

Personal Care Home Benefit (PCHB)

Responsible Person Consent Form



This form is to be completed when an applicant wishes to nominate another person to act on their behalf in matters related to the Personal Care Home Benefit (PCHB) program. A nominated person means a person who meets the definition of a “responsible person” pursuant to Section 2 of *The Personal Care Home Benefit Regulations*. (see reverse for definition)

This form is not required if the person the applicant wishes to nominate already meets the definition of a “responsible person” in clauses (i) through (iv) and has supplied the required supporting documentation.

Applicant

I wish to nominate the person identified below to act as a responsible person on my behalf pursuant to *The Personal Care Home Benefit Regulations*. I understand the nominated person will be able to:

- sign the PCHB Application on my behalf;
- provide consent to access my personal information held by other ministries and agencies necessary to verify my eligibility;
- receive information about my benefits;
- provide information about any changes in my circumstances that may affect my eligibility or amount of benefits;
- request a reconsideration or appeal;
- and other responsibilities as may be required under the Regulations.

This nomination is to remain in effect until it is terminated in writing by me or another person legally authorized to do so on my behalf.

I consent to the release and collection to or from the Ministry of Social Services, by the nominated responsible person, of my personal information for the purposes of determining eligibility for the Personal Care Home Benefit.

Print Full Name

Signature

Date (dd/mm/yyyy)

A witness is necessary if applicant signs with an “X” or a mark.

Signature of Witness

Print Full Name of Witness

Date (dd/mm/yyyy)

Person nominated to act as a responsible person

I understand and accept the responsibilities, as outlined above, of acting as the responsible person for the purposes of the Personal Care Home Benefit.

Print Full Name

Signature

Date (dd/mm/yyyy)

Address

Phone Number

Please check one of the boxes below:

Family Member

Care Giver

Other

_____ (please indicate relationship)

Definition of a person designated as a responsible person

Section 2 (p) of *The Personal Care Home Regulations* reads:

“responsible person” means, with respect to a resident:

- (i) a property decision-maker or personal decision-maker appointed pursuant to *The Adult Guardianship and Co-decision-making Act*;
- (ii) the Public Guardian and Trustee, if the Public Guardian and Trustee has been appointed to act on behalf of the resident in a capacity that is consistent with the powers conferred on a responsible person by these regulations;
- (iii) a proxy or nearest relative as defined in *The Health Care Directives and Substitute Health Care Decision Makers Act*, if the resident lacks capacity;
- (iv) a person granted a power of attorney by the resident; or
- (v) a person nominated in writing by the resident on a form supplied by the minister.