

Long-Term Care Home Choice Form

Patient Name:

Health Card Number:

You may choose up to five (5) long-term care homes (LTCH). Please list LTCHs in order of preference. You must be prepared to accept whichever one becomes available first, however, you can then wait in that LTCH for your first choice to become available.

South East Choice(s):

Accommodation:

Date Added:

- | | | | | |
|----|-------|-------|--------------|---------|
| 1. | _____ | Basic | Semi-Private | Private |
| 2. | | Basic | Semi-Private | Private |
| 3. | | Basic | Semi-Private | Private |
| 4. | | Basic | Semi-Private | Private |
| 5. | | Basic | Semi-Private | Private |

Out of Region Choice(s):

Accommodation:

Date Added:

- | | | | | |
|----|--|-------|--------------|---------|
| 1. | | Basic | Semi-Private | Private |
| 2. | | Basic | Semi-Private | Private |
| 3. | | Basic | Semi-Private | Private |
| 4. | | Basic | Semi-Private | Private |
| 5. | | Basic | Semi-Private | Private |

Short-Stay Interim Choices(s):

Accommodation:

Date Added:

- | | | | | |
|----|--|-------|--------------|---------|
| 1. | | Basic | Semi-Private | Private |
| 2. | | Basic | Semi-Private | Private |
| 3. | | Basic | Semi-Private | Private |
| 4. | | Basic | Semi-Private | Private |
| 5. | | Basic | Semi-Private | Private |

Please provide complete the following page

HOME AND COMMUNITY CARE SUPPORT SERVICES

South East

I have been informed of the different costs for preferred accommodation in the home(s) of my choice.

Home and Community Care Support Services, as the designated Placement Coordinator, will collect all necessary personal and medical information to determine eligibility for admission to long-term care; arrange for appropriate assessments; maintain a record of this information, and subsequently disclose information to the LTCH(s) of my choice. I acknowledge that I have been counseled about the reasons why this information is needed and I understand them.

I understand that Home and Community Care Support Services will update and share this information with other Home and Community Care Support Services, hospital staff (if applicable), and the LTCH(s) of my choice.

I understand that I may withdraw my consent at any time. **If a change is made to either a LTCH choice or accommodation, an updated LTCH Choice Form is required, needs to be signed by the Patient/ SDM, and submitted to Home and Community Care Support Services South East.**

Date: _____ Signature - Patient/Substitute decision-maker: _____

OR Verbal consent obtained From: _____
and form sent (via mail, fax or email) for patient/substitute decision-maker signature.
MUST be signed prior to a bed offer.

Date received by Care Coordinator: _____

HOME AND COMMUNITY CARE SUPPORT SERVICES

South East

Bill 7 Long-Term Care Home (LTCH) Choices made by Care Coordinator under Ontario Regulation 246/22 - for ALC-LTC Patients in Hospital only

Patient Name: _____ Health Card Number: _____

Amendments made to the [Fixing Long-Term Care Act, 2021](#), enables a Care Coordinator working with ALC patients to complete the following without the patient or substitute decision-maker's consent:

- Determine a patient's eligibility for admission to a LTCH
- Select long-term care home(s) for a patient that can meet their care needs
- Share the patient's application and health information with LTCHs
- Authorize admission to the home

Your Care Coordinator has worked with you throughout this process and provided information on homes that can meet your care needs. At this time, you or your substitute decision-maker have declined consent for a long-term care application and/or to add additional choices to your Long-Term Care Home Choice Form. The Care Coordinator has selected the choices below on your behalf, as per the *Fixing Long-Term Care Act, 2021* s. 60.1.

This Facility Choice List represents Home and Community Care Support Services-selected waitlist choices, per the Field Guidance document.

Choices added by Home and Community Care Support Services (hospital only). *Note: To follow in sequential order from patient choices identified on page 1.*

	Accommodation:			Date Added:
1.	Basic	Semi-Private	Private	
2.	Basic	Semi-Private	Private	
3.	Basic	Semi-Private	Private	
4.	Basic	Semi-Private	Private	
5.	Basic	Semi-Private	Private	

Comments/Additional Information (can add additional choices below if options exhausted above); Examples: additional Bill 7 information/choices, etc.

Date: _____ Care Coordinator: _____