

# Withdrawal of Consent for Automated Income Verification with the Canada Revenue Agency – Long-Term Care Rate Reduction Program

July 1, 2021 – June 30, 2022 Program Cycle

Date Received by Long-Term Care Home:

Please complete this form if you wish to withdraw your consent to the Ministry of Long-Term Care (MLTC), Ministry of Finance and the Long-Term Care Home Licensee (LTCH Licensee) collecting your income information from the Canada Revenue Agency (CRA) using an Automated Income Verification (AIV) service for the purpose of MLTC assessing and administering your Application for Reduction in Long-Term Care Home Basic Accommodation (Application). This form can be completed by you or your Lawful Representative.

Please submit your completed and signed form to the Long-Term Care Home.

**Note:** Withdrawing your consent to the assessment and administration of your Application using AIV will not affect your eligibility for a reduced amount payable for basic accommodation. However, you will be required to submit a paper copy of your Notice of Assessment or Proof of Income Statement (Option “C” Print) from the CRA and any other required documents with your Application to the LTCH Licensee.

### Resident’s Information

Last Name	First Name	Middle Initial
Resident ID (Found on the resident’s rate letter)	Long-Term Care Home	

### 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)

I withdraw my consent previously provided to the Ministry of Long-Term Care, Ministry of Finance and the Long-Term Care Home Licensee to collect my income information from the Canada Revenue Agency for the purpose of assessing and administering my Application.

Name of Resident	Signature	Date (yyyy/mm/dd)
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I withdraw my consent previously provided to the Ministry of Long-Term Care, Ministry of Finance and the Long-Term Care Home Licensee to collect my income information from the Canada Revenue Agency for the purpose of assessing and administering my Application.

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