



DATE (YYYY / MM / DD)	CLIENT'S FULL 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 (TICK ONE ONLY OF 1 - 4, IF APPLICABLE): <input type="checkbox"/> 1. GUARANTEED INCOME SUPPLEMENT <input type="checkbox"/> 2. WAR VETERANS ALLOWANCE <input type="checkbox"/> 3. INCOME ASSISTANCE FROM MSD <input type="checkbox"/> 4. PWD ASSISTANCE FROM MSD (NOT CPP / QPP DISABILITY) <small>FOR HS CLIENTS: IF 1 - 4 TICKED, PLEASE SKIP TO SECTION D, LINE 9 FOR AL OR RC CLIENTS: IF 1 - 4 TICKED, PLEASE COMPLETE SECTION C AND D IN FULL</small> <input type="checkbox"/> 5. INDICATION OF FINANCIAL HARDSHIP FOR FACILITY ADMISSION ONLY <input type="checkbox"/> 6. WILL BE SHARING FACILITY ROOM W / SPOUSE <input type="checkbox"/> 7. ALTERNATE PAYER <small>(IF YES, FILL OUT SECTION IN COLUMN ON RIGHT)</small>	ALTERNATE PAYER (I.E. VAC, INAC, WORKSAFEBC) PHONE CONTACT NAME FINANCIAL AFFAIRS MANAGED BY NAME ADDRESS PHONE RELATIONSHIP	
	SPOUSE'S CLIENT NUMBER	

D. FINANCIAL CALCULATIONS

INCOME YEAR	FAMILY UNIT SIZE	CLIENT	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)	→			
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 - HS ONLY)	→			
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

Give client a completed copy of the Financial Profile and Calculation form (HLTH 1.6).

A. CONSENT FOR RELEASE OF INFORMATION FROM REVENUE CANADA

- All new clients must be given the opportunity to provide their consent and social insurance number.
- If joint income is used to calculate client rate, spouse must also provide consent.
- Have client complete Section A. If client cannot sign name but can make their mark, case manager enters client's name, the words "His/Her Mark", and countersigns. If client cannot sign or mark, client's legal representative (i.e. Committee, P.O.A., Public Trustee) may sign on behalf of the client. Attach copy of legal documentation to form.
- Client and spouse (if applicable) tick YES or NO, then sign and date signature in the space provided.
- If client or spouse ticks YES, they must enter their social insurance number.
- If client ticks NO or refuses to sign Section A:
 - client or spouse is not eligible to receive home support or assisted living services;
 - client applying for residential care services is not eligible to receive subsidized services (i.e. must pay the maximum client 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 front page explains first two issues. Health authority or designate is the FOI contact.

C. FINANCIAL AFFAIRS

C1 to C4: Verify if client receives any of these income benefits by reviewing cheque stubs, income tax returns, income tax Notice of Assessments, bank statements, or letters/statements from the federal or provincial government. For clients applying for assisted living or residential care services, the full calculation in Box D must be completed (except for MSD clients (C3 or C4)).

- C1 • If client states they are in receipt of GIS, widowed spouse's allowance or spouse's allowance, must verify client's status by checking GIS Web Look Up.
- C2 • Client must be in receipt of War Veterans Allowance for financial need (not the Disabled Veterans Pension).
- C3 • Must verify receipt of Income Assistance benefits from MSD.
- C4 • Must verify receipt of PWD Assistance from MSD (not CPP Disability Benefits, which are funded by the federal government).
 - If any of C1 through to C4 is YES and client is applying for home support services, client pays no client contribution and \$0.00 is entered in Section D9.
 - If either C3 or C4 is YES and client is applying for residential care or assisted living services, enter the minimum Residential Care rate in Section D10, or the Income Assistance or PWD Assistance flat rate for Assisted Living in Section D11.
- C5 • Case manager believes client should be referred to MSD for Income Assistance or PWD Assistance, or to the OAS Program for GIS.

Facility Admission Only

- C6 • Client will be sharing a room with their spouse. Married accommodation rate applies instead of single accommodation rate ONLY IF both are in receipt of married GIS rate. Must verify married GIS rate for both.
 - Enter spouse's client number.
- C7 • Indicate if an alternate payer for client's rate (i.e. VAC, INAC, WorkSafeBC). Provide name of alternate payer (agency), contact name and phone number.

D. FINANCIAL CALCULATIONS

- If client has no spouse, complete CLIENT column only. If client has spouse, complete both CLIENT and SPOUSE columns and combine numbers on lines D1, D2, D4, and D6 to obtain JOINT calculation. If client is married but living apart from their spouse, complete CLIENT column only. Spousal income must be included for clients applying for assisted living or home support if spouse is living with client. **Use only single income for clients applying for residential care services.**
- D3 • Universal Child Care Benefit: \$100 per month to families for each child under six years of age.
- D4 • Registered Disability Savings Plan: client's (and spouse's) income from RDSP is excluded as income for the 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 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 is income earned due to employment (not pension income) and includes lines 101, 104, 135, 137, 139, 141, 143 on income tax return.
 - If client or spouse or both have Earned Income, enter 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. Maximum amount that can be entered in line D6 under JOINT column is \$50,000.
 - If client or spouse or both have negative Earned Income, enter \$0.00. NOTE: Maximum monthly charge for clients receiving home support services with Earned Income, including clients with negative Earned Income, is \$300.00.
- D7 • For **Home Support**: deduct lines D2, D3, D4, D5 and D6 from line D1 to obtain Remaining Annual Income (line D7).
- D8 • For **Assisted Living** and **Residential Care**: deduct lines D2, D3, and D4 from line D1 to obtain After Tax Income (line D8).
- D9 • **Home Support**: divide line D7 by 720 to determine client contribution.
- D10 • **Residential Care**: if After Tax Income (line D8) is less than \$19,500, deduct \$3,900 from line D8, then divide by 12 to determine monthly rate (subject to minimum rate).
 - If line D8 is equal to or greater than \$19,500, multiply by .80 then divide by 12 to determine monthly rate (up to maximum rate).
- 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 effective date of client rate. Date can be same date form is completed, but if rate change involved, a future date may be entered.
 - Case manager signs and dates the signature in space provided.

E. DECLARATION

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