

FINANCIAL PROFILE AND CALC

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Effective Date: _____ Effective To Date: _____ Assessed By: _____

Funding and Income Source(s)

Funding Type	Funding and Income Detail	Funding ID	Level Of Funding	Valid From	Valid To
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Veteran Services Category

Veteran
 Health Benefits A B C Unknown
 Service Number _____

Care Level

Care Level	Start Date	End Date	Recorded By	Date Recorded	Team Name
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Financial Affairs

Name: _____ Relationship: _____
 Address: _____
 City: _____ Province: _____
 Postal Code: _____ Phone: _____
 Mail to Financial Affairs Manager?

Financial Calculations

Client Consent Financial Check Yes No Waived
 Client Consent Date: _____
 Client SIN: _____ Marital Status: _____
 Joint Assessment

Spouse Information

Spouse Consent Financial Check Yes No Waived
 Spouse Consent Date: _____
 PARIS ID: _____
 Spouse Last Name: _____ Spouse First Name: _____
 Spouse Birth Date: _____ Spouse Gender: _____
 Spouse SIN: _____ Spouse PHN: _____
 Spouse Receiving GIS Spouse Receiving PPMB Spouse Receiving PWD

For Facility Admission Only

Client will be sharing Facility Room with Spouse

FINANCIAL PROFILE AND CALC

Name:	PARIS ID:
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Alternate Payer:

Contact Name: Phone:

Financial Calculation

Annual Assessment Rate Justification

CRA Status

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)			
4. Deduct Registered Disability Savings Plan (Line 125)			
5a. Deduct Annual Basic Income for Home Support		N/A	
5b. Deduct Annual Basic Income for Residential Care	N/A	N/A	N/A
6. Deduct Earned Income			N/A
7. Remaining Annual Income:			
Home Support		N/A	
Residential Care		N/A	
Assisted Living		N/A	

Residential Care Monthly Rate: Only 50% of Rate Increase Applied:
Home Support Per Diem: Assisted Living Monthly Rate:
Home Support \$300 cap/month applies? Adjusted Assisted Living rate (with cap):

Temporary Reduction Authorisation

Manager Authorisation Date:
Residential Reduced Rate per month:
Assisted Living Reduced Rate per month:
Home Support Reduced Rate per day:

Additional Comments

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----