

**YORK REGION STANDARDS OF CARE  
FOR  
HOUSING WITH SUPPORTS**

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## DEFINITIONS

**Applicant** means an individual who is requesting admission to a Home that provides Housing with Supports;

**Homelessness Prevention Program** means a provincially funded outcomes-based program that provides resources to establish a coordinated housing and homelessness system, including affordable housing and support services for people at risk of or experiencing homelessness. The fund is administered under a service agreement between the Ministry of Municipal Affairs and Housing and the Service Manager (the Region);

**Licensing and Compliance Officer** means any person appointed by the General Manager of Social Services to monitor compliance with the terms of the Agreement and the Lodging Houses Bylaw;

**Housing with Supports Home** means a privately owned facility that provides long-term permanent housing to individuals who require some supervision and services to maintain their independence;

**Housing with Supports Program** refers to the York Region program that provides funding to Operators with eligible Residents that require on-site daily supports and services;

**Lodging Houses Bylaw** means York Region Bylaw 2014-71, as amended or replaced;

**Ministry** means the Ministry of Municipal Affairs and Housing (MMAH) of the Province of Ontario;

**Personal Hygiene Supplies** refers to toiletry related items such as toilet and facial tissues, feminine hygiene products, soap, deodorant, shampoo, toothpaste, denture cleaner, denture adhesives and liners, toothbrushes, combs, hairbrushes, razors, shaving cream, etc.;

**Personal Information** means the Resident's personal information as defined by the [Municipal Freedom of Information Protection of Privacy Act](#) and the "personal health information" as defined by the [Personal Health Information Protection Act \(PHIPA\)](#);

**Private Resident** means a person, other than the Operator, Employee or Volunteer of the Operator, who resides in a Housing with Supports Home not receiving a subsidy from York Region;

**Province** means the Province of Ontario;

**Staff** means people employed by the Operator to work in a variety of capacities in the Home;

**Standards of Care** means these operating standards required to be followed by all Operators, Staff and Volunteers;

**Volunteer** means people who provide services in the Home who are not being compensated in any way, outside of expenses incurred as a part of providing services for the Home (e.g., mileage);

**Vulnerable Sector Screening** refers to Police Vulnerable Sector Checks that screen individuals who intend on working or volunteering with vulnerable persons, including those who because of their age, a disability, or other circumstances are in a position of dependence on others or are otherwise at greater risk than the general population of being harmed by a person in a position of authority or trust, relative to them.

## INTRODUCTION

### Preamble

York Region is committed to establishing welcoming and inclusive communities where diversity is celebrated and everyone can develop to their full potential, participate freely in society and live with respect, dignity and freedom from discrimination. The Standards of Care document was updated to capture current practices, including an emphasis on inclusivity, diversity and a person-centered approach to program delivery. The service delivery approach will continue to evolve and reflect best practices that meet people's unique needs, circumstances, experiences and celebrate a wide range of diverse groups within our community. The Standards of Care will continue to be reviewed and updated regularly.

### Program Description

Housing with Supports Homes are privately owned and provide long-term permanent housing to individuals who require some supervision and services to maintain their independence. Homes offer all Residents a living environment that is safe, affordable, people-centred, inclusive, accessible, and supportive. Services provided include 24-hour urgent response, medication management, meals, furnished rooms, housekeeping, onsite laundry and opportunities for social and recreational activities. Homes also provide access to on-site and community-based services. Housing with Supports Homes are contracted by the Region through funding agreements.

The Region has developed these Standards of Care to provide Operators with clear expectations for the provision of services; however, these Standards cannot address all matters which may arise, and therefore Operators should exercise reasonable judgement and/or consult with the Region, where necessary.

York Region's Housing with Supports Program Standards of Care are guided by [MMAH's Standards Framework](#) and align with the [Ontario Supportive Housing Policy Framework](#) and the [Ontario Supportive Housing Best Practice Guide](#).

### Vision

Every Resident has the right to have quality, safe and affordable supportive housing, feel empowered to live as independently as possible and flourish in the community of their choice.

### Principles

The Housing with Supports Program is based on the following principles:

#### Accessible

All individuals have the right to access Housing with Supports Homes regardless age, ancestry, colour, race, citizenship, ethnic origin, place of origin, religion, disability, family or marital status, gender identity and expression, receipt of public assistance, sex and sexual orientation.

In collaboration with the Region, Operators will ensure accommodation for people with visible and invisible disabilities are made in accordance with the [Accessibility for Ontarians with Disabilities Act](#) and the [Ontario Human](#)

[Rights Code](#). To ensure safe, welcoming and accessible services for all people, York Region's Accessibility Advisory Committee will be consulted when required.

### **Inclusive**

All individuals have the right to equitable treatment and protection from discriminatory practices. Housing with Supports Homes must be respectful of people's values, identities, beliefs, cultures and life experiences. Staff working in Housing with Supports Homes should respect and be sensitive to the diversity of Residents and other Staff/Volunteers/Vendors. Decision-making will consider the voices, experiences and input of Residents. Operators will adopt and implement policies and procedures that promote and safeguard the safety and security of all individuals. The Region has endorsed the [Inclusion Charter for York Region](#).

### **Partnership-based**

The Housing with Supports Program is part of a larger system of community partners including Residents, Operators, community agencies, local entities including Local Health Integration Networks, Ministry of Community and Social Services and Ministry of Municipal Affairs and Housing, working together to support Residents to develop skills, manage their health, and maintain their housing. Strong relationships among these community partners are required to achieve and maintain positive health and housing outcomes for individuals accessing the Housing with Supports Program.

### **Person-centred**

A person-centred approach focuses on positive results for individuals who are residing in Housing with Supports Homes, placing Residents and their families at the centre of services and decision-making. Residents should have individualized supports in accordance with their accommodation needs, and consideration given to their desires, values, social circumstances, and lifestyles. This approach gives Residents a voice in the design and delivery of the supports they receive, enabling them to be more active in their experience.

## **Goals**

The Goals of the Housing with Supports Program are:

- Residents achieve and maintain housing stability
- Housing is safe, affordable, inclusive and accessible
- Residents are satisfied with their housing with supports
- Residents obtain a quality of life that supports healthy living and individual rehabilitation goals
- Residents receive the services they require; integrating in-house supports and services with community-based health and social services, promoting inclusion
- Resident's individual circumstances and needs are respected and met, promoting and supporting independence and personal growth

## **Roles and Responsibilities**

The Role of the Housing with Supports Operators is to:

- Receive referrals for placement from Applicants or third-parties, such as staff from hospitals, community agencies, the Region etc.
- Determine admission to the Home

- Refer Applicants to the Region for funding from the Housing with Supports Program, as appropriate
- Provide Residents with quality, safe and inclusive housing and support services in accordance with the funding agreement, Lodging Houses bylaw No. 2014-71 (for homes licensed by the Region) and these Standards of Care
- Connect Residents with appropriate community-based programs and services to help them remain stably housed
- Issue Residents their Personal Allowance, as necessary
- Provide Quality of Life Programming and activities to promote wellness
- Report serious occurrences to the Region and work together on any required follow-up
- Take remedial action regarding complaints as quickly and effectively as possible
- Provide the Region with all necessary financial information, policies and procedures
- Collaborate with and report to the Region for the purposes of carrying out the Region's responsibilities for the Housing with Supports Program
- Register and maintain profiles with information on services in the 211 registry

The Role of the Region is to:

- Manage the Housing with Supports Program (includes ensuring Operators are in compliance with all applicable laws and regulations)
- Establish and administer funding agreements with Housing with Supports Operators
- Assess and determine eligibility of Applicants for the Housing with Supports Program
- Monitor ongoing financial eligibility of Residents approved for subsidy under the Housing with Supports Program
- Complete verification interviews and determine Applicant eligibility to enter into the [Ontario Works Program](#)
- Make referrals and assist Residents in accessing community resources
- Collaborate with Operators and community partners to maintain Resident's housing
- Establish serious incident reporting requirements
- Review all Operator policies and procedures required under the Housing with Supports Program agreement
- Set service Standards and ensure alignment with provincial guidelines
- Monitor compliance with the Lodging Houses bylaw No. 2014-71, Agreements and Standards of Care
- Review complaints and take remedial action, where required
- Facilitate systems planning and knowledge sharing
- Provide access to health and safety information and resources
- Review and verify the service level and financial information provided by Operators
- Review, approve and issue payments to Housing with Supports Operators for Per Diem, Quality of Life, Personal Allowance and Sundry Billings
- Verify that all Operators have obtained adequate insurance coverage
- Verify that annual inspections have been completed

The Region is also responsible for ensuring the Housing with Supports Program meets:

- The provincial government's Homelessness Prevention Program goals and outcomes
  - Prevent homelessness: People at risk of homelessness remain housed and have connections to support services
  - Address homelessness: People who are homeless and chronically homeless obtain and retain housing and support services
  - Reduce chronic homelessness: Reduction in chronic homelessness
- [The Region's vision for homelessness services](#)
  - Help people find and keep housing while strengthening the housing and homelessness system

## Operational Processes

### 1. ELIGIBILITY

Operators will use the Housing with Supports Intake Assessment Form, attached as Appendix B-12, to review an Applicant for residency in a Home under the Housing with Supports Program. The Intake Assessment Form will be completed at the time the Applicant requests admission to a Home. Operators will arrange for appropriate supports for Applicants who require accommodations. If an Applicant has a substitute decision maker (SDM), the SDM may complete forms and act on behalf of the Applicant as per the [Substitute Decision Act](#). All completed Intake Assessment Forms, signed by the Operator and the Applicant, will be provided to the Region, within forty-eight (48) hours. The Region will determine eligibility for funding under the Housing with Supports Program.

Applicants must meet the following eligibility criteria, as determined by the Region:

- Be at least 18 years of age
- Require supervision in activities of daily living
- Not be eligible for long-term care
- Not have assets valued at greater than TEN THOUSAND DOLLARS (\$10,000.00) or exceed allowable asset limits under the [Ontario Works Act](#) or the [Ontario Disability Support Program Act](#) for Ontario Works and Ontario Disability Support Program recipients
- Not have an income that is greater than the amount determined in accordance with the following formula: Per Diem Rate x Number of Days in Month + Personal Allowance = Resident Monthly Income Limit

They also must either:

- Have a physical, and/or developmental disability, and/or mental health diagnosis, documented by a medical doctor using the Medical Report (Appendix B-10) or a form otherwise acceptable to the Region
- Be a frail and/or elderly person

Operators may determine whether an individual, deemed by the Region as eligible for the Housing with Supports Program, is a suitable Resident for their facility, in part based on level of care required.

## Tenancy Agreement

Every Resident will have a Tenancy Agreement with a signed copy kept in the Resident's file.

## Resident Orientation

All Residents will be provided an orientation within seventy-two (72) hours of moving into the Home. Operators will have a documented procedure outlining the steps that are taken when a new Resident moves into the Home, including:

- Reviewing and signing the Tenancy Agreement
- Reviewing and signing the Consent of Resident to Collection and Use of Personal Information and Personal Health Information, attached as Appendix B-5
- Reviewing and signing the Resident's Bill of Rights, attached as Appendix B-8
- Reviewing and signing the House Rules
  - Filing signed copies of all the above in the Resident's file
- Reviewing the Complaints and Feedback policies and procedures, including contact information for Regional Staff
- Reviewing and explaining the Emergency Response Plan and Procedure
- Explaining the Home's physical and organizational structure and services available including meals, personal laundry and housekeeping. Reviewing all other matters that are required to prepare the Resident to move in, such as introducing the Resident to Staff, other Residents, providing a tour of the facility and orienting them to the activities in the Home

For Residents who require accommodation supports for understanding of move-in documents and processes, Operators will arrange for appropriate supports, that may include but are not limited to use of a support person, sign language, language interpretation and translator resources, large print, braille, electronic formats, and other formats, as required. Operators may request approval from the Region for funding of accommodation support services for Residents.

## Evictions and Transfers

Operators will have a documented procedure outlining the steps for accommodating Resident transfer requests and Resident evictions. Operators will notify the Region within 48 hours when a Resident is to be admitted, discharged, evicted or requests to be transferred to another Housing with Supports Home.

In cases where the Region is aware of a risk of termination of tenancy, York Region Representatives will work, together with the Resident and Operator, toward resolution with the goal of maintaining housing and preventing homelessness. In cases of eviction or transfer of tenancy, Residents will be assisted with developing a discharge plan and provided resources to alternate housing to prevent homelessness.



## 2. STAFFING

### Qualifications

Operators will have job descriptions for all Staff and Volunteer positions in the Home.

Operators will ensure that all Staff:

- Are at least eighteen years of age
- Have a suitable level of education and/or experience in working with vulnerable people and/or people with a mental health condition or illness
- Can read, write and follow written and verbal instructions in English

Operators will ensure that all Volunteers:

- Work under direct Staff supervision at all times
- Will not provide personal care or supervision to Residents
- Can read, write and follow written and verbal instructions in English

Every person working in the Home who has direct contact with Residents, including Operators, Staff and Volunteers must have a current and clear Vulnerable Sector Screening report and a copy must be provided to the Region prior to commencing employment or volunteer duties. Staff and Volunteers must notify Operators if anything occurs that could affect their clear Vulnerable Sector Screening status and Operators will notify the Region within 2 business days. Operators will have a policy confirming the process for maintaining the security and confidentiality of Vulnerable Sector Screening reports.

Staff and Volunteers who handle or prepare food will be certified in Food Handling standards or directly supervised by a Staff with a valid Food Handling Certificate. Operators will provide the Region with a copy of a valid Food Handling Certificate for all persons who have direct contact with food preparation and/or food handling.

Operators should ensure that at least one Staff including the Operator is proficient in basic office skills, including Outlook, Teams and Microsoft Word. Operators should ensure that at least one Staff member, with current First Aid/CPR certification whose primary duty is the supervision of the Residents, is always present in the Home.

Operators will have documentation at the Home that validates the professional qualification and certification of all Staff who are acting in a professional capacity. Operators will ensure that all employee certification is current.

### Staffing Levels

Staffing levels will be determined jointly by the Region and the Operator and reviewed at least once per year, and from time to time, as required. Homes will be appropriately staffed, providing an adequate level of support for the degree of needs and care required by Residents and ensuring the safety of Residents, Staff and Volunteers.

Operators or a designate, authorized to act on their behalf, will always be available by phone. Operator's emergency contact information will be on file with the Region and updated as necessary. Operators will respond to any requests for information by the Region within 48 business hours via phone or email.

## Training

Upon commencing employment, Staff and Volunteers will receive training on the following:

- Current Housing with Supports Standards of Care
- Staff and Volunteer Code of Conduct outlining professional behaviour
- All Operator policies and procedures including House Rules and Emergency Procedures
- AODA: Accessible Customer Service Training - [Accessible Customer Service](#)
- AODA: Creating an Accessible York Region - [Creating an Accessible York Region](#)
- Workplace Violence and Harassment

Within six (6) months of commencing employment, Staff will receive training on the following:

- First Aid
- Cardiopulmonary resuscitation (CPR)
- Crisis Intervention
- Mental Health
- Diversity and Inclusion
- Medication Management and Infection Prevention and Control Practices
- Overdose Prevention and Naloxone

Staff will receive annual refresh training on the following

- Workplace Hazardous Materials Information System WHMIS

Operators are responsible for ensuring that Staff and Volunteers are fully trained, supervised, and evaluated regularly with the intention of continuously improving Staff and Volunteer performance to provide for the best possible Resident experience and outcomes.

## 3. MONITORING AND COMPLIANCE

York Region Public Health and the local Fire Department will inspect the Home at least once per year to ensure compliance with Applicable Law and Regulations.

York Region Licensing and Compliance Officer will conduct regular Home visits/inspections to ensure compliance with the Agreement, the Standards of Care and the Lodging Houses Bylaw, if applicable. Compliance visits include, but are not limited to:

- Interviewing Residents and facility Staff

- Reviewing records and reports
- Taking photographs
- Observing facility or site operations
- Collection of policies/procedures, staff qualifications/job descriptions, training certificates and inspection reports by other local agencies

Compliance visits may be conducted jointly with representatives from local municipal agencies, including Public Health and Fire. Every Home will receive a minimum of four (4) compliance visits each year. A Compliance Checklist will be completed during these visits and as necessary, visits will be followed up with a written summary of items identified as being in non-compliance. This written summary will include timelines by which the items must be implemented and/or remedied.

## 4. CONFLICT RESOLUTION, COMPLAINTS PROCESS AND REPORTING

### Conflict Resolution

Operators will have a documented Conflict Resolution Process for resolving conflicts between Residents and/or between Residents and Staff. The process will address investigation and documentation of the conflict and any follow-up actions should the conflict result in a complaint to the Operator, Staff and/or the Region. Operators will provide the Region with a copy of the Conflict Resolution Process.

### Complaints

Operators will ensure that policies and procedures are in place to respond to written and verbal complaints and feedback from Residents or Residents' Representatives regarding the Home and its services. Operators will provide the Region with a copy of these policies and procedures.

Operators will provide accessible formats or communication supports, as required, for any complaints reporting. Operators will create a tracking form that records all complaints, feedback and related resolutions. Residents will be advised of the option to contact the Region's Licensing and Compliance officer if their complaint or feedback has not been adequately addressed.

Public complaints concerning a Home that are received by the Region will be investigated by the Licensing and Compliance Officer and/or other staff from the Region. The Licensing and Compliance Officer and/or other staff from the Region will work together with Operators to investigate public complaints.

### Critical Incident Reporting

Operators will use the Regional Critical Incident Report, attached as Appendix B-6, to document and report Critical Incidents and Critical Injuries to the Region.

Operators will:

- Within twenty-four (24) hours of any critical incident, advise the Region by phone

- Within seventy-two (72) hours of the incident, prepare a Critical Incident Report, describing the events and details of the incident, forwarding a copy to the Region.

This reporting requirement does not compel an Operator to disclose to the Region any personal information, as that term is defined under [MFIPPA](#) or [PHIPA](#), pertaining to persons residing at the Home (other than Residents).

**“Critical Incident”** is defined as the occurrence of any of the following events at a Home:

- A criminal offence
- Physical assault
- Sexual assault/abuse or allegation
- Accidental and/or critical injury requiring ‘911’ services
- Death
- Suicide attempt
- Property fire or other emergency requiring ‘911’ services
- Disease outbreak
- Violence or serious threat of violence
- The need for medical assistance requiring ‘911’ services
- Complaint of operational, physical or safety standards not being met by Operator
- Major property damage i.e. fire, flood
- A Resident is at serious risk of harm to themselves or others
- A Resident’s whereabouts is unknown for 24 hours or more

**“Critical Injury”** As defined in the *Ontario Health and Safety Act*, [O. Reg. 420/21](#), an injury is "[critical](#)" if it is an injury of a serious nature that:

- Places life in jeopardy
- Produces unconsciousness
- Results in a substantial loss of blood
- Involves the fracture of a leg or arm, but not a finger or toe
- Involves the amputation of a leg, arm, hand or foot but not a finger or toe
- Consists of burns to a major portion of the body
- Causes the loss of sight in an eye

## 5. RIGHTS AND RESPONSIBILITIES

### Residents' Rights

Residents are to be made aware of and receive a copy of the Bill of Rights, attached as Appendix B-8. Operators will ensure the Bill of Rights will be available in accessible formats as required and will always be posted in a visible place within the Home.

### House Rules

Operators will establish House Rules for the Home, which will include at a minimum:

- Residents' rights and responsibilities
- Respect for Residents' personal space
- The consequences for violence, vandalism, illegal substance use ([controlled and illegal drugs Canada](#)), smoking indoors including vaping, and rent arrears

Operators will ensure the House Rules will be available in accessible formats as required and will always be posted in a visible place within the Home.

### Access

Residents will have access to the Home on a 24-hour basis. Residents will be allowed to come and go based on individual schedules but will observe common courtesies regarding late night access to the Home. Residents can expect their guests and mandated service agencies to have access to the Home at any reasonable time.

### Resident Meetings

Residents will have regular meetings offered by Operators at a minimum of once monthly. The purpose of these meetings is to give Residents the opportunity to discuss the operations of the Home, to make suggestions for programming, and other related matters.

### Temporary Absences

Residents may be absent from the Home for up to fourteen (14) consecutive days in a twelve (12) month period, provided they advise the Operator of their intention to continue residing in the Home. Any exceptions will be reviewed on a case by case basis and will be pre-approved by the Region. Examples of exceptions would include hospitalization, home visits, family and vacation time.

During any period in which a Resident is required to be temporarily hospitalized, but is able to return to the Home, Operators will continue to be paid the Per Diem Amount up to a period of twenty-eight (28) consecutive days. The Region will not pay the Per Diem Amount to the Operator for a Resident who is hospitalized for a period exceeding twenty-eight (28) consecutive days. Exceptions will be reviewed on a case by case basis and will be pre-approved by the Region.

## Staff and Volunteer Code of Conduct

Operators will have a Staff and Volunteer Code of Conduct. The Code of Conduct will be posted in a visible location within the Home and kept on file with the Region and re-submitted to the Region, as revised.

Under the Code of conduct, Staff and Volunteers will not:

- Use abusive or discriminatory language or actions
- Impose their personal beliefs/standards on Residents, other staff or volunteers
- Exploit their relationship with a Resident for personal benefit, gain or gratification
- Go beyond professional duties with a current or previous Resident including having personal relations

## Privacy and Confidentiality

During the training period, Staff and Volunteers will sign privacy/confidentiality agreements with the Operator and agree to keep Resident's Personal and Personal Health Information confidential. Residents Personal Information will be kept in a secure location to maintain privacy and confidentiality. The Resident's Personal Information may only be accessed by authorized persons. Any gathering of Personal Information or discussions of personal issues will be conducted in a manner which reduces the risk of being overheard.

All records, including but not limited to Resident files and medication records, will be retained for a period of seven (7) years from the date that the Resident leaves the Home.

Operators will ensure a policy is in place regarding:

- The collection, use, disclosure, storage and destruction of all Residents' Personal information in accordance with all Applicable Laws
- Residents' requests for access to their own files
- Third party requests for access to files under *Municipal Freedom of Information and Protection of Privacy Act* and/or *The Personal Health Information Protection Act*

This policy will be on file with the Region and resubmitted, as revised.

## Sharing of Resident Information

Resident's Personal Information and Personal Health Information will not be shared or discussed with other Residents or third parties without the Resident's consent. Consent of Resident to Collection and Use of Personal Information and Personal Health Information (Appendix B-5) must be signed by the Resident to disclose any information.

In some instances, exceptions to the confidentiality practice may be necessary such as when:

- Refusing to provide Personal Information could endanger the safety of another individual or group of individuals e.g. the Resident has disclosed to the Operator that they have, or suspect that they have a communicable disease and the Resident has requested medical assistance

- Disclosure is required or permitted under the [Municipal Freedom of Information and Protection of Privacy Act](#) and/or [The Personal Health Information Protection Act](#)
- Disclosure is required by a court order or other Applicable Law

## **Operator Documentation**

Residents' personal files will be maintained in a locked, separate and confidential place which will include but not be limited to the following information:

- Resident name and date of birth
- Admission date
- Ontario health card number
- Previous address and telephone number
- Medical history and information including doctor's name and phone number, special diet, known allergies, etc.
- Next of Kin, Power of Attorney, Public Guardian and Trustee, if applicable
- Date of Discharge and reason
- Financial information
- Copy of signed Tenancy Agreement
- Consent of Resident to Collection and Use of Personal Information form
- Copy of signed House Rules

Operators will keep the following documentation on file:

- Up to date list of Residents in the Home
- Resident files
- Record of complaints, including the complainant, investigation, and resolution
- Daily logbook for Staff that records any incidents or events within the Home
- Staff shift schedule that includes accurate dates and hours worked by Staff within the Home
- Visitor/guest log that includes name, time in and out, and affiliated organization if the visitor is a service provider
- Critical Incident Reports
- Administrative records (e.g., medication distribution, admissions, and discharges, Resident sign-in/sign-out sheets)
- Inspection records and licensing information
- Personal Allowance ledgers and Clothing Allowance ledgers
- Other documentation as required by Applicable Law (e.g., Fire Code)

## 6. PHYSICAL SAFETY, HEALTH AND WELL-BEING

### Supports for Daily Living

Activities of daily living include, but are not limited to, bathing, personal hygiene, toileting, dressing, eating and the maintenance of Resident's privacy and personal dignity. Residents will participate in decisions about their personal care and health needs, ensuring that they are supported by the Operator and Staff to perform their activities of daily living as independently as possible. To ensure that Residents receive a satisfactory level of personal hygiene, bathing should occur at least once per week and personal hygiene items supplied.

If a Resident requires a level of assistance with their activities of daily living that cannot routinely be met by Staff within the Home, the Operator will:

- Assess the Resident's care needs in consultation with the Resident
- In consultation with the Resident, and if applicable, the family of the Resident, make a referral to appropriate supports in the community to obtain additional personal support for the Resident
- Inform the Region when the referral has been made, when the additional personal supports commence, and if the supports meet the Resident's needs

### Medical Care

If a Resident requires emergency medical care, Operators will telephone 911. Where a Resident appears to be ill or in need of medical attention, which is not in the nature of an emergency, Operators will obtain appropriate medical care from the Resident's own physician, a walk-in clinic or other medical professionals. When a physician determines that additional supports are needed by a Resident, Residents will be supported in accessing additional supports and services.

Upon request of a Resident or the Resident's physician, Operators will make arrangements for the provision of dental care for the Resident. Dental care will be payable by the Resident, subject to the Resident's entitlement to payment/reimbursement under any applicable legislation or any applicable benefits plan.

Upon receipt of a written request from a Resident's physician, Operators will make arrangements for the provision of nail care or non-invasive foot care for the Resident, including nail trimming, removal of calluses, and diabetic foot care. Services are to be provided by a Registered Nurse, who is certified by the College of Nurses of Ontario.

When it is determined that a Resident has a contagious/infectious illness, Staff will work with the Resident, Public Health and community partners to develop an appropriate service plan for the Resident to remedy the situation, to take reasonable steps to assess/protect other residents from infection while the resident is being treated.

### Resident Medication

With respect to Resident medication, Operators will:

- Directly receive all prescription medication for the Resident from a pharmacy, the Resident, a Trustee or other representative of the Resident



- Review and verify all Resident medication/blister packs are received and labelled with appropriate Resident name
- Maintain Medication Administration Record (MAR) sheets for each Resident, including all medication, prescription and non-prescription drugs, time of administration, allergies and pertinent medical conditions
- Keep all medication secure in locked cabinets in a centralized location within the Home
- Maintain strict control over access to all prescription medications
- Maintain a record of the name, address, and telephone number of each Resident's personal physician, if known, and a copy of the Resident's signed consent to the Operator for the use and collection of the Resident's personal information for this purpose; such records will be made available to the Region for review upon request
- Comply with all instructions of the Resident's physician, or the dispensing pharmacist, as applicable, in providing the prescribed medication to Residents
- Ensure medication belonging to a Resident is sent with or accessible by the Resident when the Resident is absent temporarily from the Home
- If a Resident is permanently discharged from the Home, Operators will ensure that all the Resident's prescription medications are sent with the Resident, the Resident's Trustee or other representative. If it is not possible to provide the medications to the Resident or the Resident's Trustee or other representative, the medications will be returned to the dispensing pharmacy

### **Medication Distribution Log**

Operators or a designated staff member will work with pharmacies to verify that prescription(s) are filled and medication(s) received for every Resident who may require it. Operators or a designated staff member will supervise to ensure that medications are taken by the correct Resident from the individually labelled container or blister pack.

Operators will maintain a log of medication distribution, which will include a current list of all Staff members who are authorized to distribute medication and their initials.

The medication distribution log will record the following information:

- Date and time that medication was provided to Residents
- Name of each Resident who received medication
- Whether the Resident accepted or rejected the medication
- Initials of the staff member who distributed the medication to each Resident

### **Communicable Diseases**

In consultation with York Region Public Health, Operators must establish policies and procedures for preventing, managing and treating communicable illnesses and outbreak management.

Operators will contact York Region Public Health when:

- Staff suspect a Resident has a communicable disease (see Appendix B-17)
- A communicable disease outbreak occurs in which a greater than expected number of individuals experience upper respiratory infection, taking into account normal seasonal variations OR a greater than expected number of individuals have similar symptoms (i.e., diarrhea, vomiting, rash, respiratory symptoms), taking into account normal seasonal variations

Staff will receive training on communicable diseases and outbreak management whenever reasonably necessary and as required by applicable law to reinforce safe work practices. Staff will be trained to deal with occupational exposure to blood and bodily fluids.

Policies related to communicable diseases will be submitted to the Region upon request.

## **Services the Home is Responsible for Providing**

### **Meals**

Residents will be offered three (3) meals per day for breakfast, lunch and dinner. Nutritious snacks and beverages will be available throughout the day. Residents who are unable to eat meals at the Home at designated mealtimes will be provided with packed meals, provided Operators receive sufficient notice.

Operators will prepare weekly meal plans and post menus accessible by clients. Meal plans and menus will be provided to the Region, upon request. Service providers will prepare meals in sufficient quantity, quality and nutritional value to meet recommendations in [Canada's Food Guide](#).

Residents will receive three (3) meals a day during the following established times:

Breakfast	7:00 a.m. - 10:00 a.m.
Lunch	12:00 noon - 2:00 p.m.
Dinner	5:00 p.m. - 7:00 p.m.

Residents with food allergies, food intolerances, religious dietary restrictions and/or medically prescribed diets will be accommodated by Operators. Operators will work with Residents to develop dietary plans that support their needs including, but not limited to, applying for special diet allowances, or referring Residents to nutrition support programs.

### **Laundry and Linens**

Residents will have an adequate supply of towels and bed linens, which includes at a minimum:

- One (1) set of towels including a bath and face cloth
- One (1) set of bed linens including sheets and a pillowcase
- One (1) pillow
- Two (2) blankets or alternatively, one blanket and one comforter

Residents will be provided with clean towels and bed linens at least once per week or as required. Towels and bed linens will be laundered each time the occupancy of a bed changes.

Residents will be provided with laundry service and laundry supplies (detergent, fabric softener, etc.). Residents who are both able and responsible to do such tasks will have access to a washer, dryer and laundry supplies.

### **Telephone and Internet**

Residents will have access to a telephone without a fee for local calls. Reasonable rules for the use of the telephone may be established by Operators. Residents will have privacy while speaking on the telephone.

Residents will have access to internet and Operators will have a policy addressing Resident internet access.

### **Transportation**

Residents will have access to transportation, including accessible transportation supports if required, to attend medical, dental and/or non-medical appointments.

Residents will be encouraged to use public transportation, where available, to attend medical, dental and/or non-medical appointments. Operators may also provide supplementary transportation.

Where another mode of transportation is not feasible and a taxicab is required by Residents, to attend a medical or dental appointment, Operators will request prior approval from the Region within regular business hours. The Operator's request for reimbursement for taxicab rides made outside of regular business hours will be reviewed on a case-by-case basis. Operators will submit a list of individuals and corresponding documentary confirmation of attendance for all medical and non-medical transportation requests to the Region monthly for review. Reimbursement, if approved, will be as per the rate for Travel and Transportation as set by the Region.

### **Safety and Security**

Residents are to have a stable, safe, and peaceful environment where they are protected from physical, emotional, and sexual harassment, threats and abuse.

Operators will establish policies and practices to support inclusion of Residents protected through the [Ontario Human Rights Code](#) (e.g., age, ancestry, creed, religion, disability, family status, gender expression, gender identity, race, sex, sexual orientation, receipt of public assistance, and record of offences).

Operators will ensure the following:

- Emergency evacuation procedures are posted in a visible place within the Home, ensuring that a copy of the evacuation plan is on file with the Region
- First Aid Kit is available at the Home in a safe and visible location. Operators will post emergency phone numbers, including for the police, fire department and ambulance near every telephone
- Staff are trained in emergency evacuation of the Home and all Residents will be informed of the emergency evacuation procedures
- Staff are trained and certified to provide appropriate support to Residents in crisis and will call upon additional resources as necessary (e.g., temporary staff back-up, support staff from designated service agencies, referring therapists and/or any community crisis teams)

Operators will conduct and document annually a bed bug control inspection, and upon request, provide documentary evidence to the Region.

Home is in a safe and clean condition and in a good state of repair, ensuring that Health & Safety policies are in place to comply with requirements of the [Occupational Health and Safety Act](#) and required annual inspections.

## **Business Continuity**

Operators will prepare and maintain an up to date Business Continuity Plan comprised of measures and procedures to ensure the Operator is able to continue providing both basic and critical functions during a service disruption at the Home. All plans will be on file with the Region and resubmitted, as revised.

## **Occupational Health and Safety**

Operators will adhere to the requirements of the [Occupational Health and Safety Act](#) (“OHSA”) including, but not limited to:

- Identifying workplace safety hazards across the facility
- Assessing workplace safety risks across the facility
- Preparing and maintaining a health and safety policy
- Preparing and maintaining a program to implement the health and safety policy
- Maintaining a Joint Health and Safety Committee (or Health and Safety Representative in workplaces with under 20 employees) and ensure meetings, workplace inspections and the posting of notices take place as required under the OHSA
- Appointing competent persons as Supervisors as defined in the OHSA
- Instructing, informing and supervising workers to protect their health and safety
- Providing workers, Supervisors and Committee members with all training programs prescribed under the OHSA

Operators will have policies regarding the safe use and storage of hazardous cleaning materials in accordance with [Workplace Hazardous Materials Information System](#) (“WHMIS”) guidelines.

As required by the OHSA, an Operator’s program to implement the health and safety policy will include emergency procedures. To comply with this requirement, Operators will have in place an Emergency Preparedness Plan with procedures to respond to various types of emergencies that may arise in the Home, which may include, but are not limited to:

- Medical emergencies (including pandemics)
- COVID-19 Safety Plan
- Fire
- Flood
- Threats/ assaults
- Hostage situation
- Loss of essential services
- Disruption of building services
- Extreme weather conditions

- Chemical/hazardous substance release or spill
- Building lockdown
- Other emergency situations the Operator deems relevant

Ensure the Emergency Preparedness Plan contains the following elements:

- Plan activation
- Lines of authority
- Roles and responsibilities of Staff and Supervisors
- Emergency contact information for Staff, Regional contacts, emergency suppliers and emergency authorities
- Procedures to call in additional Staff and resources in an emergency; and
- Process for issuing an “**All Clear**” upon conclusion of an emergency

The Emergency Preparedness Plan will be reviewed annually and updated as required, and a copy will be provided to the Region.

Operators will implement and maintain an Emergency Communications Plan incorporating a system and supporting protocols to alert affected people in the event of an emergency and to manage all communications during the emergency response.

Operators will ensure resources, supplies and equipment vital for the emergency response are set aside and readily available at the facility. Operators will ensure that all Staff participate in at least one emergency response exercise each year and keep a written record of the testing of the emergency procedures.

## 7. Provision of, or Access to Activities and Support Services

### Programs, Activities, and Quality of Life Programming

Residents will have access to programs and activities to enhance their quality of life, including, but not limited to social and recreational activities, life skills workshops, health and well-being education/activities and access to in-house equipment.

Operators will provide Quality of Life Programming that fulfills the requirements for each of the six following categories:

- 1) In-house Recreational Programs: Supervised recreational and/or instructional programs of an ongoing, regular nature scheduled and occurring inside the Home
- 2) Community Activities: Scheduled activities in the community such as events, day programs, excursions/outings, recreational and/or instructional programs scheduled and occurring outside the Home
- 3) Social Events: Special events in or out of the Home

- 4) Life Skills Workshops: Guest speakers, community agencies offering support, services and information related to life skills
- 5) Health and Well-Being: Mental health workshops, meditation classes, physical exercise classes/ outings, health and wellness education and promotion, haircuts (to a reasonable cost determined by the Region)
- 6) In-House Equipment: Board games, electronic devices, other small appliances designed to enhance quality of life (items over \$200 must be pre-approved by the Region)

Operators will post a monthly schedule of programs and activities in a visible place, plus notices of any change or cancellation.

Operators will submit annually to the Region within the first thirty (30) days of each year:

- A Quality of Life Programming needs assessment completed in consultation and collaboration with both Residents and Staff to determine the types of programs, activities and workshops that would be beneficial to Residents. The needs assessment may be submitted to the Region in the form of minutes of a Resident/Staff meeting or a Resident survey.
- The Quality of Life Program Plan (Appendix B-15) outlining the programs and activities that will be offered based on the results of the Residents needs assessment and fulfilling the six categories.
- A Resident and Staff Evaluation that includes the following:
  - The level of Resident satisfaction regarding the Quality of Life Programming delivered by the Home
  - Staff feedback on the impact of Quality of Life Programming, that includes but is not limited to Resident satisfaction, atmosphere in the Home and social interaction between Residents and Staff

Operators will submit quarterly the Quality of Life Programming Report (Appendix B-16) as outlined in Schedule B of this Agreement. Operators will ensure that any Quality of Life expenses submitted for reimbursement align with the Quality of Life allowable expenses guidelines (Appendix B-14).

## 8. PERSONAL ALLOWANCE

Residents receive a monthly Personal Allowance (PA) that is determined by the Region and set out in Schedule A of this Agreement. Residents will have their Personal Allowance issued directly to them unless they opt for it to be issued to the Operator of the Home, to be held in trust, and in this case, Residents are to provide signed consent (Personal Allowance Agreement Appendix B-2). Residents whose assets are administered by a Trustee will have their Personal Allowance paid directly to the Trustee.

Operators will maintain and retain:

- A written policy and related procedures for managing PA funds

- One or more non-interest bearing trust accounts in a chartered bank or trust company, in which all monies including the Personal Allowances that are received by the Operator in trust for and on behalf of Residents will be deposited (the “Trust Account”)
- The deposit books, deposit slips, passbooks, monthly bank statements, cheque books, and cancelled cheques applicable to the Trust Account
- Accounting ledgers for each Resident, including:
  - The “Resident’s PA Trust Account Record/Ledger” (Appendix B-3)
  - All other monies received by the Operator for such Resident (the “Resident’s Other Income Trust Account Record/Ledger” Appendix B-4)
  - Receipts or records for all transactions in ledger

Residents will have access to part or all the money in their ledger upon request. Residents should sign or initial the ledger to confirm receipt of their funds or items. In instances where Operators received money from a Trustee in trust for and on behalf of a Resident, Operators will make part or all the money available to such Resident, in accordance with the written instructions of Trustee.

Operators will not:

- Deposit any money received in trust for and on behalf of a Resident in an account other than a Trust Account
- Use any money in the Trust Account to pay for Services rendered under this Agreement
- Co-mingle any monies the Operator receives pursuant to the Agreement with any monies in the Trust Account. Where the co-mingling of monies is unavoidable because such monies have been forwarded to the Operator in one cheque or other negotiable instrument, and the Operator must deposit it in one bank account in order to negotiate the cheque or other negotiable instrument, the Operator must transfer or deposit the appropriate trust monies into the trust account without delay.

Operators will make a cheque payable to the Resident or Trustee of the Resident, if applicable, for any monies in the Trust Account held in trust for the Resident, within five (5) days of the occurrence of any one of the following events or as is reasonably practicable thereafter:

- The Resident or Resident’s authorized agent notifies the Operator that the Resident intends to and/or vacates the Home
- The Region notifies the Operator that the Resident is no longer eligible for subsidy for the purposes of funding under the Agreement

Notwithstanding any provision of the Agreement to the contrary, the Region may, in the Commissioner’s sole discretion, upon thirty (30) days prior written notice to Operators, require that Operators establish and maintain a Trust Account in respect of Personal Allowances and a separate Trust Account in respect of all other monies received by the Operator for Residents.

## APPENDIX B-1

## Housing with Supports Per Diem Worksheet



HWS Name- Per Diem:						
Contact: _____		Phone: _____		Fax: _____		

  

Client Name	Entered	Left	Days	Amount	Income	Payment
_____						
_____						
_____						
_____						

  

Total Clients:	<input style="width: 40px;" type="text"/>		Totals:	_____	_____	+ _____
Quality of Life:						

I certify that all information provided on this worksheet is complete and accurate

Date

Operator

Date

Authorized



## APPENDIX B - 2



Community and Health Services Department  
Social Services Branch/Homelessness Community Programs  
**Personal Allowance Agreement**

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I agree to have my monthly Personal Allowance (PA) paid in trust directly to the operator of my home. I understand that this is my money, and it is still available to me, in whole or in part, at any time, at my request.

This agreement is simply formalizing an existing practice that has been in place where the operator maintains a trust account for me.

I understand and recognize that I am not required to enter into this agreement. I am entering into this agreement voluntarily. I also understand that I can cancel or revoke this agreement at any time with 30 days written notice to the operator.

I am not entering into this agreement as a result of any undue influence, or any duress being exerted upon me by anyone.

I understand that I have the right to obtain legal counsel before signing this agreement, but I am choosing hereby to waive that right.

---

Signature

---

Date

---

Name (please print)

---

Date

**Witness:**

---

Signature

---

Date

---

Name (please print)

---

Date



Community and Health Services Department  
Social Services Branch/Homelessness Community Programs

## RESIDENT'S PERSONAL ALLOWANCE TRUST ACCOUNT RECORD/LEDGER

(monies received by or on behalf of the Resident)

Resident's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Resident's Financial Institution: \_\_\_\_\_ Account #: \_\_\_\_\_

Residential Support Worker: \_\_\_\_\_

Date			Deposit	Withdrawals (by resident)	Withdrawals (by Operator *purchases made on behalf of resident)	Receipt Attached	Balance	Description of Purchase(s)	Resident's Initials
M	D	Y	Amount						
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			

Name of Operator: \_\_\_\_\_

Certification: *I certify that the funds recorded as withdrawals have been used solely for the benefit of this Resident in accordance with the terms of the Agreement*

Authorized Signing Officer (please print): \_\_\_\_\_ Dated: \_\_\_\_\_

I have the authority to bind the Corporation

APPENDIX B-4– Resident's Other Income Trust Account Record/Ledger



Community and Health Services Department  
Social Services Branch/Homelessness Community Programs

**RESIDENT'S OTHER INCOME  
TRUST ACCOUNT RECORD/LEDGER**

(Applicable Tax Rebates, Income Tax Rebate, Gifts from Relatives, Clothing Allowance, etc.)

Resident's Name: \_\_\_\_\_

Housing with Supports Financial Institute: \_\_\_\_\_ Account #: \_\_\_\_\_

Residential Support Worker: \_\_\_\_\_

Date			Deposit		Withdrawals (by resident)	Withdrawals (by Operator *purchases made on behalf of resident)	Receipt Attached	Balance	Description of Purchase(s)	Resident's Initials
M	D	Y	Amount	Source						
							o			
							o			
							o			
							o			
							o			
							o			
							o			
							o			
							o			
							o			

Name of Lodging House/Housing with Supports: \_\_\_\_\_

Certification: *I certify that the funds recorded as withdrawals have been used solely for the benefit of this Resident in accordance with the terms of the Agreement*

Authorized Signing Officer (please print): \_\_\_\_\_ Dated: \_\_\_\_\_

I have the authority to bind the Corporation

APPENDIX B-5

**CONSENT OF RESIDENT TO COLLECTION AND USE OF PERSONAL INFORMATION  
AND PERSONAL HEALTH INFORMATION**

Regionally Funded Resident under a Housing with Supports Agreement

TO:	The Regional Municipality of York (the " <b>Region</b> ") (including the Region's Community and Health Services Department)
AND TO:	_____ (the " <b>Operator</b> ")

1. I, \_\_\_\_\_, *{insert name of Resident}* have applied for lodging or am currently residing at the lodging house operated by the Operator.
2. For the purpose of obtaining health and social services, I consent to (a) the release by the Operator to the Region; and (b) the release by the Region to the Operator of the following personal information about me:
  - (i) Full legal name and used names;
  - (ii) Date of birth;
  - (iii) Date of admission to and date of discharge from the shelter;
  - (iv) Social Insurance Number;
  - (v) Health Card Number;
  - (vi) Drug Plan Number;
  - (vii) Name, address and telephone number of my personal physician;
  - (viii) My former place of residence;
  - (ix) Name, address and telephone number of my next-of-kin;
  - (x) Any personal health information, as defined in the *Personal Health Information Protection Act, 2004*, in the possession of either the Operator or the Region;
  - (xi) Information and records regarding any income received by me or by the Operator on my behalf; and
  - (xii) Information and records concerning my income and financial situation including bank accounts, safety deposit boxes, financial statements, income tax returns, credit checks and other financial records.

Any personal information and documents or records referenced above collected by the Region and/or the Operator about me for the above-mentioned purpose will be hereafter referred to as my "**Personal Information**".

3. I allow the Region and the Operator to share my Personal Information with each other; the Ontario Ministry of Municipal Affairs and Housing ("**MMAH**") and the Government of Canada's department of Employment and Skills Development Canada ("**ESDC**") for the purpose of providing health and social services to me.
4. I understand that any of my Personal Information given by the Region and/or the Operator to MMAH and HRSDC is confidential and will only be disclosed to any other party in compliance with all Applicable Law.

5. I agree that any sharing of my Personal Information in accordance with this Consent may occur through the electronic exchange of data.
6. I understand that I may revoke this Consent at any time by contacting the Regional Municipality of York, Homelessness Community Programs Division, 17150 Yonge Street, Newmarket, Ontario, L3Y 8V3, Tel: 1-877-464-9675 ext. 72460.
7. I confirm that I have read and understand this Consent.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
{Print name of person signing consent}

**Notice with Respect to the Collection of Personal Information**

Personal information that is the subject of this Consent is collected by The Regional Municipality of York and/or the Operator under the legal authority of the *Ontario Works Act, 1997*, the *Municipal Act, 2001*, the *Health Protection and Promotion Act* and the *Regulated Health Professions Act* for the purpose of providing you with social and health services. For more information contact The Regional Municipality of York, Homelessness Community Programs Division, 17150 Yonge Street, Newmarket, Ontario, L3Y 8V3  
Tel: 1-877-464-9675 ext.72460.

**APPENDIX B-6**Community and Health Services Department  
Social Services Branch/Homelessness Community Programs**CRITICAL INCIDENT REPORT**

(To be completed and signed by Housing with Supports Operator within 72 hours)

Housing with Supports Operator (site name): Choose an item.		Date of Critical Incident: Click here to enter a date.	Incident communicated to York Region by: (check one) Email: <input type="checkbox"/> Fax: <input type="checkbox"/> Telephone: <input type="checkbox"/>
Staff on duty at time of critical incident report: Click here to enter text.		Supervisor on duty at time of critical incident: Click here to enter text.	
Name of Client(s) involved (First and Last Name of Individual)	Age	Any incident of a serious nature or critical injury occurring in/on site of the housing with supports facility will be reported within 24 hours to the Region.  Critical incidents include (but are not limited to): <input type="checkbox"/> A criminal offence <input type="checkbox"/> Physical Assault <input type="checkbox"/> Sexual assault/abuse or allegation <input type="checkbox"/> Death <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Disease Outbreak <input type="checkbox"/> Violence or serious threat of violence <input type="checkbox"/> Property fire, flood or other emergency requiring "911" services <input type="checkbox"/> Accidental and/or critical injury requiring "911" services <input type="checkbox"/> Need for medical assistance requiring "911" services <input type="checkbox"/> Complaint of operational, physical or safety standards <input type="checkbox"/> A resident is at serious risk <input type="checkbox"/> A resident's whereabouts is unknown for 24 hours or more <input type="checkbox"/> Other	
Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.		

Description of the incident addressing what happened, resident's allegation (if applicable), when and where it happened, current status/condition: Click here to enter text.		
Immediate Action Taken Click here to enter text.		
Who has been Notified (e.g. Police, Coroner, Family, Public Trustee, etc.) Click here to enter text.		
Further Action Taken or Proposed by Housing with Supports Operator: Click here to enter text.		
Report Completed By: (please print) Click here to enter text.	Date Report Completed: Click here to enter a date.	Time: Click here to enter text.
Report Completed By: (signature) (required if report sent by fax)		

**Please forward Critical Incident Report to York Region by:****Email: CriticalIncidentReporting@york.ca****Fax: 905-836-5406****Telephone: 1-877-464-9675, ext. 72460**

<b>THIS SECTION TO BE COMPLETED BY YORK REGION STAFF ONLY</b>	
<div data-bbox="73 281 943 459" data-label="List-Group"><ul style="list-style-type: none"><li><input type="checkbox"/> Direction, if any, provided by York Region concerning further action to be taken.</li><li><input type="checkbox"/> No further action required</li><li><input type="checkbox"/> Follow-up with Housing with Supports Operator</li><li><input type="checkbox"/> Further review of incident by York Region Case Worker</li><li><input type="checkbox"/> Referral to Licensing staff</li></ul></div>	
<div data-bbox="66 510 521 546" data-label="Text"><p><b>Comments:</b> <a href="#">Click here to enter text.</a></p></div>	
<div data-bbox="60 642 241 680" data-label="Text"><p><b>Completed By:</b></p></div>	<div data-bbox="1382 642 1464 676" data-label="Text"><p><b>Date:</b></p></div>



EDOCS #9023804  
Housing with Supports

APPENDIX B-7



Community and Health Services Department  
Social Services Branch/Homelessness Community Programs  
**HOUSING WITH SUPPORTS DISCHARGE FORM**

Attention: (Caseworker's Name) \_\_\_\_\_

Date: \_\_\_\_\_

Operator: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Client's Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

**Discharge Date:** \_\_\_\_\_

Reason:

- ☐ Transfer to Another Home
- ☐ Moved in with Family
- ☐ Incarceration
- ☐ Extended Hospital stay
- ☐ Death of Resident
- ☐ Eviction
- ☐ Other: \_\_\_\_\_

Additional Comments:

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**BILL OF RIGHTS FOR RESIDENTS  
IN HOUSING WITH SUPPORTS****Bill of Rights****for Residents of Community Homes for Opportunity and Housing with Supports  
in York Region**

**You are entitled to the following rights as a resident in this home:**

**I HOME ENVIRONMENT**

- (1) The right to a safe, clean and comfortable home;
- (2) The right to reach home staff 24 hours a day;
- (3) The right to have three healthy meals and two healthy snacks a day of proper quantity;
- (4) The right to have a special diet if ordered by your doctor and approved by your program;
- (5) The right to have weekly free laundry service provided by the home;
- (6) The right to have clean towels and bedding that are in good condition;
- (7) The right, if requested, to be provided with a copy of any rules or laws affecting the home;

**II HEALTH AND SAFETY**

- (8) The right to live in a home that meets with all required health and safety standards;
- (9) The right to be informed of the emergency evacuation procedures and to have them posted in the home;  
The right to have a first aid kit available in a safe place;  
The right to have all emergency phone numbers posted near every telephone;

**III MEDICAL**

- (10) The right to have privacy in medical treatment and personal care;
- (11) The right to choose your own doctor;
- (12) The right to make an informed decision regarding your medication and treatment unless you are legally incapable to do so;
- (13) The right to have your doctor or the home physician notified if you are ill or at your request;
- (14) The right to have your medical information kept confidential;

**IV PERSONAL**

- (15) The right to be treated with dignity;
- (16) The right to be free of all types of abuse and punishment;
- (17) The right to receive personal mail unopened on the day it is delivered;
- (18) The right to have reasonable access to and privacy on the telephone at all times;

- (19) The right to have residents-only meetings;
- (20) The right to participate in social, religious, cultural and community groups of your choice;
- (21) The right to use your monthly Personal Needs Allowance (P.N.A.) as you choose and not for meals, required snacks, housing, toilet paper, toothpaste or shampoo;
- (22) The right to choose where to live depending on what is available;
- (23) The right to independent support services in and out of the home;
- (24) The right to refuse to do work for your home.

You have the right to exercise any of the above rights without fear of being moved from the home or of being treated differently

### **What to do if Your Rights Have Not Been Met**

**Please see the TELEPHONE SHEET  
that is posted beside this Bill of Rights for telephone numbers**

- speak to the Home Staff to see if you can solve the problem;
- speak to your caseworker or someone you feel comfortable asking for help;
  - Housing with Supports (Regional clients) can call York Region, Hostel Programs
  - Community Homes for Opportunity Residents can call their CMHA Housing Support Worker
  - Ask for legal help. Free legal help is available by contacting the Community Legal Clinic of York Region.

### **Contact the police if you have been threatened or harmed**



**CONSENT FOR THE COLLECTION  
OF INFORMATION LODGING HOME**

**TO:** (insert name of operator/owner of the Lodging Home), (the “**Operator**”)

**AND TO:** The Regional Municipality of York, (the “**Region**”)

**RE:** (insert address of Home), (the “**Premises**”)

The undersigned Operator hereby authorize the following governmental agencies to communicate with, release, disclose and make available any and all information related to the Operator and the Premises to the Commissioner of the Community and Health Services Department, of the Region or designate:

- (a) the Chief Building Officer of the local municipality;
- (b) the Fire Chief of the local municipality;
- (c) the Clerk of the local municipality ;
- (d) the Region’s Medical Officer of Health ; and
- (e) the Ontario Ministry of Health.

The undersigned Operator acknowledges having read and understood this Consent for the Collection of Information (“**Consent**”) and that it may give or withhold consent, and the consequences of giving or withholding consent, and of its right to withdraw consent at any time, by providing written notice to the Manager of Homelessness Community Programs of the Social Services Branch. The undersigned Operator also acknowledges that if it has any questions related to this Consent it may speak with the Region’s Supervisor, Homelessness Community Programs of the Social Services Branch at 1-877-464-9675 Ext. 72414.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(NAME OF OPERATOR)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

I/We have authority to bind the Operator

This information is being collected pursuant to the *Municipal Act, 2001*, S.O. 2001, c.25 and will be retained, used, disclosed and disposed of in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, and the *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c.5 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information. Any questions regarding this collection may be directed to the Regional Municipality of York, Homelessness Community Programs Division, 17150 Yonge Street, Newmarket, Ontario, L3Y 8V3, Tel: 1-877-464-9675 ext. 72460.

☐ Social Assistance Client – OHIP Fee Code: K053  
☐ Non-Social Assistance Client – Medical Report Invoice (page 3)

Last Name		First Name	Middle Initial
Date of Birth (yyyy/mm/dd)		Health Number	
Unit No.	Street No.	Street Name	P.O. Box
City/Town		Province	Postal Code

1. I, \_\_\_\_\_ \*am an applicant for the  
York Region Housing with Supports Program
2. I hereby authorize you \_\_\_\_\_  
(name of attending physician)
- i) to complete the attached medical report; and
- ii) to provide to authorized representatives
3. So long as I am an applicant or recipient of Housing with Supports benefits, I further authorize you to provide the above-noted authorized representatives at any time any additional medical information requested.
4. I fully understand the nature and purpose of this consent and give my consent and authorization voluntarily.

Applicant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_

*\*In situations where the applicant or recipient is unable to provide consent in writing, by reason of physical or mental disability, the consent of the legal guardian/substitute decision maker or , if there is no legal guardian/substitute decision maker, the next of kin, will suffice.*

**Notice with Respect to the Collection of Personal Information**

Personal Health Information that is the subject of this Consent is collected by The Regional Municipality of York and/or the Operator under the legal authority of the *Municipal Freedom of Information and Protection of Privacy Act, Personal Health Information Protection Act, 2004, Ontario Works Act, 1997, Municipal Act, 2001, Health Protection and Promotion Act and Regulated Health Professions Act* for the purpose of providing you with social and health services and to determine program eligibility. For more information contact the Regional Municipality of York, Homelessness Community Programs Division, 17150 Yonge Street, Newmarket, Ontario, L3Y 8V3, Tel: 1-877-464-9675 ext. 72460.

**Important Message to Attending Physician**

The information is to be used with your patient’s application for the York Region Housing with Supports Program. Medical information pertaining to your patient may therefore be exchanged between York Region Homelessness Community Programs Staff.

Please submit the completed and signed report to the Region with copies of any additional information to the attention of the Supervisor, Homelessness Community Programs, Tel: 1-877-464-9675 ext. 72460 Fax: 905-836-5406

**This Part to Be Retained by Attending Physician**

(Cont)

☐ Social Assistance Client – OHIP Fee Code: K053  
☐ Non-Social Assistance Client – Medical Report Invoice (page 3)

Last Name		First Name	Middle Initial
Date of Birth (yyyy/mm/dd)		Health Number	
Unit No.	Street No.	Street Name	P.O. Box
City/Town		Province	Postal Code

Type of Health Practitioner: ☐ General Practitioner ☐ Specialist ☐ Psychologist

1. Is this person a regular patient of yours? ☐ Yes ☐ No
- ☐ Providing mental health services ☐ Patient has a disability
- If yes, how frequently have you seen this patient in the past 2 years?

Other physicians that have supplied medication information:

1. \_\_\_\_\_ Physician (please print) \_\_\_\_\_ yyyy/mm/dd

2. \_\_\_\_\_ Physician (please print) \_\_\_\_\_ yyyy/mm/dd

2. Mental/Physical Health

<u>Patient’s mental health and/or physical condition</u>	<u>Yes</u>	<u>No</u>	<u>Diagnosis/Symptoms/Condition</u>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frail Elderly	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Patient level of required supervision and/or assistance:

<u>Activity</u>	<u>Low</u>	<u>Moderate</u>	<u>High</u>
Washing, bathing or showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with taking pre-measured medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing/undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there any devices that will enable the patient to function with less restriction?

**Certificate of Attending Physician**  
(Please print)

I, \_\_\_\_\_ am a legally qualified medical practitioner/psychologist and this report contains my findings and considered opinion at this time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Street Number	Unit #	Name of Street
Name of City/Town	Province	Postal Code

**MEDICAL REPORT - INVOICE**☐ Social Assistance Client – OHIP Fee Code: K053☐ Non-Social Assistance Client – Medical Report Invoice (page 3)

<b>Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>
<b>Date of Birth (yyyy/mm/dd)</b>		<b>Health Number</b>	
<b>Unit No.</b>	<b>Street No.</b>	<b>Street Name</b>	<b>P.O. Box</b>
<b>City/Town</b>		<b>Province</b>	<b>Postal Code</b>

**Practitioner Information:**

<b>Name of Medical Practitioner/Psychologist</b>		
<b>Street No.</b>	<b>Street Name</b>	
<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>

**PAYMENT PROCESS:****1. Social Assistance Client**

Please submit invoice directly to OHIP under fee code K053

**2. Non-Social Assistance Client**

Form Completion Fee – York Region will reimburse medical practitioners a maximum of \$15.00 to complete this form.

Invoice Amount: \_\_\_\_\_

**To receive reimbursement, please mail this completed invoice to:**Supervisor, Homelessness Community Programs  
The Regional Municipality of York  
17150 Yonge Street, 5<sup>th</sup> Floor  
Newmarket, ON L3Y 8V3*Please submit **this page only** to the address above for Invoice*



## INTAKE ASSESSMENT FORM

HOME INFORMATION					
Name of Home:					
Name of staff member completing Assessment Form:					
Date of application:					
PART 1: APPLICANT INFORMATION					
Name of Applicant:		Date of Birth (yyyy/mm/dd):			
Social Insurance Number:		Health Card Number:			
Current Address:		Applicant Phone Number:			
Previous Addresses in last 6 months:		Substitute Decision-Maker (Next of Kin or Guardian):			
(1)					
(2)					
Referring Agency:		Reason for Referral:			
Current Agency/Family Involvement:		Previous Agency Involvement in last 6 months:			
PART 2: CRITERIA FOR RESIDENCY IN A HOUSING WITH SUPPORTS HOME (must meet A,B and C below):					
<b>A. The applicant must be:</b> <ul style="list-style-type: none"> <li>At least 18 years of age,</li> <li>Ineligible for long-term care, AND</li> <li>Meet at least one of the following criteria (check all that apply):</li> </ul>					
	Has a mental health diagnosis or is a recipient of mental health services	Diagnosis/mental health care provider:			
	Exhibits symptoms of a mental health diagnosis documented by a medical doctor	Name of referring health care provider:			
	Has a physical disability verified by a medical doctor, hospital, or referral source	Name of referring health care provider or agency:			
	Is a frail, elderly person	Name of referring health care provider:			
<b>B. The applicant must require supervision in activities of daily living (which may include limited assistance) with one or more of (check all that apply):</b>					
Activity of daily living		Level of Required Supervision			
		None	Minimal	Moderate	Significant
Washing, bathing, or showering					
Dressing/ undressing					

Assistance with taking pre-measured medications				
Toileting				
Eating				
Other (specify): _____ _____				

**C. The applicant's support needs must be met by Housing with Supports care staff and/or home care services arranged through the Ontario Health - Home and Community Care Support Services (HCC). The applicant's support needs:**

- ☐ Can be met by care staff within the Housing with Supports Home  
☐ Can be met by care staff within the Home and/or home care services  
 Details or HCC contact: \_\_\_\_\_  
☐ Cannot be met within a Housing with Supports Home

### PART 3: APPLICANT'S INCOME/ASSETS

Trustee or Power of Attorney:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant's monthly income: \_\_\_\_\_

Applicant's assets (money in a bank account, RRSP, etc.): \_\_\_\_\_

Income Sources (check all that apply):

- ☐ Ontario Works      ☐ Ontario Disability Support Program      ☐ Canada Pension Plan (\$ \_\_\_\_\_)  
☐ Other (specify): \_\_\_\_\_ (\$ \_\_\_\_\_)

### PART 4: APPLICANT'S SUITABILITY FOR A HOUSING WITH SUPPORTS HOME

	Yes	No
The applicant meets all required criteria and is appropriate for Housing with Supports (as determined by Part 2)		
The applicant has received a tour of the home		
If a tour has not yet occurred, indicate scheduled tour date: _____		
York Region funding requested		
York Region funded bed available in Home		
If funded bed is not available has the applicant been added to Home waitlist?		
Applicant accepted into Home as non-York Region funded resident		

Proposed date of admission to Home: \_\_\_\_\_

Comments: \_\_\_\_\_

I hereby declare that the information stated above is true and correct to the best of my knowledge.

Home Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



-----  
To be completed by York Region staff:

## PART 5: YORK REGION ELIGIBILITY ASSESSMENT

### Regional Assessment

- ☐ Applicant is approved for Regional funding and admission day is scheduled for:  
\_\_\_\_\_
- ☐ Applicant is approved for Regional funding and is suitable for the Housing with Supports program, but space is unavailable in the Home
- ☐ Applicant is approved for Regional funding and is suitable for the Housing with Supports program, but is unsuitable for this Home. Reason:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Applicant is not eligible for Regional funding
- ☐ Applicant is not eligible for Regional funding and requires further housing options

Name of Regional Staff: \_\_\_\_\_ Date: \_\_\_\_\_

#### Notice with Respect to the Collection of Personal Information

Personal information that is the subject of this form is collected by The Regional Municipality of York and/or the Service Provider under the legal authority of *the Ontario Works Act, 1997, the Municipal Act, 2001, the Health Protection and Promotion Act* and the *Regulated Health Professions Act* for the purpose of providing social and health services. For more information contact the Regional Municipality of York, Homelessness Community Programs Division, 17150 Yonge Street, Newmarket, Ontario, L3Y 8V3, Tel: 1-877-464-9675 ext. 72460

**REQUEST FOR CLOTHING ALLOWANCE**

- A Clothing Allowance is a discretionary benefit.
- Operators/Residents must exhaust all resources such as donations and residents trust accounts prior to requesting Clothing Allowance funds.

<b>HOME NAME</b>			
<b>ADDRESS</b>			
<b>DATE OF REQUEST</b>			
	<b>Name of Resident</b>	<b>Clothing Need</b>	<b>Amount Requested</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
<b>TOTAL REQUEST</b>			
Reviewed and Approved by York Region Case Worker: _____			
Supervisor		Manager	

**QUALITY OF LIFE ALLOWABLE EXPENSES**

QOL Category	Items/Activities/ Programs/Ideas
<b>In-house Recreational Programs</b>	<p>Supervised recreational or instructional programs of an ongoing, regular nature scheduled and occurring inside the Home, this may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Bingo</li> <li>• Arts and crafts</li> <li>• Mini-makeovers               <ul style="list-style-type: none"> <li>○ Nail Painting</li> <li>○ Hair Styling</li> </ul> </li> <li>• Movie nights</li> <li>• Board Games and Trivia</li> <li>• Special Events               <ul style="list-style-type: none"> <li>○ Sports themed</li> <li>○ Celebrations</li> </ul> </li> <li>• Baking and Cooking</li> <li>• Sewing</li> <li>• Pottery</li> <li>• In-house entertainment               <ul style="list-style-type: none"> <li>○ Pet- therapy</li> <li>○ Zoo to you</li> </ul> </li> <li>• Gardening programs</li> <li>• Physical exercise</li> </ul> <p><b>Includes</b> any associated costs, such as materials, prizes and food for special events  <b>Excludes</b> internet and cable services</p>
<b>Community Activities</b>	<p>Scheduled activities in the community, which may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Community Events</li> <li>• Day programs</li> <li>• Excursions and Outings</li> <li>• Recreational and instructional programs</li> <li>• Galleries and Museums</li> <li>• Theatre</li> <li>• Zoo</li> <li>• Conservatories</li> </ul>
<b>Social Events</b>	<p>Special events located in or out of the Home, which may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Nature walks</li> <li>• Boat cruises</li> <li>• Birthday parties</li> <li>• BBQ's</li> </ul>

	<ul style="list-style-type: none"> <li>• Holiday parties</li> <li>• Coffee Houses</li> </ul>
<b>Life Skills Workshops</b>	<p>Guest speakers, community agencies offering support, services and information related to life skills, which may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Meal preparation and cooking</li> <li>• Computer literacy</li> <li>• Hygiene workshops and education</li> <li>• Journaling</li> <li>• Conflict Resolution</li> <li>• Trips to the grocery shop <ul style="list-style-type: none"> <li>○ Creating individual lists</li> <li>○ Picking up items at the grocery store</li> </ul> </li> </ul> <p>Any life-skills workshop or program provided by community partners including, York Support Services Network, Canadian Mental Health Association programs, March of Dimes, Community and Home Assistance to Seniors</p>
<b>Health and Well-Being</b>	<p>Activities and Workshops held in our outside of the Home, which may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Mental health workshops and education</li> <li>• Meditation classes</li> <li>• Yoga</li> <li>• Physical exercise classes and outings <ul style="list-style-type: none"> <li>○ Swimming</li> <li>○ Fishing</li> </ul> </li> <li>• *Hair-cuts</li> <li>• *Gym memberships</li> </ul> <p>*Maximum cost, will determined by the Region</p>
<b>In-House Equipment</b>	<p>Equipment purchased for Home use, designed to enhance quality of life, which may include:</p> <ul style="list-style-type: none"> <li>• Board games</li> <li>• Video-games and consoles</li> <li>• Tablets other small devices</li> <li>• Exercise machines</li> <li>• appliances</li> </ul> <p>Any item over \$200.00 dollars must be pre-approved by York Region</p>

APPENDIX B-15



Community and Health Services Department  
Social Services Branch/Homelessness Community Programs  
**QUALITY OF LIFE PROGRAM PLAN**

**SECTION 1 – Operator Information**

Name and Address of Home:	
Operator Name:	
Phone Number:	
Date of Submission:	

**SECTION 2 –Program Plan**

Please detail the programs and activities that will be made available to Residents in each program category

**1. In-house Recreation Programs**

Program Type	Frequency (Daily/Weekly/Monthly/Annually)	Name of Service Provider

**2. Community Activities**

Community Activity	Frequency (Daily/Weekly/Monthly/Annually)	Name of Service Provider

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**SECTION 2 –Program Plan (Cont’d)**

Please detail the programs and activities that will be made available to Residents in each program category

**3. Social Events**

Social Events	Frequency (Daily/Weekly/Monthly/Annually	Name of Service Provider

**4. Life Skills Workshops**

Workshop	Frequency (Daily/Weekly/Monthly/Annually	Name of Service Provider

**5. Health and Well-Being**

Workshop	Frequency (Daily/Weekly/Monthly/Annually	Name of Service Provider
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<b>6. In-House Equipment</b>		
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<b>Description of Item</b>	<b>Cost</b>	<b>How it will benefit Residents Quality of Life</b>



## APPENDIX B-16

Community and Health Services Department  
Social Services Branch/Homelessness Community Programs

## MONTHLY QUALITY OF LIFE PROGRAMMING REPORT

Operator Name:	
Monthly/Year:	
Number of Subsidized Residents for the Month:	

Programs/Events/Workshops Delivered	Frequency	Total Participants	Cost Per Participants	Total Cost
In-Home Recreational Programs				
Sub-Total				
Community Activities				
Sub-Total				
Social Events				
Sub-Total				
Life Skills Workshop				
Sub-Total				
Health and Well-Being				



<b>Sub-Total</b>				
<b>In-House Equipment</b>				
<b>Sub-Total</b>				
<b>Grand Total</b>				

## DISEASES OF PUBLIC HEALTH SIGNIFICANCE (REPORTABLE DISEASES)

### Timely reporting of communicable diseases is essential for their control

If you suspect or have confirmation of any of the following diseases of public health significance or their etiologic agents (Ontario Reg. 135/18 and recent amendments to the *Health Protection and Promotion Act*) please report to the local Medical Officer of Health. Diseases marked with an asterisk \* should be reported immediately to the Medical Officer of Health by telephone (24 hours a day, 7 days a week).

#### Diseases of public health significance can be reported:

By fax: 905-898-5213

By phone, Monday to Friday 8:30 a.m. to 4:30 p.m.: 1-877-464-9675 ext. 73588

Afterhours, after 4:30 p.m. Monday to Friday and 24 hours per day on weekends/holidays: 905-953-6478

Acquired Immunodeficiency Syndrome (AIDS)	Encephalitis, including:	*Measles
Acute Flaccid Paralysis (AFP)	i. *Primary, viral	*Meningitis, acute:
Amebiasis	ii. Post-infectious	i. *Bacterial
*Anthrax	iii. Vaccine-related	ii. Viral
Blastomycosis	iv. Subacute	iii. Other
*Botulism	sclerosing	*Meningococcal disease, invasive
*Brucellosis	panencephalitis	*Mumps
*Campylobacter enteritis	v. Unspecified	Ophthalmia neonatorum
Carbapenemase-producing <i>Enterobacteriaceae</i> (CPE) infection or colonization	Food Poisoning, all causes	*Paralytic Shellfish Poisoning
Chancroid	*Gastroenteritis outbreaks in institutions and public hospitals	*Paratyphoid Fever
Chickenpox (Varicella)	Giardiasis, except asymptomatic cases	*Pertussis (Whooping Cough)
<i>Chlamydia trachomatis</i> infection	Gonorrhea	*Plague
*Cholera	*Group A Streptococcal disease, invasive	Pneumococcal disease, invasive
*Clostridium difficile associated disease (CDAD) outbreaks and outbreak associated cases in public hospitals	Group B Streptococcal disease, neonatal	*Poliomyelitis, acute
*Creutzfeldt-Jakob Disease (CJD), all types	*Haemophilus influenzae disease, all types, invasive	Psittacosis/Omithosis
Cryptosporidiosis	*Hantavirus pulmonary syndrome	*Q Fever
Cyclosporiasis	*Hemorrhagic fevers, including:	*Rabies
*Diphtheria	i. Ebola virus disease	*Respiratory infection outbreaks in institutions and public hospitals
*Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), and COVID-19**	ii. Lassa Fever	*Rubella
<i>Echinococcus multilocularis</i> infection	iii. Marburg virus disease	Rubella, congenital syndrome
	iv. Other viral causes	Salmonellosis
	Hepatitis, viral:	*Shigellosis
	i. *Hepatitis A	*Smallpox
	ii. Hepatitis B	Syphilis
	iii. Hepatitis C	Tetanus
	Influenza	Trichinosis
	Legionellosis	Tuberculosis*
	Leprosy	*Tularemia
	Listeriosis	*Typhoid Fever
	Lyme disease	*Verotoxin-producing <i>E. coli</i> infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS)
		West Nile Virus illness
		Yersiniosis

**SCHEDULE "C"**  
**AODA TRAINING CERTIFICATE**

TO: THE REGIONAL MUNICIPALITY OF YORK (the "Region")

Pursuant to Section 7 and Section 80.49 of *Ontario Regulation 191/11, Integrated Accessibility Standards* (the "**Regulations**"), made under the AODA, the Operator shall ensure that all of its employees, agents, volunteers, or others engaged by the Operator in the delivery of goods, services and/or facilities under this Agreement receive training in connection with the provision of these goods, services and/or facilities to persons with disabilities. Such training shall be provided in accordance with the Regulations and shall include, without limitation, a review of the purposes of the AODA, the requirements of the Regulations and the *Human Rights Code* as it pertains to persons with disabilities.

The Operator represents and certifies to the Region that:

1. the AODA training provided by the Operator includes the following:
  - (a) A review of the purposes of the AODA, the requirements of the Regulations and the *Human Rights Code*;
  - (b) How to interact and communicate with persons with various types of disability including persons with disabilities who use assistive devices or require the assistance of a guide animal, or a support person.
  - (c) How to use equipment or devices that are available on the premises that may assist in the provision of goods and services to a person with a disability.
  - (d) What to do if a person with a particular type of disability is having difficulty accessing the Contractor's goods or services.
2. the Operator, its employees, agents, volunteers, and other persons engaged by the Operator in the provision of goods, Services and/or facilities under this Agreement have received the required AODA training;
3. the required AODA training is delivered on an ongoing basis, including new employees, agents, volunteers and other persons engaged by the Operator;
4. the Operator keeps a record of the training provided and the number of individuals who have received AODA training;
5. under this Agreement the AODA training is required by the following number of individuals: \_\_\_\_\_; and
6. the following number of individuals have received AODA training as of the date of this Certificate: \_\_\_\_\_

The source of the AODA training provided by the Operator is:

- ☐ York Region Accessible Customer Service Training ([www.York.ca/accessibility](http://www.York.ca/accessibility))
- ☐ Integrated Accessibility Standards Training
- ☐ Alternate training program that meets the requirements listed above

OPERATOR NAME

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

I have the authority to bind the corporation.