SERVICES DE SOUTIEN À DOMICILE ET EN MILIEU COMMUNAUTAIRE Champlain

Long-Term Care Home Choice List

Patient			
	(Last Name, First Name)	Health Card Number	Version Code

- 1) Please select up to five long-term care homes (LTCHs) from the list below, including those you may be interested in that are located outside of the Champlain region.
- 2) In order of your preference, rank each home you choose from 1 to 5 and select your accommodation type.
- 3) For LTCHs with culturally designated units: please indicate if you are applying for *only the designated units*, **or** for *designated and general units*.

If your chosen LTCHs can provide the care the applicant needs, the applicant's name is added to those homes' wait lists. Home and Community Care Support Services will contact you to confirm your eligibility.

Legend:

(S) = Secure unit

Private* = often for current residents requesting internal transfers

Legend. (3) – Secure unit			- eques		
Central Ottawa	Location	Rank (1-5)	Choose Accommodation Type		
Carleton Lodge (S)	Nepean		□Basic		□Private
Carlingview Manor (S)	Ottawa		□Basic	□Semi	□Private
Centre d'accueil Champlain (S)	Vanier		□Basic	□Semi	□Private
CSLD Montfort (S)	Ottawa		□Basic		□Private
Élisabeth-Bruyère Residence (S)	Ottawa		□Basic	□Semi	□Private
Extendicare – Crossing Bridge (S) (replacing Extendicare West End Villa in Spring 2024)	Stittsville		□Basic		□Private
Extendicare - Laurier Manor	Ottawa		□Basic	□Semi	□Private
Extendicare - Medex	Nepean		□Basic	□Semi	Private*
Extendicare - New Orchard Lodge	Ottawa		□Basic	□Semi	Private*
Extendicare - Starwood	Ottawa		□Basic	□Semi	Private*
Extendicare - West End Villa (being replaced by Extendicare – Crossing Bridge in Spring 2024	Ottawa		□Basic	□Semi	□Private
Forest Hill (S)	Kanata		□Basic		□Private
Garden Terrace (S)	Kanata		□Basic		□Private
Garry J. Armstrong (S)	Ottawa		□Basic		□Private
Glebe Centre (S for general unit female only) ☐ Chinese-designated unit ☐ General	Ottawa		□Basic	□Semi	□Private
Granite Ridge Community (S)	Stittsville		□Basic		□Private
Hillel Lodge (S) ☐ Jewish-designated unit ☐ General	Ottawa		□Basic	□Semi	□Private
Longfields Manor	Nepean		□Basic		□Private
Manoir Marochel	Ottawa		□Basic	□Semi	□Private
Perley Health Seniors Care Centre (S)	Ottawa		□Basic		□Private



Long-Term Care Home Choice List

Four Seasons Lodge

Groves Park Lodge

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Legend:	(S) = Secure unit	Private*	= often for curre	nt reside	nts reques	ting intern	al transfers
Central Ott	awa (cont'd)		Location	Rank (1-5)	Choose A	ccommoda	ation Type
Peter D. Cla	ark (S)		Ottawa		□Basic		□Private
Résidence S	Saint-Louis (S)		Orléans		□Basic	□Semi	□Private
Royal Ottav	wa Place		Ottawa		□Basic		□Private
Salvation A	rmy Grace Manor (S)		Ottawa		□Basic		□Private
Sarsfield Co	olonial Home		Sarsfield		□Basic	□Semi	□Private
St. Patrick's	s Home (S)		Ottawa		□Basic		□Private
Township o	of Osgoode Care Centre		Metcalfe		□Basic	□Semi	□Private
Villa Marco ☐ General	ni (S) 🗆 Italian-designated ເ	unit	Ottawa		□Basic		□Private
Eastern Cha	amplain		Location	Rank (1-5)	Choose A	ccommoda	ation Type
Caressant C	Care Bourget		Bourget		□Basic	□Semi	□Private
Centre d'ac	cueil Roger Séguin (S)		Clarence Creek		□Basic	□Semi	□Private
Champlain	Long Term Care		L'Orignal		□Basic	□Semi	□Private
Chartwell L	ancaster LTC Residence		Lancaster		□Basic	□Semi	□Private
Dundas Ma	nor Nursing Home		Winchester		□Basic	□Semi	Private*
Foyer St. Vi	ateur Nursing Home		Limoges		□Basic	□Semi	□Private
Glen-Stor-D	Oun Lodge (S)		Cornwall		□Basic	□Semi	□Private
Heartwood			Cornwall		□Basic	□Semi	□Private
Maxville M	anor (S)		Maxville		□Basic	□Semi	□Private
Pinecrest N	ursing Home		Plantagenet		□Basic	□Semi	□Private
Résidence I	Prescott and Russell (S)		Hawkesbury		□Basic	□Semi	□Private
Sandfield P	lace		Cornwall		□Basic	□Semi	Private*
Southbridg	e – Cornwall		Cornwall		□Basic		□Private
St. Joseph's	s Villa		Cornwall		□Basic	□Semi	□Private
The Palace			Alexandria		□Basic	□Semi	Private*
Tsi ion kwa	nonh so:té		Cornwall Island		□Basic	□Semi	□Private
Woodland '	Villa		Long Sault		□Basic		□Private
Western Ch	amplain		Location	Rank (1-5)	Choose Accommodation Typ		ation Type
Almonte Co	ountry Haven		Almonte		□Basic	□Semi	Private*
Bonnecher	e Manor (S)		Renfrew		□Basic	□Semi	□Private
Caressant C	Care Cobden		Cobden		□Basic		□Private
Fairview M	anor (S)		Almonte		□Basic		□Private

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Deep River

Renfrew

□Basic

□Basic

□Semi □Private

□Semi □Private

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Legend:	(S) = Secure unit	Private*	= often for curre	nt reside	nts request	ing intern	al transfers
Western Champlain (cont'd) Location		Location	Rank (1-5)	Choose Accommodation Type			
Marianhill (S	S)		Pembroke		□Basic	□Semi	□Private
Miramichi L	odge (S)		Pembroke		□Basic		□Private
North Renfr	ew LTC		Deep River		□Basic		□Private
Southbridge	e – Kemptville		Kemptville		□Basic		□Private
Stoneridge I	Manor (S)		Carleton Place		□Basic		□Private
The Grove			Arnprior		□Basic		□Private
Valley Mand	or		Barry's Bay		□Basic	□Semi	□Private
Specialized	Peritoneal Dialysis Unit		Location	Rank (1-5)	Choose Accommodation Type		
Résidence S	aint-Louis (S)		Orléans		□Basic		□Private
	Veterans' Unit (Veteran Atermines accommodation ra		Location	Rank (1-5)	Choose Accommodation Type		
Perley Healt	th Seniors Care Centre (S)		Ottawa				□Private
Veterans Pri	iority Access Beds		Location	Rank (1-5)	Choose Accommodation Type		
Perley Healt	th Seniors Care Centre (S)		Ottawa				□Private
Glen-Stor-D	un Lodge (S)		Cornwall		□Basic	□Semi	□Private
Maxville Ma	anor (S)		Maxville		□Basic	□Semi	□Private
Résidence P	rescott and Russell (S)		Hawkesbury		□Basic	□Semi	□Private
Sandfield Pla	ace		Cornwall		□Basic	□Semi	□Private
Woodland V	/illa		Long Sault		□Basic		□Private
Bonnechere	Manor (S)		Renfrew		□Basic	□Semi	□Private
Marianhill (S)		Pembroke		□Basic	□Semi	□Private
Miramichi L	odge (S)		Pembroke		□Basic		□Private
Valley Mand	or		Barry's Bay				□Private

LTCHs located outside of the Champlain region

If you are interested in homes elsewhere in Ontario, please add them here. To see the provincial map, visit healthcareathome.ca and click on "Find Your Local Branch."

LTCH Name and Address	Rank (1-5)	Choose Accommodation Type		
		□Basic	□Semi	□Private
		□Basic	□Semi	□Private
		□Basic	□Semi	□Private
		□Basic	□Semi	□Private
		□Basic	□Semi	□Private

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Monthly Rates for Accommodation

- These monthly rates are subject to annual increases. As of July 1, 2023, they are:
 Basic: \$1,986.82 Semi-Private: \$2,395.32 Private: \$2,838.49
- The LTCH resident is required to pay the applicable accommodation charges for their length of stay.
- If the resident has a substitute decision-maker (SDM) for property who is legally authorized to make financial decisions on their behalf, the SDM must fulfill this obligation on behalf of the resident.
- LTCH residents in basic accommodation with income less than the cost of the maximum basic accommodation and comfort allowance may be eligible to receive a reduction in their co-payment amount. This is known as *rate reduction* and available only to residents in basic accommodation.
- I understand that if I want semi-private or private accommodations, there are no subsidies and/or rate reductions available.
- By signing this form, I confirm that I have been informed about the different costs for basic, semi-private and private accommodations in the LTCHs I chose.
- If my SDM for property is making financial decisions for me at this time, I confirm that I have consulted with my SDM and they are aware of and in agreement with the information above.

Applicant's Consent for Placement

- I consent that Home and Community Care Support Services Champlain, as the designated Placement Coordinator, can disclose my personal health information to the LTCH(s) of my choice.
- I acknowledge that I have been counselled about and understand the reasons why this information is needed. I understand that to support my LTCH placement, Home and Community Care Support Services Champlain will update and share this information with other Home and Community Care Support Services, health professionals involved in my care and the LTCH(s) I have chosen.
- I understand that I may withdraw my consent at any time.

Patient / SDM _				
	Signature	Print Name	Day/Month/Year	
If SDM, please complete the following	Your relationship to patient	☐ Personal care power of attorney	☐ Public guardian and trustee	

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