

ASSISTED LIVING CLIENT FEE DETERMINATION

PART 1:

Do you or your spouse receive? The Guaranteed Income Supplement (GIS)
 Supports for Independence (SFI) (Income Support)

Do you receive? Widow's Pension
 Assured Income for the Severely Handicapped (AISH)

If yes for any of the above, the client is not billable. Complete Part 2 below and ask client to sign the Declaration on reverse side. If neither the client nor spouse receive GIS or SFI, and the client does not receive Widow's Pension or AISH, complete BOTH Part 2 and Part 3 below and ask client to sign the Declaration on reverse side.

PART 2:

Please indicate the size of your household, including your spouse, any other person residing in your home, and all dependent children under 18, if applicable. Remember that the income of all adult members as defined below must be included in the determination of income.

Family Size

Summary

- | | | | |
|--|----|------------------------------|-----------------------|
| 1. <input type="checkbox"/> 1 adult | | | |
| 2. <input type="checkbox"/> 1 adult, 1 child | OR | 2 adults | Family Size _____ |
| 3. <input type="checkbox"/> 1 adult, 2 children | OR | 2 adults, 1 child | |
| 4. <input type="checkbox"/> 1 adult, 3 children | OR | 2 adults, 2 children | Income category _____ |
| 5. <input type="checkbox"/> 1 adult, 4 children | OR | 2 adults, 3 children | |
| 6. <input type="checkbox"/> 1 adult, 5 children | OR | 2 adults, 4 children | Fee category _____ |
| 7. <input type="checkbox"/> 1 adult, 6 children | OR | 2 adults, 5 children | |
| 8. <input type="checkbox"/> 1 adult, 7 or more children | OR | 2 adults, 6 or more children | |
| 9. <input type="checkbox"/> Other, please specify: _____ | | | |

PART 3:

The combined annual total income of all adult members of the household is \$ _____.

Which of these categories includes the combined annual total income of all adult members of your household? (Show income table and assist client if required. NOTE: "Total Income" is interpreted to mean net income as defined by the Income Tax Act (line 150 on the Canadian Income Tax Return).

According to the information you have provided, you will be charged the following amount for Home Care services (you will be charged only for the services you receive):

- \$ _____ for each hour of home support (household management) services.
 You will not be charged for assisted living services.
 Your monthly charge will not be more than \$ _____.

CLIENT DECLARATION:

I hereby declare that the income information that I have provided is accurate and complete to the best of my knowledge. I understand that the Assisted Living Program has the right to request further information to confirm that my declaration is accurate and complete.

Client Signature

Date

Please call your assisted living worker if you have any questions or concerns about your services or the charges.

Assisted Living Worker Signature

Date