

Short Stay Interim Bed Long Term Care Home Choice List

Patient Name: _____
(Last Name, First Name) Health Card No. Version Code

Please select up to five long-term care homes (LTCHs) for short stay interim, and rank them in order of your preference. The applicant's name will be added to the wait lists for the chosen homes if eligible, and if the chosen LTCHs can provide the required care. Home and Community Care Support Services will notify you about the eligibility. Short Stay Interim beds are available to all hospital ALC-LTC patients.

Rank (1-5)	City	Central	Choose Accommodation
	Ottawa (Nepean)	Carleton Lodge	<input type="checkbox"/> Basic
	Ottawa	Extendicare - Laurier Manor	<input type="checkbox"/> Basic
	Ottawa	Extendicare - West End Villa	<input type="checkbox"/> Basic <input type="checkbox"/> Semi
	Ottawa (Kanata)	Forest Hill	<input type="checkbox"/> Basic
	Ottawa	Peter D. Clark (S)	<input type="checkbox"/> Basic
Rank	City	West	Choose Accommodation
	Deep River	Four Seasons Lodge	<input type="checkbox"/> Basic
	Kemptville	Kemptville District Hospital	<input type="checkbox"/> Basic
	Renfrew	Groves Park Lodge	<input type="checkbox"/> Basic <input type="checkbox"/> Semi <input type="checkbox"/> Private
	Pembroke	Marianhill	<input type="checkbox"/> Basic <input type="checkbox"/> Semi <input type="checkbox"/> Private
	Arnprior	The Grove	<input type="checkbox"/> Basic

(S) = Secure unit.

ACCOMMODATION RATES

Current Rates (July 1, 2019 – Subject to yearly increase)

Basic (\$1,891.31/Month)

Semi-Private (\$2,280.04/Month)

Private (\$2,701.61/Month)

LTCH residents who do not have sufficient income to pay the full co-payment rate (i.e. have income less than the maximum basic accommodation charge and the comfort allowance) may be eligible to have their co-payment amount reduced. This is known as **rate reduction** and is available only to residents in basic accommodation.

The LTCH resident is required to pay the applicable accommodation charges for the resident's length of stay at the LTCH. If the resident has a substitute decision-maker for property (SDM) who is legally authorized to make financial decisions on behalf of the resident, the SDM must fulfill this obligation on behalf of the resident.

- I understand that if I want Semi-Private or Private Accommodations, no subsidy and/or rate reduction is available.
- By signing this LTCH Choice Form, I confirm that I have been informed of the different costs for Basic, Semi-Private and Private Accommodations in the LTCHs of my choice.
- If my substitute decision-maker (SDM) for property is making financial decisions for me at this time, I confirm that I have consulted with my SDM who is aware of and is in accord with the above.

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 of my choice.
- I acknowledge that I have been counselled about the reasons why this information is needed and I understand them. I understand that Home and Community Care Support Services Champlain will update and share this information with other Home and Community Care Support Services, other health professionals involved in my care, and the LTCH of my choice.
- I understand that I may withdraw my consent at any time.

**Signature of Patient/
Substitute Decision Maker** _____ **Print Name** _____ **(Day/Month/Year)** _____

Substitute Decision Maker: _____ **POA of Personal Care** **Public Guardian and Trustee (PGT)**
(relationship to patient)