommodation

Lump-sum income used by the resident to pay in full or in part for accommodations during the resident's NOA tax year, which, in the current year, is not available to the resident, may be excluded from the calculation of the resident's annual net income

Sum of Accommodation Paid for the time period covered using the income type identified above	\$
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Time Period Covered during NOA year that you were paying for accommodation

Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)
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Lump-sum income amount from identified source that you will be receiving for this current year?	\$
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What other Forms do I need to fill in ?

- 5. Do you want to retain income to support a dependant spouse in the community? Yes No
If "yes", please complete and attach **Schedule A: Spouse Dependant.**
- 6. Do you want to retain income to support one or more dependant children in the community? Yes No
If "yes", please complete and attach **Schedule B: Child Dependant** for each dependant child.
- 7. Did you receive notification from the Long-Term Care Home that you are eligible for a **Continuation of Previous Dependant Deduction?** Yes No
If "yes", please complete and attach **Schedule C: Continuation of Previous Dependant Deduction.**

Part E. 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 _____
(Name of Resident or Lawful Representative) (Town/City)

of _____ in the Province of Ontario, do solemnly declare that:
(Name of Town or City)

- 1. I am the person named in, and who subscribed, the foregoing application.
- 2. 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 _____
(Name of Witness) (City)

this _____ day of _____ 20 _____
(Day of Month) (Month) (Year)

Signature of Witness

Signature of Applicant

X _____

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)	