

Short Stay Interim Bed Long Term Care Home Choice List

Patient _____

(Last Name, First Name)

Health Card Number _____

Version Code _____

Please select up to five long-term care homes for short stay interim and rank them in order of your preference. The applicant's name will be added to the wait lists for the chosen homes if eligible, and if the chosen long-term care homes can provide the required care. Ontario Health atHome will notify you about the eligibility. Short Stay Interim beds are available to all hospital Alternative Levels of Care to long-term care patients.

Rank (1-5)	City	Central	Choose Accommodation
	Nepean	Carleton Lodge	<input type="checkbox"/> Basic
	Ottawa	Extendicare Laurier Manor	<input type="checkbox"/> Basic
	Kanata	Forest Hill	<input type="checkbox"/> Basic
	Ottawa	Peter D. Clark Centre (S)	<input type="checkbox"/> Basic
Rank	City	West	Choose Accommodation
	Kemptville	Kemptville District Hospital	<input type="checkbox"/> Basic
	Renfrew	Groves Park Lodge	<input type="checkbox"/> Basic <input type="checkbox"/> Semi <input type="checkbox"/> Private
	Pembroke	Marianhill Nursing Home	<input type="checkbox"/> Basic <input type="checkbox"/> Semi <input type="checkbox"/> Private
	Deep River	The Four Seasons Lodge	<input type="checkbox"/> Basic

(S) = Secure unit.

ACCOMMODATION RATES

Current Rates (July 1, 2025 – Subject to yearly increase)

Basic (\$2,085.37/Month)

Semi-Private (\$2,514.24/Month)

Private (\$2,979.32/Month)

Long-term care home residents who do not have sufficient income to pay the full co-payment rate (i.e. have income less than the maximum basic accommodation charge and the comfort allowance) may be eligible to have their co-payment amount reduced. This is known as **rate reduction** and is available only to residents in basic accommodation.

The long-term care home resident is required to pay the applicable accommodation charges for the resident's length of stay at the long-term care home. If the resident has a substitute decision-maker for property who is legally authorized to make financial decisions on behalf of the resident, the substitute decision-maker must fulfill this obligation on behalf of the resident.

- I understand that if I want Semi-Private or Private Accommodations, no subsidy and/or rate reduction is available.
- By signing this Long-Term Care Home Choice Form, I confirm that I have been informed of the

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different costs for Basic, Semi-Private and Private Accommodations in the long-term care homes of my choice.

- If my substitute decision-maker for property is making financial decisions for me at this time, I confirm that I have consulted with my substitute decision-maker who is aware of and is in accord with the above.

CONSENT FOR PLACEMENT

- I consent that Ontario Health atHome, as the designated Placement Coordinator, can disclose my personal health information to the long-term care home of my choice.
- I acknowledge that I have been counselled about the reasons why this information is needed and I understand them. I understand that Ontario Health atHome will update and share this information with other Ontario Health atHomes, other health professionals involved in my care, and the long-term care home of my choice.
- I understand that I may withdraw my consent at any time.

Patient / substitute decision- maker	_____	_____	_____
	Signature	Print Name	Day/Month/Year

If substitute decision- maker, please complete the following	_____	<input type="checkbox"/> Personal care power of attorney	<input type="checkbox"/> Public guardian and trustee
	Your relationship to patient		