

Patient Name: \_\_\_\_\_ HCN: \_\_\_\_\_

All forms must be completed before the applicant can be placed on a Long Term Care Home waitlist. If all forms are **NOT** received within 6 weeks, your placement file will be closed.

- ALL LTC Homes are Smoke-free
- Please choose up to 5 homes, ranking in order of preference from 1 to 5 (1=first choice). Please tour before adding the home as a choice
- Check all accommodation types (check boxes) for each home that is affordable
- Sign and date the third page of this form and send back all 3 pages

Please Fax or mail in (Fax: 905-855-8989)

**HOME AND COMMUNITY CARE SUPPORT SERVICES MISSISSAUGA HALTON LTCHs:**

<b>ETOBICOKE</b>	<b>Rank</b>	<b>Choose Accommodation (v)</b>
<input type="checkbox"/> Dom Lipa Nursing Home, 52 Neilson Dr. (416) 621-3820 <b>(Slovenian)</b>		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
<input type="checkbox"/> Eatonville Care Centre, 420 The East Mall (416) 621-8000 <b>(non-secure)</b>		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private
<input type="checkbox"/> Wesburn Manor 400 The West Mall (416) 394-3600 (4 floor building)		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
<input type="checkbox"/> Labdara Nursing Home, 5 Resurrection Rd (416) 232-2112 <b>(Lithuanian)</b>		<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Westbury 495 The West Mall (416) 622-7094 (9 floor building) <b>(non-secure)</b>		<input type="checkbox"/> Basic <input type="checkbox"/> Private
<b>HALTON (Georgetown, Milton, Oakville)</b>		
<input type="checkbox"/> Allendale, 185 Ontario Street S. Milton (905) 825-6000 x 8001		<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Bennett Centre Long Term Care, 1 Princess Anne Drive, Georgetown <b>(non-secure)</b> (905) 873-0115		<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Extendicare Halton Hills, 9 Lindsay Court, Georgetown (905) 702-8760		<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Northridge Long-term Care Centre, 496 Postridge Drive, Oakville (905) 257-9882		<input type="checkbox"/> Basic <input type="checkbox"/> Private <input type="checkbox"/> Veterans Priority Access Bed
<input type="checkbox"/> Post Inn Village, 203 Georgian Drive, Oakville (905) 825-6000 x4088		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
<input type="checkbox"/> The Waterford, 2140 Baronwood Drive, Oakville (905) 827-2405		<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> West Oak Village, 2370 Third Line, Oakville (905) 469-3294		<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Wyndham Manor, 291 Reynolds Street, Oakville (905) 849-7766		<input type="checkbox"/> Basic <input type="checkbox"/> Private
<b>MISSISSAUGA</b>		
<input type="checkbox"/> Cawthra Gardens LTC Community, 590 Lolita Gardens (905) 306-9984		<input type="checkbox"/> Basic <input type="checkbox"/> Private <input type="checkbox"/> Veterans Priority Access Bed
<input type="checkbox"/> Streetsville Care Community, 1742 Bristol Rd W (905) 826-3045 <b>(non-secure)</b>		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
<input type="checkbox"/> Camilla Care Community 2250 Hurontario St. (905) 270-0411 <b>(non-secure)</b>		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private

Patient Name: \_\_\_\_\_ HCN: \_\_\_\_\_

<input type="checkbox"/> Erin Mills Nursing Home, 2132 Dundas St W. (905) 823-7273 <b>(non-secure)</b>	<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
<input type="checkbox"/> Extencicare Mississauga, 855 John Watt Blvd. (905) 696-0719	<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Cooksville Care Centre, 55 Queensway W. (905) 270-0170 <b>(non-secure)</b>	<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private
<input type="checkbox"/> Mississauga LTC Facility, 26 Peter St. N (905) 278-2213 <b>(non-secure)</b>	<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
<input type="checkbox"/> Sheridan Villa, 2460 Truscott Dr. (905) 791-8668	<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Silverthorn Care Community, 4350 Mississauga Rd. (905) 812-1175	<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> The Wenleigh LTC Facility, 2065 Leanne Blvd. (905) 822-4663	<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Tyndall Seniors Village, 1060 Eglinton Ave. E. <b>(non-secure)</b> (905) 624-1511	<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
<input type="checkbox"/> Villa Forum LTC Facility, 175 Forum Drive (905) 501-1443 <b>(Italian)</b>	<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Village of Erin Meadows LTC Facility, 2930 Erin Centre Blvd. (905) 569-7155	<input type="checkbox"/> Basic <input type="checkbox"/> Private
<input type="checkbox"/> Yee Hong Centre – Mississauga, 5510 Mavis Rd. (905) 568-0333	<input type="checkbox"/> Basic <input type="checkbox"/> Private

<b>OUT OF REGION LTC HOMES</b>	<b>Rank</b>	<b>Choose Accommodation (v)</b>
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private

Patient Name: \_\_\_\_\_ HCN: \_\_\_\_\_

**ACCOMMODATION RATES**

(Rates effective October 1, 2022 rates increase annually, **no monthly rate reduction for semi-private or private accommodation**)

**Basic (\$1,938.46/Month)**

**Semi-Private (2,336.92/Month)**

**Private (\$2,769.14/Month)**

**Short Stay (\$41.25/Day)**

- Does the applicant state they can afford the BASIC accommodation monthly rate?  Yes  No, can't afford  
If "No", a RATE REDUCTION will be required. Copy of the Rate Reduction Package is available at the Long-Term Care Home.
- **By signing this Long-Term Care Homes Facility Choice Form, I confirm that I have been informed of the different costs for Semi-private and Private Accommodations in the Long-Term Care Homes of my choice.**

**CHOICES AND BED OFFER**

- I have been informed that I can add or remove choices (an updated Choice Form will be required).
- I have been informed of the 24 hour time period to respond to a bed offer and that the admission must occur within 5 days. Bed payment starts the day the bed is available.
- **I have been informed and understand the legislated consequences of refusing a bed offer for any of the identified Long-Term Care Home choices.**

**CONSENT FOR PLACEMENT**

Home and Community Care Support Services Mississauga Halton, as the designated Placement Coordinator, will:

- Collect all necessary personal and medical information to determine eligibility for admission to a Long-Term Care Home;
  - Arrange for appropriate assessments;
  - Maintain this information on file, and subsequently disclose information to the Long-Term Homes 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 the Home and Community Care Support Services Mississauga Halton will update and share this information with other Home and Community Care Support Services organizations, other health professionals involved in my care, and the Long-Term Care Homes of my choice.
- ✓ I understand that I may withdraw my consent at any time.

I am applying to reunite with a spouse or partner: \_\_\_\_\_

*(Please print name of spouse/partner)*

\_\_\_\_\_  
Print Name of Patient or Substitute Decision Maker

\_\_\_\_\_  
Signature of Patient or Substitute Decision Maker

\_\_\_\_\_  
(Day/Month/Year)

Date handed out by Home and Community Care Support Services Mississauga Halton \_\_\_\_\_

Date received by Home and Community Care Support Services Mississauga Halton \_\_\_\_\_

Information subject to change without notice

Patient Name: \_\_\_\_\_ HCN: \_\_\_\_\_

**Choices made by Care Coordinator under Ontario Regulation 246/22 – For ALC patients in Hospital only**

Amendments made to the [Fixing the Long-Term Care Act 2021](#) enables a care coordinator working with ALC patients to complete the following with or without the patient or Substitute Decision Makers’ consent:

- Determine a patient’s eligibility for admission to a long-term care home
- Select long-term care homes(s) for a patient that can meet their care needs
- Share the patient’s application and health information with long-term care homes
- 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 Homes Choice Sheet. The care coordinator has selected the choices below on your behalf, as per Fixing Long Term Care Act, 2021 s.60.1.

This Facility Choice List represents HCCSS selected Waitlist Choices:

<b>Choices added by HCCSS (Hospital Only)</b>		
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private
		<input type="checkbox"/> Basic <input type="checkbox"/> Semi Private <input type="checkbox"/> Private

\_\_\_\_\_  
Print Name of HCCSS Care Coordinator

\_\_\_\_\_  
(Day/Month/Year)