

# Application for Determination of Eligibility for Long-Term Care Home Admission

Form Provided by the Ministry of Health and Long Term-Care under the Fixing Long-Term Care Act, 2021

If you wish to be admitted to a long-term care (LTC) home, you must fill out this form. This information is required by the designated placement co-ordinator for LTC homes, to determine if you are eligible for admission. The designated placement co-ordinator may collect additional personal health information from your health care providers for the purpose of determining your eligibility. The designated placement co-ordinator may also use and disclose the information for the same purpose.

## Applicant's Information

### Name of Applicant

Last Name  First Name

### Mailing Address

Unit Number  Street Number  Street Name  PO Box

Type (St/Blvd/Ave/Dr/Cr)  Direction (N/S/W/E)  Lot/concession/rural route

City/Town  Province  Postal Code

## Contact Information

Last Name  First Name

Home Telephone No. (incl. area code)  Cellular Telephone No. (incl. area code)  Alternate Telephone No. (incl. area code)   
Ext.  Ext.

## Substitute Decision-Maker's Information (if applicable)

Last Name  First Name

Home Telephone No. (incl. area code)  Cellular Telephone No. (incl. area code)  Alternate Telephone No. (incl. area code)   
Ext.  Ext.

Provide the legal authority to act as Substitute Decision-Maker (e.g. court appointment of guardian of the person, power of attorney for personal care, spouse or partner, etc.):

## Consent

I, \_\_\_\_\_ am applying to the /  
(First Name and Last Name of Applicant / Legally Authorized Substitute Decision-Maker)

\_\_\_\_\_  
(Name of Designated Placement Co-ordinator)

under the Fixing Long-Term Care Act, 2021 for a determination of my (or the applicant's) eligibility for long-term care home admission as a (check appropriate box(es)):

long-stay resident     short-stay resident

I may withdraw this application at any time.

Last Name, First Name of  Applicant or  Applicant's Substitute Decision-Maker

Signature of  Applicant or  Applicant's Substitute Decision-Maker

Date (yyyy/mm/dd)

X