Ontario

Ministry of Health

Application for Reimbursement by the Province

Homemakers and Nurses Services Act

Account for the month of	Corporation (municipality), District Board, or Approved Band of the	County or District

1. Cost of Homemakers services purchased by the Municipality, District Board, or Approved Band from a person or organization under Section 5 of the Act (see Note 1 below)

Number of Hours	at	Per Hour ($)			**Total Hours**	**Cost ($)**
Number of Days	at	Per Day ($)	x	Hours Per Day	**Total Hours**	**Cost ($)**
Number of Weeks	at	Per Week ($)		Hours Per Week	**Total Hours**	**Cost ($)**
Travel Expenses ($)						**Cost ($)**
					Total Hours of Service	**Total Cost ($)**

Less ($): Total available monthly income of persons served (Item 26 of Form 4 Determination of Monthly Income 4500-69)

Net cost ($) to municipality, district board or approved band

2. Cost of services provided by a Homemaker who is an employee of the Municipality, District Board, or Approved Band under Section 5 of the Act

Full time employees - time worked (HH:MM)	Part time employees - time worked (HH:MM)	Total Full time + Part time (HH:MM)

Salaries ($)	**Cost ($)**
Staff benefits approved by the Director ($)	**Cost ($)**
Travel expenses ($)	**Cost ($)**
	Total Cost ($)

Less ($): Total available monthly income of persons served (Item 26 of Form 4 Determination of Monthly Income 4500-69)

Net cost ($) to municipality, district board or approved band

Note 1: If more than one rate was used, you may submit supporting documentation that includes each rate. You do not need to include an average of the rates used with multiple providers. Your supporting documentation in the HNSA calculation worksheet must include for each rate used: the rate per hour, per day, or per week (as applicable); the number of hours, days, or weeks (as applicable) for which that rate was paid out; and the total amount claimed (rate x number of hours, days or weeks).

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3. Statistics re Section 1 and Section 2

Number of people in the applicant's immediate family	Purchased Service	Services by Staff

Number of persons in family

Adults - 65 years of age or more	**Purchased Service**	**Services by Staff**
Other adults	**Purchased Service**	**Services by Staff**
Children (under 16 years of age)	**Purchased Service**	**Services by Staff**

Single Cases

65 years of age or more	**Purchased Service**	**Services by Staff**
Others	**Purchased Service**	**Services by Staff**

4. Cost of Nurses services purchased by the Municipality, District Board, or Approved Band from a person or organization under Section 5 of the Act (see Note 1)

Number of Visits	at	Per Visit ($)		**Cost ($)**
Travel expenses ($)				**Cost ($)**
				Total Cost ($)
			Less ($): Total available monthly income of persons served (Item 26 of Form 4 Determination of Monthly Income 4500-69)	
			Net cost ($) to municipality, district board or approved band	

5. Cost of services provided by a Nurse who is an employee of the Municipality, District Board, or Approved Band under Section 5 of the Act

Full time employees' time worked (HH:MM)	Part time employees' time worked (HH:MM)	Total Full time + Part time (HH:MM)

Salaries ($)		**Cost ($)**
Staff benefits approved by the Director ($)		**Cost ($)**
Travel expenses ($)		**Cost ($)**
		Total Cost ($)
	Less ($): Total available monthly income of persons served (Item 26 of Form 4 Determination of Monthly Income 4500-69)	
	Net cost ($) to municipality, district board or approved band	

6. Statistics re Section 4 and Section 5

Number of people in the applicant's immediate family	**Purchased Service**	**Services by Staff**

Number of persons in family

Adults - 65 years of age or more	**Purchased Service**	**Services by Staff**
Other adults	**Purchased Service**	**Services by Staff**
Children (under 16 years of age)	**Purchased Service**	**Services by Staff**

Single Cases

65 years of age or more	**Purchased Service**	**Services by Staff**
Others	**Purchased Service**	**Services by Staff**

Note: If more space is required, figures may be listed on a separate sheet and attached, but total should appear on this signed form.

7. Certificate

We certify that:

1. This application for provincial subsidy is correct.
2. The amounts shown have been disbursed in accordance with the regulations.
3. This application is in agreement with the records of the municipality, district board or approved band making the application.

Welfare Administrator Name (First and Last Name)	Welfare Administrator's Signature	Date (yyyy/mm/dd)

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province ON	Postal Code

Treasurer Name (First and Last Name)	Treasurer's Signature	Date (yyyy/mm/dd)

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province ON	Postal Code

8. Ministry Use Only

Net cost to municipality, district board, or Approved Band

Section 1	**Cost ($)**
Section 2	**Cost ($)**
Section 4	**Cost ($)**
Section 5	**Cost ($)**
	Total Cost ($)

Adjustment (specify)

Date (MM/YYYY)	Adjustment Amount (+ or -)			
				Cost ($)
Number of homemaking hours/travel time hours	Number of Hours	at	Per Hour ($)	**A** **Cost ($)**

Adjusted net cost to the municipality, district board or approved band	**Cost ($)**
Less: Municipality, district board or approved band portion (20% of adjusted net cost)	**Cost ($)**
Ministry share	**Cost ($)**
Plus: Adjustment for rate reform (A above)	**Cost ($)**
Reimbursement by the province	**Cost ($)**

Approved for payment by (First and Last Name)	Signature	Date (yyyy/mm/dd)