



Personal Care Home Benefit (PCHB)

Confirmation of Admission Form

This form is to be completed when a resident wishes to apply for the Personal Care Home Benefit program and the resident was admitted to the home within the past 60 days and is occupying a licensed personal care home space.

This form is not required for a person who has lived in the home for more than 60 days.

Name of Personal Care Home (print)		Personal Care Home Licence Number
Name of Resident (print)		Date of Admission (dd/mm/yyyy)
This is to confirm that the above named person is currently a resident of a licensed space in the Personal Care Home and was admitted to the home on the date shown above.		
Name of Personal Care Home Operator (print)	Signature	Date (dd/mm/yyyy)