

DATE (YYYY / MM / DD)	CLIENT'S FAMILY NAME	CLIENT NUMBER
-----------------------	----------------------	---------------

A. CONSENT FOR RELEASE OF INFORMATION FROM REVENUE CANADA

I hereby authorize Canada Customs and Revenue Agency to release information from my income tax returns, and other taxpayer information, to an authorized representative of the Ministry of Health Services of the Province of British Columbia. The information obtained will be relevant to and used solely for the purpose of determining and verifying my income to establish client rates under the Continuing Care Act and the Hospital Insurance Act. Provincially, the information will be protected in accordance with the Freedom of Information and Protection of Privacy Act of British Columbia and will not be disclosed without my consent to any persons. This consent is in effect for the two taxation years prior to, and including, the year of signature, and each subsequent consecutive year that Home and Community Care services are used. I acknowledge that this authority remains in effect unless revoked by me, in writing, to the Ministry of Health Services, Victoria, British Columbia.

CONSENT IS GIVEN TO RELEASE CLIENT'S TAXPAYER INFORMATION AS DESCRIBED ABOVE: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE (SEE PG 2, SECTION A)	CONSENT IS GIVEN TO RELEASE SPOUSE'S TAXPAYER INFORMATION AS DESCRIBED ABOVE: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ SIGNATURE OF SPOUSE OR LEGAL REPRESENTATIVE (SEE PG 2, SECTION A)
---	---

DATE (YYYY / MM / DD)	SOCIAL INSURANCE NUMBER	DATE (YYYY / MM / DD)	SOCIAL INSURANCE NUMBER
PHN		PHN	

B. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (to be completed by Case Manager)

THE FOLLOWING FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ISSUES HAVE BEEN DISCUSSED WITH CLIENT <input type="checkbox"/> LEGAL AUTHORIZATION FOR COLLECTION OF INFORMATION <input type="checkbox"/> PURPOSE FOR WHICH INFORMATION IS BEING USED <input type="checkbox"/> TITLE, ADDRESS AND PHONE NUMBER OF AN OFFICIAL WHO CAN ANSWER QUESTIONS ABOUT THE COLLECTION OF PERSONAL INFORMATION	INITIALS
---	----------

C. FINANCIAL AFFAIRS

THE CLIENT IS IN RECEIPT OF THE FOLLOWING <input type="checkbox"/> 1. OLD AGE SECURITY PENSION <input type="checkbox"/> 2. GUARANTEED INCOME SUPPLEMENT (must provide income info in Box D for Assisted Living Clients) <input type="checkbox"/> 3. WAR VETERAN'S ALLOWANCE <input type="checkbox"/> 4. INCOME ASSISTANCE <input type="checkbox"/> 5. BC DISABILITY ASSISTANCE (NOT CPP / QPP DISABILITY) <i>IF ANY OF #2 - #5 MARKED GO TO SECTION D, LINE 6 EXCEPT FOR A.L. CLIENTS</i> <input type="checkbox"/> 6. THERE IS AN INDICATION OF FINANCIAL HARDSHIP FOR FACILITY ADMISSION ONLY <input type="checkbox"/> 7. WILL BE SHARING FACILITY ROOM W / SPOUSE <input type="checkbox"/> 8. ALTERNATE PAYER <i>IF THERE IS AN ALTERNATE PAYER, FILL OUT SECTION IN COLUMN ON RIGHT</i>	ALTERNATE PAYER (E.G. VAC, WCB, ICBC) PHONE CONTACT NAME FINANCIAL AFFAIRS MANAGED BY NAME ADDRESS PHONE RELATIONSHIP	SPOUSE'S CLIENT NUMBER
---	---	--

D. FINANCIAL CALCULATIONS (see example on back)

INCOME YEAR	FAMILY UNIT SIZE	1. NET INCOME (LINE 236) →	APPLICANT	SPOUSE	JOINT
		2. DEDUCT INCOME TAX PAID (LINE 435) →			
		3. DEDUCT ANNUAL BASIC INCOME (BASED ON FAMILY UNIT SIZE) →		N/A	
		4. DEDUCT EARNED INCOME (UP TO A MAXIMUM OF \$15,000 EACH OR \$25,000 EACH FOR HOME SUPPORT CLIENTS WITH EARNED INCOME UNDER AGE 65) →			
		5. REMAINING ANNUAL INCOME →		N/A	
6. HOME SUPPORT RATE (DIVIDE LINE 5 BY 720)	7. RATE CODE (USE LOWEST INCOME - SEE TABLE)	7A. RESIDENTIAL RATE (USE LOWEST INCOME - SEE TABLE)	8. ASSISTED LIVING RATE (SUBTRACT LINE D2 FROM LINE D1, DIVIDE BY 12, THEN MULTIPLY BY .70)		9. EFFECTIVE DATE (YYYY / MM / DD)

CASE MANAGER SIGNATURE	DATE SIGNED (YYYY / MM / DD)
------------------------	------------------------------

E. DECLARATION

I DECLARE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO PAY THE RATE CALCULATED ON THIS FORM AND AUTOMATICALLY EACH SUBSEQUENT YEAR.

SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE	SIGNATURE OF SPOUSE OR LEGAL REPRESENTATIVE	DATE
---	---	------

INSTRUCTIONS AND GUIDE

*Enter client details at top of page in case page is separated, or if correction. Enter date on which form is completed.
Ensure client receives a copy of the Financial Profile (Hlth 1.6) once completed.*

A. CONSENT FOR RELEASE OF INFORMATION FROM REVENUE CANADA

- All new clients must be given the opportunity to give consent and provide their social insurance number.
- If joint income is going to be used to calculate client rate, spouse must consent as well.
- Have client complete Section A. If client cannot sign name but can make their mark, Case Manager enters their names, the words "His/Her Mark", and countersigns. If client cannot sign or mark, the client's legal representative may sign on behalf of the client. (*Legal representative, includes: Committee; P.O.A.; Public Trustee*). Attach copy of legal documentation to page 6.
- Client, and spouse if applicable, ticks YES or NO, then signs in the space provided and dates the signature.
- If client ticks YES, client must enter social insurance number. Same for the spouse.
- If client ticks NO, or refuses to sign Section A, then for:

Client applying for home support or assisted living services, client is not eligible to receive services funded by the MOH (if spouse ticks NO, same policy applies);

Client applying for residential services, client is not eligible for a subsidy, i.e. must pay highest rate. (If spouse refuses, then calculation must be done as though client is a single person).

B. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIPP)

Three FOIPP issues must be discussed with each client as per the *Freedom of Information and Protection of Privacy Act*. Section A on the front of the form explains the first two issues. The local health authority or designate is the FOI contact.

C. FINANCIAL AFFAIRS

For C1 to C5, ascertain whether client receives any of these income benefits by requesting to see cheque stubs, income tax returns, income tax Notice of Assessments, bank statements, or letters/statements from the federal or provincial government. Tick YES or NO for each question.

- C1 • Ascertain if client is in receipt of Old Age Security Pension. If answer is "YES" and the client is married, advise client to apply for the single OAS pension rate on facility admission.
- C2 • If client states they are in receipt of GIS, client's status must be verified by checking the GN (name search) or GP (GIS profile) screen on IMS.
- C3 • Ensure distinction is made between War Veteran's Allowance which is for financial need and the Disabled Veteran's Pension.
- C4 • "Income Assistance" applies to clients receiving income assistance from MHR.
- C5 • "Disability Assistance" from MHR (Not CPP Disability Benefits, which are funded by the federal government).
 - If any of C2 through to C5 is YES, proceed to Section D6 **except for clients applying for assisted living services**. If client is applying for home support services, client pays no client contribution, and \$0.00 should be entered in Section D6. If client is entering a care facility, client will be assigned Section D7 with corresponding dollar amount in Section D7A.
 - **For clients applying for assisted living services, the full calculation in Box D must be completed.**
- C6 • Indicate if client should be referred to M.H.R. for income assistance in opinion of assessor.

For Facility Admission Only

- C7 • Indicate if client will be sharing a facility room with their spouse. Married accommodation rate will apply instead of single accommodation rate only IF couple is in receipt of married GIS.
 - Enter spouse's client number
- C8 • Indicate if there will be an alternate payer for client's rate, e.g.. VAC, WCB, ICBC. Give name of alternate payer (agency) and contact's name and phone number.

D. FINANCIAL CALCULATIONS

Sample calculation has been completed as if client has a spouse.

D. FINANCIAL CALCULATIONS					
INCOME YEAR	FAMILY UNIT SIZE		APPLICANT	SPOUSE	JOINT
2001	2	1. NET INCOME (LINE 236) →	\$25,000	\$23,000	\$48,000
2. DEDUCT INCOME TAX PAID (LINE 435) →			7,500	5,552	13,020
3. DEDUCT ANNUAL BASIC INCOME (BASED ON FAMILY UNIT SIZE; SEE TABLE ON BACK) →			10,284	N/A	16,752
4. DEDUCT EARNED INCOME (UP TO A MAXIMUM OF \$15,000 EACH) →			4,500	0	4,500
5. REMAINING ANNUAL INCOME →			\$ 2,716	N/A	\$ 13,728
6. HOME SUPPORT RATE (DIVIDE LINE 5 BY 720)	7. RATE CODE (USE LOWEST INCOME - SEE TABLE)	7A. RESIDENTIAL RATE (USE LOWEST INCOME - SEE TABLE)	8. ASSISTED LIVING RATE (SUBTRACT LINE D2 FROM LINE D1, DIVIDE BY 12, THEN MULTIPLY BY .70)		9. EFFECTIVE DATE (DD / MM / YYYY)
\$19.07	A	\$28.10	\$2,040.50		

- If client has no spouse, use "APPLICANT" column only. If client has a spouse, complete both "APPLICANT" and "SPOUSE" columns, and combine numbers on lines D1, D2, and D4 to obtain "JOINT" calculation. Spousal income must be included for home support clients plus assisted living clients if spouse is living with client.
- D3 • Basic Income Amount depends on Family Unit Size (includes client, client's spouse, and children under 19 years of age residing in client's home). Refer to "Table for Annual Basic Income Amounts" to determine amount of deduction. For most residential clients, Family Unit Size will be "1".
 - If "JOINT" calculation, enter Basic Income Amount deduction in "JOINT" column.
- D4 • Earned Income means income earned due to employment, not pension income, and includes lines 101, 104, 135, 137, 139, 141, 143 on an income tax return.
 - If the client or spouse, or both, have Earned Income, enter the total amount UP TO A MAXIMUM OF \$15,000 EACH. If client or spouse has no Earned Income, enter \$0.00. The maximum amount that can be entered in line D4 under the "JOINT" column is \$30,000.
 - Home Support Clients aged 19 - 64 years, may claim up to a maximum of \$25,000 each, for a maximum of \$50,000 a couple. **NOTE:** Maximum monthly charge for these clients is \$300.00.
- D5 • Subtract lines D2, D3, and D4, if applicable, from line D1 to obtain line D5, Remaining Annual Income.
 - If calculation is for a residential client, and client has a spouse, complete both "APPLICANT" and "JOINT" columns, and select the lowest remaining annual income on line D5, for determination of Rate Code in Box D7.
- D6 • Divide line 5 by 720 to determine client contribution for home support services.
- D7 • Refer to "Residential Rate Setting Table" to determine client's Rate Code based on their Remaining Annual Income. Enter Rate Code in Box D7, and Residential Rate corresponding to Rate Code in Box D7A.
- D7A • **Assisted Living - subtract line D2 from line D1, divide by 12, then multiply by .70 to determine monthly charge. Use joint income for couples.**
- D8 • Enter date client rate is to take effect. Date could be same date form is completed, but if a rate change is involved, some future date may be entered.
 - Case Manager signs in the space provided and dates the signature.

E. DECLARATION

- When financial assessment is complete, have client sign in the space provided and date signature. If client cannot sign name but can make their mark, Case Manager enters their names, the words "His/Her Mark", and countersigns. If client cannot sign or mark, the client's legal representative may sign on behalf of the client.
- If the client is married, and joint income was used to calculate client's rate, then spouse must sign in the space provided.
- Case Manager is to ensure that clients are aware they are specifically certifying that their answers to Section A, C, D are correct, and that they are agreeing to pay the rate as calculated in Section D.