



DATE (YYYY / MM / DD)	CLIENT'S FAMILY NAME	CLIENT NUMBER
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A. CONSENT FOR RELEASE OF INFORMATION FROM REVENUE CANADA

I hereby authorize Canada Revenue Agency to release information from my income tax returns, and other taxpayer information, to an authorized representative of the Ministry of Health 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, Victoria, British Columbia.

CONSENT IS GIVEN TO RELEASE CLIENT'S TAXPAYER INFORMATION AS DESCRIBED ABOVE: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ <small>SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE (SEE PG 2, SECTION A)</small>	CONSENT IS GIVEN TO RELEASE SPOUSE'S TAXPAYER INFORMATION AS DESCRIBED ABOVE: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ <small>SIGNATURE OF SPOUSE OR LEGAL REPRESENTATIVE (SEE PG 2, SECTION A)</small>
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DATE (YYYY / MM / DD)	SOCIAL INSURANCE NUMBER	DATE (YYYY / MM / DD)	SOCIAL INSURANCE NUMBER
PHN		PHN	DATE OF BIRTH (YYYY / MM / DD)

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
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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 and Residential Care Clients) <input type="checkbox"/> 3. WAR VETERAN'S ALLOWANCE <input type="checkbox"/> 4. INCOME ASSISTANCE FROM MHSD <input type="checkbox"/> 5. PWD ASSISTANCE FROM MHSD (NOT CPP / QPP DISABILITY) <small>IF #2 - #5 MARKED GO TO SECTION D, LINE 9 FOR HOME SUPPORT CLIENTS IF #4 OR #5 MARKED GO TO SECTION D, LINE 10 OR LINE 11 FOR AL AND RC CLIENTS</small> <input type="checkbox"/> 6. THERE IS AN INDICATION OF FINANCIAL HARDSHIP SPOUSE'S CLIENT NUMBER _____ FOR FACILITY ADMISSION ONLY <input type="checkbox"/> 7. WILL BE SHARING FACILITY ROOM W / SPOUSE <input type="checkbox"/> 8. ALTERNATE PAYER (IF YES, FILL OUT SECTION IN COLUMN ON RIGHT)	ALTERNATE PAYER (E.G. VAC, INAC, WORKSAFEBC) _____ PHONE _____ CONTACT NAME _____ FINANCIAL AFFAIRS MANAGED BY NAME _____ ADDRESS _____ PHONE _____ RELATIONSHIP _____
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D. FINANCIAL CALCULATIONS

INCOME YEAR	FAMILY UNIT SIZE	APPLICANT	SPOUSE	JOINT
1. NET INCOME (LINE 236)	→			
2. DEDUCT INCOME TAX PAID (LINE 435)	→			
3. DEDUCT UNIVERSAL CHILD CARE BENEFIT (LINE 117)	→		N/A	
4. DEDUCT REGISTERED DISABILITY SAVINGS PLAN (LINE 125)	→		N/A	
5. DEDUCT ANNUAL BASIC INCOME AMOUNT (BASED ON FAMILY SIZE - HS ONLY)	→		N/A	
6. DEDUCT EARNED INCOME (UP TO A MAX. OF \$25,000 EACH FOR HS CLIENTS)	→			
7. REMAINING ANNUAL INCOME: HOME SUPPORT (D1 LESS D2-D6)	→		N/A	
8. AFTER TAX INCOME: ASSISTED LIVING AND RESIDENTIAL CARE (D1 LESS D2-D4)	→		N/A	
9. HOME SUPPORT RATE	10. RESIDENTIAL CARE RATE	11. ASSISTED LIVING RATE	12. 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
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INSTRUCTIONS AND GUIDE

Enter date on which form is completed. Give client a completed copy of the Financial Profile (HLTH 1.6).

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 form.
- 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 these services funded by the MoHS (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.

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. If yes, tick box for each question. For clients applying for assisted living or residential care services, the full calculation in Box D must be completed (except for MHSD clients – C4 or C5).

- 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, widowed spouse's allowance or spouse's allowance, client's status must be verified by checking the GIS Web Look Up.
- C3 • Client must be in receipt of War Veteran's Allowance which is for financial need (not the Disabled Veteran's Pension).
- C4 • Must verify receipt of "Income Assistance" benefits from MHSD.
- C5 • Must verify receipt of "PWD Assistance" from MHSD (Not CPP Disability Benefits, which are funded by the federal government).
- If any of C2 through to C5 is YES, proceed to Section D9 only for clients applying for home support services. If client is applying for home support services, client pays no client contribution, and \$0.00 should be entered in Section D9.
 - If either C4 or C5 is YES for assisted living or residential care clients, then apply minimum rate in Section D10 or D11.
- C6 • Indicate if, in the opinion of the assessor, the client should be referred to MHSD for income assistance or disability assistance, or to the Old Age Security Program for GIS.

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 rate – must verify the married rate.
- Enter spouse's client number
- C8 • Indicate if there will be an alternate payer for client's rate, e.g., VAC, WORKSAFEBEC, INAC. Give name of alternate payer (agency) and contact's name and phone number.

D. FINANCIAL CALCULATIONS

- 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 D6 to obtain "JOINT" calculation. Spousal income must be included for home support clients plus assisted living clients if spouse is living with client. **Use only single income for residential care clients.**
- D3 • Universal Child Care Benefit provides \$100 per month to families for each child under age six.
- D4 • Registered Disability Savings Plan: client's income from the RDSP is to be excluded as income for purposes of calculating client rate.
- D5 • For **Home Support** only - Family Unit Size (includes client, client's spouse, and any children under the age of 19 residing in client's home, or children aged 19 to 25 years of age and attending school full-time and living in the family home). Refer to "Table for Annual Basic Income Amounts" to determine amount of deduction.
- If "JOINT" calculation, enter annual Basic Income Amount deduction in "JOINT" column.
- D6 • For **Home Support** only - 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 \$25,000 EACH for home support clients only. If client or spouse has no Earned Income, enter \$0.00. The maximum amount that can be entered in line D6 under the "JOINT" column is \$50,000. NOTE: Maximum monthly charge for home support clients with earned income is \$300.00.
- D7 • For **Home Support**, deduct lines D2, D3, D4, D5 and D6 from line D1 to obtain line D7, Remaining Annual Income.
- D8 • For **Assisted Living** and **Residential Care**, deduct lines D2, D3, and D4 from line D1 to obtain line D8, After Tax Income.
- D9 • **Home Support** – divide line D7 by 720 to determine client contribution.
- D10 • **Residential Care** – if D8 (after tax income) is less than \$16,500, deduct \$3,300 from D8, then divide by 12 to determine monthly rate (subject to minimum rate).
- If D8 is equal to or greater than \$16,500, multiply by .80 then divide by 12 to determine monthly rate (up to maximum amount).
- D11 • **Assisted Living** – multiply line D8 by .70, then divide by 12 to determine monthly rate (subject to minimum rate). Use joint income for couples.
- D12 • 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.