

LONG TERM CARE
RESIDENT NOMINATION AND CONSENT FORM

I, _____
residing in _____ (facility)
hereby nominate _____ to act as my
supporter for the purposes of assisting me in my dealings with the operator of this facility,
or any other facility in which I may reside, and the Ministry of Health. I hereby consent to
the release of personal information about myself in the possession of the special-care
home operator or the Ministry of Health to my supporter, which relates to the calculating of
my resident charge under The Special-care Homes Rates Regulations. I understand that
this designation will be effective until such time as it is revoked or amended by me in
writing.

Signed this _____ day of _____, 20.____

Witness

Signature