

# Application for Reduction in Long-Term Care Home Basic Accommodation – Consent to Collection, Use and Disclosure of Information for Automated Income Verification with the Canada Revenue Agency

## July 1, 2021 – June 30, 2022 Program Cycle

Pursuant to section 177 of the *Long-Term Care Homes Act, 2007*, the Director may directly or indirectly collect the information provided in this application to determine the reduced amount payable by the resident for basic accommodation in accordance with section 253 of O. Reg. 79/10 made under the *Long-Term Care Homes Act, 2007*. Pursuant to subsection 253(4) of O. Reg. 79/10, the licensee is required to submit this application and retain a copy.

This form is part of the Application for Reduction in Long-Term Care Home Basic Accommodation (Application). All long-term care home licensees must retain a copy of this completed form as part of the resident's Application.

### Automated Income Verification (AIV)

The MLTC has an agreement with the Canada Revenue Agency (CRA) that provides for Automatic Income Verification (AIV) that is used by MLTC in the administration of income-related assistance programs.

Using AIV, the MLTC is able to obtain an individual's income information from the CRA in order to assess a resident's Application. Applications assessed using AIV are processed more quickly and more efficiently than paper-based applications.

In order for your Application to be assessed using AIV, however, you must consent to the collection, use and disclosure of your Social Insurance Number (SIN), your date of birth, and some of your income information by:

- The Canada Revenue Agency (CRA)
- The Ministry of Finance (MOF)
- The Ministry of Long-Term Care (MLTC) and
- The long-term care home licensee (LTCH Licensee)

If you do not wish to consent to the assessment of your Application using AIV, this will not affect your eligibility for a reduced amount payable for basic accommodation. MLTC will assess your Application using your paper Notice of Assessment or Proof of Income Statement (Option "C" Print) from the CRA, which you must provide to the LTCH Licensee.

If you do wish to consent to the collection, use and disclosure of your personal information so that your Application can be assessed using AIV, you must:

1. Complete the Resident's Information section of this Consent Form by providing your SIN and date of birth; and
2. Send the completed Consent Form to the LTCH Licensee along with your Application.

Please note that either you or your Lawful Representative must complete and sign this Consent Form. Your Lawful Representative is either: 1) an attorney authorized by a power of attorney under the *Powers of Attorney Act* where the resident is capable, 2) an attorney authorized by a continuing power of attorney under the *Substitute Decisions Act, 1992* and 3) a guardian of property under the *Substitute Decisions Act, 1992*.

The LTCH Licensee will notify you if further information is needed.

If you have additional questions about this Consent Form, please contact the long-term care home.

### Consent for MLTC, MOF, the CRA and LTCH Licensee to collect, use and disclose my information

I consent to the LTCH Licensee, acting on behalf of MLTC, to disclose the information I have provided on this Consent Form to the MOF and CRA for the sole purpose of enabling MLTC to assess and administer my Application, which includes responding to inquiries about my file. This consent applies to the period that is covered by the Application.

I consent to the CRA disclosing my income information to MOF, MLTC and the LTCH Licensee to enable MLTC to calculate the reduced amount payable for my Application for Reduction in Long-Term Care Home Basic Accommodation.

I understand that the LTCH Licensee will provide me with a copy of the income information the CRA provides through AIV for my Application.

I understand that my consent will remain in effect unless or until it is withdrawn. I understand that my consent may be withdrawn by completing the Withdrawal of Consent for Automated Income Verification with the Canada Revenue Agency (CRA) form.

### Resident's Information

Last Name		First Name	Middle Initial
Social Insurance Number	Date of Birth (yyyy/mm/dd)	Long-Term Care Home	

### Resident's Lawful Representative (if applicable)

As defined as 1) an attorney authorized by a power of attorney under the *Powers of Attorney (POA) Act* where the resident is capable, 2) an attorney authorized by a continuing power of attorney under the *Substitute Decisions Act, 1992*, and 3) a guardian of property under the *Substitute Decisions Act, 1992*.

### Name of Lawful Representative

Last Name		First Name	Middle Initial	
The Office of the Public Guardian and Trustee (OPGT) is the guardian of property under the <i>Substitute Decisions Act, 1992</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	OPGT File Number	Telephone Number

### Authorization (Important: This form must be signed in order to process your request)

Name of Resident	Signature	Date (yyyy/mm/dd)
Name of Lawful Representative	Signature	Date (yyyy/mm/dd)