

Application for Reduction in Long-Term Care Home Basic Accommodation Schedule B: Child Dependant

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. Please only exclude the GAINS 2023 Doubling Increase Portion as set out under Part D. 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.

Dire	ector's Determination Lett	er for further information.			
Ch	ild Information				
Last Name			First Name		
Date of Birth (yyyy/mm/dd)		Is your child living independently (i.e. not living with a parent or other person with lawful custody)? Yes No			
Pai	t A. Eligibility				
	ou answer "yes" to questions ase do not complete this form		your child dependant is not eligible for a depend	dant deduction.	
1.	Does your child live in a lo	ng-term care home, hospital or o	ther government funded institution?	☐ Yes ☐ No	
2.	Is your child receiving incoindirectly as part of a bene	• •	financial assistance from OW either directly or	☐ Yes ☐ No	
3.	a. Is your child less than	18 years of age?		Yes No	
	b. If yes, is their income le	ess than the federal basic person	al amount of \$15,000?	☐ Yes ☐ No	
4.	If your child is between 18 secondary school full-time	, , ,	ently attend a recognised secondary or post-	Yes No	
		.) above, no NOA is required and fill in the remainder of Part B, F	their income is considered \$0.00. You have co	mpleted this	
	to Questions 3 (a.) and (b.) to, and Part E.	above and yes to Question 4, pl	ease fill in the following information and complet	te Part B, Part C ,	
Paı	t B. Mandatory Incom	e Information			
NO	A Tax Year (yyyy)	Net Income from line 23600			
	annual net income of a child se income is:	under 18 years of age may be rec	luced by the basic personal amount. Therefore, a	child under 18	
•	less than the basic personal amount under the <i>Income Tax Act</i> (Canada), the annual net income for that child will be considered to be \$0.00; and,				
•	equal to or more than the basic personal amount under the <i>Income Tax Act</i> (Canada), the annual net income will be determined without considering the personal exemption amount.				
Pai	t C. Current Income N	lot Listed on NOA			
	any government or private in will receive this year.	nsurance benefit, not included in	your child's NOA, provide the total amount of the	e benefits your	

Income retained from another Long-Term Care resident

Benefit/Income

Annual Amount

\$

Benefit/Income	Annual Amount			
Non-taxable private insurance	\$			
Other Canadian Government Benefits (Federal, Provincial/Territorial or Municipal)	\$			
CPP-Disability (Service Canada Rate Letter), QPP Disability (Regie des rentes Quebec Rate Letter)	\$			
CPP Children's Benefit (Service Canada Rate Letter), QPP Orphan's Pension (Regie des rentes Quebec Rate Letter)	\$			
Part D. Income Excluded from Annual Net Income				
Taxes payable (Notice of Assessment, line 43500)	\$			
Universal child care benefit (Option-C Printout, line 11700) and/or Guaranteed Annual Income System (GAINS) 2023 Doubling Increase Portion (GAINS Rate Statement Letter)	\$			
Registered disability savings plan (RDSP) (Option-C Printout, line 12500)	\$			
CPP death benefit /QPP death benefit (T4A (P) Box 18)	\$			
Part E. Assistive Device				
Lump-sum income used by the child to pay for the consumer contribution of an assistive device under the Ministry's Assistive Devices Program (ADP) within the child's NOA tax year will not be included in the calculation of the child's annual net income. Since the income was used to pay for the assistive device, it will no longer be available to the child. 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)	\$			
Child's contribution for an Assistive Device (reported as child's portion on supplier invoice)	\$			
To Be Completed by the LTCH Licensee				

Resident Unique Identifier Number:

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