

# Application for Reduction in Long-Term Care Home Basic Accommodation Resident Without Notice of Assessment (NOA)

(For residents who have been first admitted into a Long-Term Care Home for a year or less and have not been issued a NOA)

Pursuant to section 187 of the *Fixing Long-Term Care Act, 2021*, 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 303 of O. Reg. 246/22 made under the *Fixing Long-Term Care Act, 2021*. Pursuant to subsection 303(4) of O. Reg. 246/22, the licensee is required to submit this application and retain a copy.

Pursuant to subsection 299(4) of O. Reg. 246/22, the Director has made a determination that the increase as a result of doubling the Guaranteed Annual Income System (GAINS) payment for all recipients for 12 months starting in January 2023 must not be considered in the determination of a resident's annual net income. The increase from the temporary doubling of the 2023 GAINS payment must not be reported on this form when applying for a Rate Reduction. The regular base portion of GAINS payments must still be reported, and will be considered in the determination of a resident's annual net income. Please refer to the Director's Determination Letter for further information.

## 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)

A resident's lawful representative includes 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 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 \$16,068, please ensure that you are applying for the Ontario Disability Support Program (ODSP) from the Ministry of Children, Community and Social Services (MCCSS) 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 question 3d  Yes  No
  - b. Do you reside in the same room in the Long-Term Care Home (LTCH) with that spouse? If yes, please skip to question 3d  Yes  No
  - c. Have you applied for involuntary separation?  Yes  No  
 "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. This has no impact on their marital status. **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.**

- d. As of January 2024, the OAS/Guaranteed Income Supplement (GIS)/Guaranteed Annual Income System (GAINS) maximum annual benefit amount for single pensioners in Ontario was \$22,341.72 (\$1,861.81 monthly). Is your current income less than this amount?  Yes  No
- 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

Only fill in this form if you have been in a Long-Term Care Home for less than or equal to 12 months and do not have a NOA available.

Provide the total annualized amount of income you will receive this year from the sources listed below. If you only have the monthly amount, please multiply this amount by 12. This will be included in your annual net income calculation.	Annualized Amount \$
Old Age Security (OAS) (Service Canada Rate Letter)	\$
Guaranteed Income Supplement (GIS) (Service Canada Rate Letter)	\$
Base portion of Guaranteed Annual Income System (GAINS) (Ministry of Finance Rate Statement Letter)	\$
Canada Pension Plan (CPP) - Retirement (Service Canada Rate Letter), Quebec Pension Plan (QPP)(Regie des rentes Quebec Rate Letter)	\$
Canada Pension Plan (CPP) - Disability (Service Canada Rate Letter), QPP Disability (Regie des rentes Quebec Rate Letter)	\$
Canada Pension Plan (CPP) Survivor Benefit QPP Surviving Spouse's Benefit (Regie des rentes Quebec Rate Letter)	\$
Canada Pension Plan (CPP) Children's Benefit QPP Orphan's Pension (Regie des rentes Quebec Rate Letter)	\$
Old Age Security (OAS) Allowance for the Survivor (Service Canada Rate Letter)	\$
Old Age Security (OAS) Spousal Allowance (Service Canada Rate Letter)	\$
Ontario Works (OW) (MCSS Eligibility or Rate Letter or OW Cheque Stub)	\$
Workers' Compensation (WC) (Workers Compensation Letter)	\$
Other Canadian Government Benefits (Federal, Provincial/Territorial or Municipal)	\$
Non-taxable private insurance (Private Insurance Letter)	\$
Financial assistance from a foreign country (Cdn. \$) (Foreign Country Letter)	\$
Financial support from the resident's sponsor (For resident and dependants, only include dependants amount if claiming them in schedule A and/or B)	\$
Registered Retirement Income Fund (RRIF) Income (T4RIF)	\$
Interest Income (T3, T5, T5012 or T5013A)	\$
Pension, Retirement and Annuities and Other income (T4A)	\$
Employment Insurance benefits (Service Canada Letter)	\$

Rental Income (Self reported)	\$
Taxable private insurance (Private Insurance letter)	\$
Other Private Income Sources (Self reported)	\$
Support payments owing to you: (Court Order/Support Agreement Amount) 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. Please note, this does not include support payments that you are required to pay to others.	\$

**What other Forms do I need to fill in ?**

4. 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**.
5. 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.

**Part C. 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.

All the information supplied in this application is 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/City)

- I am the person named in, and who subscribed, the foregoing application.
- The declaration set out above is true.

And I make this solemn declaration conscientiously believing it to be true.

Declared before me,

\_\_\_\_\_ at \_\_\_\_\_  
(Name of Witness) (Name of Town/City)

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
(Day of Month) (Month) (Year)

Signature of Witness

Signature of Applicant

**X** \_\_\_\_\_

**X** \_\_\_\_\_

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**To Be Completed by the LTCH Licensee**

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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)	

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