

Domiciliary Hostel Standards

**City of Brantford
Public Health, Safety and Social Services
January 2010**

Background

A Domiciliary Hostel is a place of Board and Lodging maintained and operated for the care of individuals requiring supervision of their activities of daily living. Tenants are individuals with special needs including: individuals with developmental and/or physical disabilities, individuals with mental health problems and frail elderly.

Unlike Emergency Hostels, Domiciliary Hostels are permanent homes for these Tenants. These Domiciliary Hostels offer a community-housing alternative to institutional care.

The Public Health, Safety and Social Service department of the City of Brantford is responsible for entering into agreements with Operators of Domiciliary Hostels to subsidize the stay of eligible Tenants. Agreements require the Domiciliary Hostel to be licensed as a “Lodging House” under the city of Brantford Bylaw. Licences are issued and compliance is monitored by the City under By law 369 and individual contracts that are updated annually.

Domiciliary Hostels must meet the local municipal zoning, fire code, building code and the County’s public health requirements. The Operator must also provide proof of insurance. These requirements must be met before Domiciliary Hostel licences and agreements will be renewed.

PURPOSE AND USE OF STANDARDS

The Department of Public Health, Safety and Social Services purchases Domiciliary Hostel services from a number of facilities under the **Ontario Works Act**. The Domiciliary Hostel Standards were created as a result of a request by the Ministry of Community and Social Services.

The Ministry has directed that guidelines will be established in 3 areas Program Administration, Domiciliary Hostel Operation and Domiciliary Hostel Supports, which encompass 40 guideline suggestions.

The philosophy for Domiciliary Hostels is to focus on establishing an Independent Service Plan for each Tenant to fulfil the needs of the Tenant to meet their full potential.

While it is recognized that the city has jurisdiction to enact by-laws to licence boarding homes under the Municipal Act, the Domiciliary Hostel Guidelines are intended to be in addition to the requirements of any other regulating authority or statute.

The Department of Public Health, Safety and Social Services may, at its discretion, amend or abridge any provision or standard in the Guidelines as it applies to a particular Domiciliary Hostel or circumstance, provided that all minimum requirements of any other regulatory authority or statute are maintained.

1.0 Program Administration

1.1 Eligibility Criteria

It is the responsibility of the Operator to assess an individual's appropriateness for residency in a Domiciliary Hostel.

The Operator must confirm the following prior to referring an individual for subsidized residency:

- a. Minimum of 18 years of age,
- b. Requires supervision in activities of daily living,
- c. Is not eligible for long-term care,
- d. Is a recipient of mental health services, has a mental health diagnosis or exhibits symptoms that are diagnosable and have been documented by a medical doctor, and/or
- e. Has a physical and/or developmental disability, which has been verified by a medical doctor, hospital or referral source, and/or
- f. Is a frail, elderly person,
- g. Has assets of less than \$5000
- h. Has monthly income less than allowable daily rate for the month.

The Operator must notify Department of Public Health, Safety and Social Services of any admission or discharge changes, for subsidized Tenants.

1.2 Home Criteria

For the purposes of these guidelines a Domiciliary Hostel shall be defined as any residence, rest home, retirement or boarding home which, for a fee;

- accommodates persons who are unable to fully care for themselves due to disabilities of aging, mental or physical handicap or psychiatric disorder, and
- provides personal care, supervision and assistance with activities of daily living, but does not include;
 - any Residential facility which is licensed, approved or supervised under the Nursing Homes Act, Homes for the Aged and Rest Homes Act, Homes for Special Care Act, or under any other Act or authority,
 - any Residential facility which accommodates fewer than five persons,

- the incidental provision of room and/or board by homeowners, or,
- group homes for rehabilitation of law offenders, drug or alcohol addiction, crisis facilities for women, half-way houses, group homes or facilities provided by charitable organizations

1.3 Intake Process

The Operator or Applicant shall contact the Special Services Case Manager who shall:

- Complete a preliminary intake over the phone. **Appendix 1a**
- Schedule an appointment within 5 working days to complete a full assessment for eligibility. **Appendix 1b**
- Complete a Consent to Disclose and Verify **Appendix 1c&d**
- Obtain a copy of Birth Certificate
- Verify the Domiciliary Hostel file has been created to standard **Appendix 5**
- Verify an Individual Service Plan is on file or will be provided within 30 days. **Appendix 3**
- Confirm the assets and income information
- Complete an Assignment of Benefits and Agreement to Reimburse for all OW clients pending ODSP, or other sources of income. **Appendix 1e&f**
- Complete an eligibility recommendation form and submit to Manager for approval. **Appendix 11**

The Manager shall make a decision to Authorize or Deny subsidy.

Operator and Tenant shall be notified of the decision in writing.

The Special Services Case Manager shall review eligibility annually.

All active Domiciliary Hostel files shall be maintained in the office of Special Services Case Manager, all terminated files will be sent to file room as per OW protocols.

1.4 Tenant Absence

The Department of Public Health, Safety and Social Services will pay the approved per diem rate on the Tenant's day of admission. The day of tenant departure will not be funded.

Allowable Absences:

Hospitalization: The Operator shall inform the Department of Public Health, Safety and Social Services of any Tenant absences before they occur, whenever possible. The Department of Public Health, Safety and Social Services will continue to pay the approved per diem rate, to retain a Tenant's bed up to a **28 day maximum** per year when the Tenant is hospitalized. Extensions may be provided on an exception basis with the approval of the General Manager Public Health, Safety and Social Services.

Vacation: The Department of Public Health, Safety and Social Services will continue to pay the approved per diem rate, to retain a Tenant's bed up to the **14 day maximum** per year when the Tenant is absent due to vacation.

1.5 Confidentiality

In accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990 (MFIPPA) the Operator must ensure that a written confidentiality policy is in place. The collection, use, disclosure, and storage of all personal information under contractual arrangement with the Department of Public Health, Safety and Social Services is subject to MFIPPA. The confidentiality policy includes statements concerning the privacy, security and confidentiality of Tenant information as well as statements concerning the removal of, or destruction of, hard copy or electronic files, and Tenant access to personal information and records.

Tenant's personal information can only be disclosed with a signed consent from the Tenant.

1.6 Tenant Files

The Operator shall maintain up-to-date Tenants' personal files in a locked, separate and confidential place. The files will include the following information but is not limited to:

- Tenant Name and Date of Birth
- Admission Date
- Ontario Health Card Number
- Social Insurance 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
- Copy of House Rules
- Copy of Individual Service Plan

The Operator shall ensure that each Tenant's personal file includes a Consent of Tenant to Collection and use of Personal Information Form, which is signed and dated by the individual upon intake. **Appendix 3**

1.7 Serious Incidents

Any serious incident involving a Tenant must be reported immediately to the Manager of Public Health Safety and Social Services.

A serious incident could include but is not limited to:

- A death due to accident or undetermined cause
- An individual's whereabouts are unknown for a period of twenty-four (24) hours or more
- The police or fire are called or the police investigate a complaint at the Domiciliary Hostel
- There is a serious accident, illness, communicable disease or injury to an individual
- A disaster at the Domiciliary Hostel occurs, e.g. fire, flood and the like
- A complaint is made by a Tenant or other person against a staff member of the Operator involving allegations of assault, abuse or mistreatment of any individual residing at the Domiciliary Hostel
- Any complaint concerning the operational, physical or safety standards of the Domiciliary Hostel that is considered by the Operator to be of a serious nature, including any report of adverse water quality

- The misconduct of any individual residing at the Domiciliary Hostel which may involve drug or alcohol abuse.

This standard, does not compel nor shall it be deemed to compel an Operator to disclose any personal information, as that term is defined under MFIPPA, pertaining to persons residing at the Domiciliary Hostel (other than Tenants).

Serious Incident Report Form **Appendix 10**

1.8 Personal Needs Benefit

The Operator shall provide the Tenant with an amount equivalent to the Personal Needs Benefit on the first day of every month. If the daily rate is being applied disbursement may vary from the first of the month. The Operator shall include this amount as a cost on the billing on the Domiciliary Hostel Monthly Report submitted to the Department of Public Health, Safety and Social Services.

Subsidized Tenants are responsible for the management of their personal needs benefit and other financial resources. The Operator may assist in managing Tenants finances with a signed consent from the Tenant or trustee.

1.9 Personal Needs Management

Tenant Finances and Trust Accounts

- The Operator shall maintain a financial file for each Tenant, separate from the Tenant personal file. The files are kept in a protected location and secured against unauthorized access in order to maintain privacy and confidentiality.
- The Operator establishes and maintains one or more non-interest bearing trust accounts in which all monies including Personal Needs Benefits that are received by the Operator in trust for and on behalf of Tenants are deposited.
- The Operator maintains an accounting ledger for each Tenant to record Personal Needs Benefit disbursements and a separate accounting ledger to record all other monies received by the Operator in trust for and on behalf of such Tenant.
- The ledgers for each Tenant detail all deposits to and withdrawals from the trust account, the balance, the source of the deposit or the purpose for the withdrawal, as the case may be, and the date of each deposit or withdrawal. The Operator shall attach to the applicable ledger any receipt or other record for the corresponding deposit or withdrawal.

- A statement of financial activity is provided to the Tenant at least every six months and a copy sent to the Special Services Case Manager each June 1st and December 1st. The Department of Public Health, Safety and Social Services may inspect the foregoing documentation pertaining to subsidized Tenants at any reasonable time.

Ledger **Appendix 6**

The Operator shall not:

- Deposit any money received in trust for and on behalf of a Tenant in an account other than the trust account
- Use any money in the trust account to pay for services to be rendered by the Operator under this Agreement
- Combine any monies the Operator receives pursuant to the Agreement with any monies in the trust account. In circumstances where the money is received in one cheque the Operator shall negotiate the cheque and transfer the appropriate trust monies into the appropriate trust account without delay.

1.10 Staff Qualifications

The Operator must ensure that a qualified staffing compliment is available to ensure safety and an adequate level of support that is responsive to the level of functionality of the Tenants in the Domiciliary Hostel at all times.

The Operator shall ensure that at all times; the staff member on duty providing supervision of the Tenants

- Is a minimum of 18 years of age or over;
- Holds a high school diploma or equivalent;
- Has experience working with vulnerable people;
- Has a police clearance specific to working with vulnerable people.
- Criminal reference check must be completed for all potential new staff members before being hired

The Operator shall ensure staff has training in:

- First Aid,
- CPR
- Crisis Intervention, and
- Diffusing hostility

1.11 Staffing levels

The Operator shall ensure that, at all times, at least one staff member whose duty is the supervision of the Tenants is available on the premises of the Domiciliary Hostel.

All staff members (including volunteers, agents and contractors) of the Domiciliary Hostel shall be trained in emergency evacuation of the Domiciliary Hostel.

1.12 Staff Conduct

All staff should possess personal qualities to enable them to relate to all Tenants in a positive, objective and supportive manner.

Tenants shall not be subjected to emotional, physical or sexual abuse.

Under no exception shall an Operator or any staff or volunteers become involved in a sexual relationship with a Tenant.

1.13 Insurance

The Operator shall obtain a comprehensive general liability insurance policy acceptable to the City in an amount of not less than \$5,000,000.00 per occurrence, for bodily injury and property damage resulting from the operation of the facility.

The insurance policy shall include:

- Automobile and non owned automobile coverage
- Include the City as an additional named insured
- Contain a cross liability clause endorsement
- Contain a clause including liability arising out of the contract or agreement.

The Operator shall, deposit with the General Manager of Public Health Safety and Social Services proof satisfactory that policies of liability insurance as required are in force. The Operator shall maintain the required policies of liability insurance in force. If such policies are altered, cancelled or changes in policy terms, which reduce coverage, are made, the Operator shall give sixty (60) days prior written notice to the City.

The Operator agrees to indemnify and save harmless the City from and against all actions, claims, demands, damages, costs or expenses caused by or arising from the operation of the facility in accordance with the provisions of this Agreement.

1.14 Inspection

No person shall occupy or permit anyone to occupy any Domiciliary Hostel in excess of its authorized capacity.

Every Owner or Operator of a Domiciliary Hostel shall maintain the Domiciliary Hostel to the standards prescribed by the contract.

It is the duty of the Medical Officer of Health, Chief Building Official, Chief Fire Official and Clerk and their employees and agents to enforce those provisions of the contract which are within their respective jurisdiction and each of them is hereby authorized to serve such notices and make and serve such orders as may be necessary.

It is a requirement that once a year inspections are made by all of the above authorities and reports are submitted by Dec 31 to the General Manager of Public Health, Safety and Social Services.

In addition once a month all fire extinguishers shall be inspected and a record is kept for review at the extinguisher site.

Domiciliary Hostel Operations

2.1 Physical Safety

The Operator shall provide a clean, sanitary, and safe living environment, which complies with all relevant health and safety requirements.

The Operator shall ensure that there is an up to date Fire Safety and Evacuation Plan in place.

The Operator shall ensure that emergency evacuation procedures are posted in a conspicuous place within the Domiciliary Hostel's premises.

All Tenants shall be informed of the emergency evacuation procedures when they become a Tenant of the Domiciliary Hostel.

The Operator shall ensure that the staff and Tenants practice the evacuation of the building throughout the year to avoid confusion in case of an emergency.

2.2 Health and Safety

The Operator shall ensure that

- An appropriate First Aid Kit is available on the Domiciliary Hostel's premises in a safe and conspicuous location
- All staff members are trained in first aid.
- The following Emergency phone numbers must be posted near every telephone.
 - Police,
 - Fire department
 - Ambulance

Staff members must be able to assist a Tenant in crisis and call additional resources as necessary (e.g., temporary staff back-up, support staff from designated service agencies, referring therapists and/or any community crisis teams).

The Operator shall manage the Domiciliary Hostel to promote a stable, safe and peaceful environment for the Tenants and shall ensure that Tenants are protected from physical violence/abuse and/or threats of physical violence/abuse.

Tenants shall not be subject to physical restraints of any kind, unless prescribed by a medical authority for personal safety.

The Operator shall maintain the Domiciliary Hostel 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 & Safety Act and required annual inspections.

2.3 Medication Management Drug Storage

The Operator shall ensure that all prescription medications are kept in a locked cabinet in a centralized location within the Domiciliary Hostel and are properly identified as to the medication's name and the corresponding Tenant's name. The Operator shall maintain strict control over access to all prescription medications.

The Operator shall maintain a record of the date, time, quantity, dosage, and the name of the staff member of the Domiciliary Hostel who supervised the distribution of the drugs to a Tenant, as well as the name, address, and telephone number of a Tenant's personal physician.

The Operator shall comply with any instructions of the Tenant's physician, or the dispensing pharmacist, as applicable, in providing the required dosage to the Tenant.

2.4 Telephones

The Operator shall provide all Tenants with access to a telephone without a fee for local calls. The Operator may establish reasonable rules for the use of the telephone.

The Operator shall ensure that telephones are located where Tenants have privacy.

2.5 Furnishings

Each Tenant shall be provided with a bed, a mattress, a bedside table and lamp, a separate dresser, a clothing closet, a waste basket, a chair, and at least one lockable space where the Tenant may place, at his or her own expense, a lock of a type approved by the Operator. All of these items must be clean and in good repair.

2.6 Bedrooms

The Operator shall not permit any Tenant to occupy for sleeping purposes any space in the Domiciliary Hostel used as a lobby, hallway, closet, bathroom, stairway, cellar, furnace or utility room.

Bedrooms shall not be not less than 7 square meters (75 square feet) and have less than 16.99 cubic meters (600 cubic feet) of air space for each Tenant.

Each bedroom shall accommodate a maximum of 3 Tenants. The requirement that each bedroom accommodate a maximum of 4 Tenants will continue to apply to Domiciliary Hostel for which a City Agreement was already in place on the date when these standards came into force.

The mattresses must have a minimum width of 91.44 (36 inches), are safe, sanitary and in good repair. Mattresses shall be covered with a flame-retardant and moisture-retardant material.

The distance between beds must be at least 91.44 (36 inches).

2.7 Bathrooms/Washrooms

Sanitary facilities shall be provided in accordance with the Ontario Building Code.

2.8 Kitchens

No person shall prepare or cook food for human consumption in any area other than a kitchen.

Every kitchen in a Domiciliary Hostel, which has an authorized capacity of more than nine persons, shall comply with Ontario Regulation 562, as amended from time to time, made under the Health Protection and Promotion Act. **(regulation 562 is inspected by Public Health)**

2.9 Common Areas

A sitting room will be provided for Tenants and their visitors. Total Floor space for sitting rooms shall be a minimum of 120 sq ft.

2.10 Linens

The Operator shall assume the cost of laundry and laundry supplies (detergent, fabric softener, etc.). The Operator shall provide access to a washer, dryer, laundry supplies, iron and ironing board without a fee, to Tenants who are both able and responsible to perform such tasks as outlined in their Individual Service Plan.

The Operator shall provide clean towels and bed linens at least once per week or as often as necessary. The Operator shall ensure that towels and bed linens are laundered when the occupancy of a bed changes.

It is recommended that clothing be laundered at least once per week, subject to any reasonable request of a Tenant for more frequent laundering.

The Operator shall provide each Tenant with an adequate supply of towels and bed linens and shall provide, at a minimum, (i) one set of towels including a bath and face cloth; (ii) one set of bed linens including sheets and a pillow case; (iii) one pillow; and (iv) two blankets or alternatively, one blanket and one comforter. The Operator shall ensure such towels and bed linens are in good condition and shall replace same, as necessary. A Tenant may request extra towels and/or bed linens and the Operator shall comply.

2.11 Water

There shall be at all times an adequate supply of potable water, hot and cold, which meets the requirements of the current Ontario Drinking Water Standards, as amended from time to time. **(Inspected by Public Health)**

2.12 Heating/Cooling

The Domiciliary Hostel must be maintained at a minimum temperature of 22 degrees Celsius (71.6 degrees Fahrenheit).

No gas, oil, wood, kerosene or coal heat producing units of any kind shall be installed in any room used for sleeping purposes and no person shall use, or permit the room to be used for sleeping purposes, containing such an appliance.

The electrical wiring shall comply with the requirements of the Canadian Electrical Code and the Ontario Hydro Electrical Safety Code Supplement **(Inspected by Ontario Hydro)**

2.13 Garbage

Rubbish and garbage shall be stored in receptacles, which are:

- insect and rodent proof;
- water tight;
- provided with a tight-fitting cover; and
- maintained in a clean condition.

Domiciliary Hostel Supports

3.1 Activities of Daily Living

The Operator shall promote programs and activities which are intended to enhance the quality of life of the Tenants, including, but not limited to, the following:

- Organizing social and recreational activities for Tenants;
- Collaborating with social and health workers from community agencies, as required;
- Facilitating the Tenants' participation in community programs and events,

The Operator shall provide assistance to each Tenant with their activities of daily living including but not limited to: bathing, personal hygiene, toileting, dressing, eating while maintaining privacy and personal dignity of Tenant.

3.2 Tenant Well Being

Upon admission, the Operator sets up a written Individualized Service Plan (sample **Appendix 3**) for each new Tenant. The Tenant's needs for care and services are determined with the Tenant or Trustee/Power of Attorney. The service plans are accessible to staff members who provide care and services to Tenants. An individualized service plan includes:

- Safety/security risk assessment
- Medication prescribed, orders made by physicians
- Known allergies
- Special dietary needs
- Extent of Tenant's ability to independently perform activities of daily living, type of assistance needed and care and services to be provided including participation in community or in-house support /recreational activities.

The goal is to promote independence and allow Tenants to participate as much as possible in activities that would assist the Tenant to reach their goals.

Tenants are responsible, as far as possible, to maintain their personal well being and to participate in decisions about their personal care and health needs. The Operator ensures that supervision of and, where required, Domiciliary Hostel staff provides assistance with the routines of daily life. Where warranted, a third party such as Community Care Access Centre (CCAC) may provide assistance with bathing or other personal care.

The Operator shall ensure that a policy is in place that outlines how the Domiciliary Hostel monitors on a regular basis the well-being and the presence of a Tenant in the Domiciliary Hostel.

Where a Tenant's refusal to attend to their personal care infringes upon the rights of other Tenants, the Operator shall discuss these matters with the Tenant in a manner which at all times respects Tenants rights and dignity.

The Operator shall assist Tenants to obtain the services of a personal physician of the Tenant's choice.

The Operator shall assist Tenants wanting to access preventative health care programs by providing information about dental, general physical, birth control, optical, mental health, and other services and programs in their community. Referrals to health services, where appropriate, are made in consultation and in accordance with Tenants' assessed needs and wishes.

The Operator shall assist Tenants in accessing transportation to medical appointments.

Either within the Domiciliary Hostel or by referral to community resources, the Operator shall provide opportunities for each Tenant to participate in leisure, entertainment, recreational and educational activities, spiritual and religious observances, or other programs according to their personal interests and preferences

3.3 Tenancy Agreements

A standard Tenancy Agreement must be reviewed and signed by each Tenant or Trustee.

Operators will keep a signed copy of the Tenancy Agreement in each Tenant's file.

3.4 Access to Home

The Operator shall allow access to the Domiciliary Hostel at any reasonable time by visitors and service agencies mandated to provide programs for Tenants who choose to receive these services on the Domiciliary Hostel's premises.

The Domiciliary Hostel shall be accessible to Tenants on a 24-hour basis. Tenants shall be allowed to come and go based on individual schedules but shall observe common courtesies and house rules regarding late night access to the Domiciliary Hostel. No Tenant shall be prohibited access to the Domiciliary Hostel based on hour of entry. Tenants' guests shall be provided reasonable access to the Domiciliary Hostel.

Each Tenant may have visitors at the Domiciliary Hostel as long as the visitors do not interfere with the privacy and rights of other Tenants or the usual operation of the Domiciliary Hostel. The Operator shall establish a schedule to allow visitors open access to the Domiciliary Hostel during reasonable hours. The Operator may, for cause, deny certain visitors access to the Domiciliary Hostel.

3.5 Privacy

The Operator shall make every effort to provide a private area, when requested by the Tenant, for private telephone calls or private visits with lawyer, doctor, advocate, friends or family etc.

All mail received and sent by Tenants is unopened, unless otherwise agreed to in writing by the Tenant or Trustee.

Staff shall not enter a Tenant's bedroom without knocking first and asking permission to enter unless there is an emergency where the Tenant's (or other Tenant's) safety is in question/jeopardy.

Where there is reason to believe that a Tenant's personal living space or belongings may pose a fire, health or other safety hazard, these should be inspected with the Tenant's voluntary consent. Justification for such a search is communicated to the Tenant. Where the Tenant's consent is not obtained, a person other than staff, in addition to the Tenant must be present.

The Operator shall not conduct a physical search of any kind on a Tenant's person. The operator consults with the police when there is reasonable suspicion of illegal or dangerous situations. A record is kept of any inspection of a Tenant's living space and belongings, or, any situation in which the Police is summoned. This record shall be retained in the Domiciliary Hostel Tenant's personal file and a serious incident report is sent to the General Manager of Public Health, Safety and Social Services Department.

3.6 Rights and Responsibilities

The Operator shall establish House Rules including Tenant Rights and Responsibilities and shall provide a copy of those rules to each Tenant upon intake.

House Rules shall be posted in a location that is accessible to Tenants and staff.

The Operator shall review with each Tenant the House Rules which shall include but are not limited to:

- Respect for Tenant's personal space
- Consequences for violence
- Vandalism
- Substance abuse
- Smoking
- Rent arrears

The Operator shall notify the Special Services Case Manager within five (5) business days of any changes or additions to the House Rules. A copy will be provided to the General Manager of Public Health, Safety and Social Services.

Note: For Tenants who are illiterate, House Rules, policies and Tenants' Bill of Rights will be explained verbally to the Tenant.

Operators will keep a signed copy of the House Rules in each Tenant's file.

3.7 House Meetings

The Operator shall offer regular house meetings. The purpose of the meetings is to provide Tenants the opportunity to discuss and provide input to the operations of the Domiciliary Hostel and other related matters.

Minutes of these meetings will be posted in an area that is accessible to all Tenants.

3.8 Conflict Resolution

The Operator shall ensure that Policies and Procedures are in place to manage written complaints regarding the Domiciliary Hostel, its services and to respond to requests or suggestions made by Tenants or Tenant's representatives. The Operator shall provide the General Manager of Public Health, Safety and Social Services with a copy of these Policies and Procedures.

3.9 Meals/Nutrition

The Operator shall provide meals prepared in sufficient quantity, quality and nutritional value to meet recommended daily intake for proper nutrition as provided in Canada's Food Guide to Healthy Eating ("Canada's Food Guide") published by Health Canada, 1992, or successor publication therefore, and shall ensure that each daily menu complies with the recommendations for food intake in Canada's Food Guide.

In cases where a Tenant's physician has advised that the Tenant requires a special diet, the Operator shall provide meals that comply with such diet.

The Operator shall serve Tenants three (3) meals a day scheduled at times convenient to the majority of tenants. Desirable times are

Breakfast	not before 7:00 am.
Lunch	as close to 12:00 as possible
Dinner	not before 5:00 pm.

A nutritious snack and beverage, selected according to Canada's Food Guide, shall also be provided between each meal and after dinner.

The Operator, with reasonable advance notice, shall provide a meal or a packed lunch for a Tenant who is unable to eat a meal at the Domiciliary Hostel at the designated time.

Special Diet allowances are to be issued to the Operator as part of the monthly fee and this will not affect subsidy amount. Operators will use the Special Diet Allowance to meet the special dietary needs of the Tenant. Operators shall administer the Special Diet and will itemize the expenditures for special items and shall provide documentation at time of annual Tenant eligibility review. (Special Diet Ledger Appendix 8)

3.10 Menus

The Operator shall prepare a weekly menu for meals and the Operator shall post the menu in a conspicuous place for viewing by Tenants. The Operator shall record all substantial deviations from the written menu and the Operator shall retain all such records for a period of one month following the making of such record.

Ontario Works staff randomly throughout the year will review menus.

3.11 Bedrooms Personal Use

Tenants bedrooms are their personal space and shall be able to use that space as their home, unless it infringes upon the rights of others or poses a safety hazard.

Operators will include in House Rules the Domiciliary Hostel restrictions for decor. (ex: nothing on the walls)

3.12 Home Entertainment

At least one (1) television shall be available for Tenants' use in the common area. In large Domiciliary Hostels, Operators are encouraged to provide additional televisions.

3.13 Transportation

The Operator shall ensure that transportation is arranged for tenants to attend medical or dental appointments, using Public Transit whenever possible.

REFERENCES

1. Health Protection and Promotion Act, R.S.O. 1990, CH. 7 & 13 as amended.
2. Drinking Water Systems Regulations, 170-03.
3. Ontario Regulation 562/90 (Food Premises)
4. Ontario Regulation 358/93 (Environmental Protection Act) (Sewage Systems)
5. Ontario Fire Code O. Reg. 388/97.
6. Ontario Building Code.
7. Municipal Bylaw # 369 Lodging House License

Appendix Table of Contents

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 - a. Telephone Intake Form
 - b. Application for Intake
 - c. Consent to Disclose and Verify
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2. Consent of Tenant to Collection and Use of Personal Information
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5. File Review Requirements
6. Personal Needs Benefit Trust Account Ledger
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8. Special Diet Reconciliation Ledger
9. Subsidy Claim Form
10. Serious Incident Report Form
11. Domiciliary Hostel Subsidy Request Form
12. Audit tool

**Domiciliary Hostel
Intake Form**

Date	Domiciliary Hostel
Name	
Date of Birth	
Marital status	
Next of Kin	
Admit date	
Trustee required/appointed	
Available for appointment	
Referral source	
Source of income	
Current assets	
Appointment time/place	
Other information	



Application for Domiciliary Hostel Subsidy

Name	
Date of Birth	
SIN	
Health Card #	

Income	Description	Verified
Ontario Works		
ODSP		
OAS/GIS/SA/WSA		
GAINS A		
Annuities		
CPP		
War Veteran's allowance		
GAINS D		
Trust Fund		
Business Income		
Rental Income		
Support Income		
Foreign Pension		
Other		

Asset	Description	Verified
Cash		
Bank Account		
Investments		
Life Insurance		
Vehicles		
Safety Deposit Box		
Prepaid funeral		
Trust fund		
Property		
Other		

Next of Kin	
Name	
Address	
Postal code	
Phone #	

Trustee/Power of Attorney	If applicable
Name	
Address	
Postal code	
Phone #	

Special Items	X	Amount
Special Diet		
Other		

Update Report Only (if Yes, explain and provide dates)	Yes/No
Have you been absent from Ontario in past 12 months?	
Have you been in the hospital in the past 12 months?	
Have you been absent from the Dom Hostel in the past 12 months?	

ADDITIONAL NOTES



Ontario

Ministry of
Community
and Social
Services

Appendix 1C

**Consent to Disclose and Verify
Information**

*Ontario Works Act, 1997
Ontario Disability Support Program Act,
1997
Family Benefits Act*

1. I/We,
- Full name of applicant/recipient
-
- Name of spouse
-
- Name of dependent adult

consent to the collection of information by, and the release of information to, an authorized representative of:

- Ontario Works Delivery Agent
- Ministry of Community and Social Services

for the purpose of determining or verifying my/our initial or ongoing eligibility for social assistance and administering my/our social assistance.

2. Without restricting the generality of the consent in section 1, I/we specifically consent to the release of information relating to any bank account, safety deposit, assets of any nature or kind whatsoever held by me/us or on my/our behalf or by or on behalf of any of my/our dependent children or children temporarily in my/our care, alone or jointly with any other person, in any financial institution.
3. I/We further consent to an authorized representative of an Ontario Works delivery agent, or the Ministry of Community and Social Services, disclosing to any party personal information about me/us, any of my/our dependent children or children temporarily in my/our care, for the purpose of determining or verifying my/our initial and ongoing eligibility for social assistance and administering my/our social assistance.
4. I/We further consent to the information being exchanged with an Ontario Works delivery agent, or the Ministry of Community and Social Services, or the Government of Canada, the government of any other province or territory, the Government of Ontario, a ministry or department of any of the foregoing, or any agency or any party in order to verify information for the purposes of determining or verifying my/our initial and ongoing eligibility for social assistance and administering my/our social assistance.
5. I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and ongoing receipt of, social assistance. I/We further understand that the inquiries may take the form of electronic data exchanges.

I have read or had read to me and understand the consent set out above.

Signature/mark of applicant/recipient or person applying on behalf of applicant/recipient	Witness	Date
---	---------	------

I have read or had read to me and understand the consent set out above and I join in this consent.

Signature/mark of spouse of applicant/recipient	Witness	Date
---	---------	------

Signature/mark of dependent adult	Witness	Date
-----------------------------------	---------	------

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)

(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Family Benefits Act*, R.S.O. 1990, c.F.2, sections 9 & 12, the *Ontario Disability Support Program Act, 1997*, sections 5 & 10, or the *Ontario Works Act, 1997*, sections 7, 8 & 15, for the purpose of administering Government of Ontario social assistance programs. For more information contact at _____ in your local Ontario Works or ODSP office.

Notice is given that information is collected from Canada Customs and Revenue Agency with respect to your receipt, if any, of the National Child Benefit Supplement as part of the Canada Child Tax Benefit.

0985
(07/2005)

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7730-0985

Appendix 1D

**Consent to Disclose and Verify Information
(Canada Customs and Revenue Agency)**

Ontario Works Act, 1997
Ontario Disability Support Program Act, 1997
Family Benefits Act

Application Update

1. I/We,

Full name of applicant/recipient

Name of spouse

Name of dependent adult

authorize Canada Customs and Revenue Agency to release to the Ministry of Community and Social Services of Ontario ("the Ministry") and/or a delivery agent under the *Ontario Works Act, 1997*, information from my/our income tax returns and other taxpayer information whether supplied by me/us or by a third party. The released information will be relevant to, and will be used solely for the purpose of, determining and verifying my/our initial, past and, ongoing eligibility for social assistance, and for the administration and enforcement of the *Ontario Works Act, 1997* (or its predecessor legislation), the *Ontario Disability Support Program Act, 1997*, and the *Family Benefits Act*. It will not be disclosed by the Ministry or a delivery agent to any other party except in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act*.

This authorization is given pursuant to subsection 241(5) of the *Income Tax Act* (Canada), and

1. in the case of an application or an update of my/our social assistance information is valid for the following years

- the taxation year prior to the year of signature,
- if a tax return and other taxpayer information for the taxation year prior to the year of signature is not currently available, the taxation year that is two years prior to the year of signature,
- the current taxation year,
- each subsequent consecutive taxation year for which social assistance is received, and

2. in the case of an update of my/our social assistance information, is also valid for the , , , , taxation years.

I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and ongoing receipt of social assistance. I/We further understand that the inquiries may take the form of electronic data exchanges.

I have read or had read to me and understand the consent set out above.

Signature/mark of applicant/recipient or legally authorized substitute	Witness	Date
--	---------	------

I have read or had read to me and understand the consent set out above and I join in this consent regarding the release of taxpayer information about me.

Signature/mark of spouse of applicant/recipient	Witness	Date
---	---------	------

Signature/mark of dependent adult	Witness	Date
-----------------------------------	---------	------

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Family Benefits Act*, R.S.O. 1990, c.F.2, sections 9 & 12, the *Ontario Disability Support Program Act, 1997*, sections 5 & 10, or the *Ontario Works Act, 1997*, sections 7, 8 & 15, for the purpose of administering Government of Ontario social assistance programs. For more information contact at in your local Ontario Works or ODSP office.

Notice is given that information is collected from Canada Customs and Revenue Agency with respect to your receipt, if any, of the National Child Benefit Supplement as part of the Canada Child Tax Benefit.

2999 (07/2005) Part 3

Français au verso

7730-2999

Appendix 1E

Member ID: #	Case Organization No. #	Social Insurance No. #	Date of Birth #
-----------------	----------------------------	---------------------------	--------------------

For consideration received I,
 Applicant/Recipient/Dependant
 #####

assign to

Ontario Works Delivery Agent
 OW BRANT

the Ministry of Community and Social Services

hereinafter referred to as the "assignee", all right, title, and interest in all monies due and owing to me not to exceed the amount of income support/financial assistance received from

(d,m,y)

to the date this claim is settled or until such time as income support/financial assistance is terminated, out of payments that may be coming to me from

person or agency for whom monies are owed to Applicant/Recipient/Dependant

I hereby direct
 Person or Agency from whom monies are owed to Applicant/Recipient/Dependant

and
 Name of Applicant's/Recipient's/Dependant's lawyer

to forward the amount of the income support/financial assistance received to:

Ontario Works Delivery Agent

the Ministry of Community and Social Services
 (local office address)

OW BRANT

220 Colborne Street
BRANTFORD ON N3T 2H1

This Assignment and Direction shall continue in force as long as monies remain due and owing to the Assignee pursuant to this Agreement. This Assignment is irrevocable once income support/financial assistance has been paid except with the consent of the assignee.

Dated at this **14th**
day of **February, 2007** .

Signature - Assignor

Signature - Witness

*In order to determine the amount of income support/financial assistance received, contact:

Contact person

Telephone

Address

City of Brantford
220 Colborne Street
Brantford ON N3T 2H1

Distribution:

Original - Social Assistance File
Copy 1: - Assignor (recipient)
Copy 2: - Debtor
2209 (04/99) used with 2208

Appendix 1F



Member ID: #
Name: #

This Agreement, made in duplicate pursuant to

- Section 15 of Ontario Regulation 134/98 under the Ontario Works Act, 1997
Section 13 of the Ontario Regulation 222/98 under the Ontario Disability Support Program Act, 1997

Between

The [text box]

Municipality/Indian Band

(hereinafter referred to as "the Municipality/Indian Band")

The Ministry of Community and Social Services (hereinafter referred to as "Ontario")

And ##### (hereinafter referred to as "the recipient/participant")

Whereas the recipient/participant is receiving financial assistance or income support pursuant to the

- The Ontario Works Act, 1997
The Ontario Disability Support Program Act, 1997

And Whereas the recipient/participant is required as a condition of eligibility to enter into this agreement:

Therefore, the parties agree as follows:

- 1. The Recipient/participant agrees to reimburse

[text box]

for all monies paid or to be paid by the

[text box]

to the recipient/participant/beneficiary out of monies or which are due and owing or may become due and owing to the recipient/participant or any beneficiary when those monies become payable.

- 2. The parties agree that the reimbursement referred to in section 1 herein is to be made out of monies which would be included as income under the relevant Regulation.
3. The parties agree that the reimbursement amount shall not exceed the amount of assistance received from

[text box] to the date this claim is settled or until such time as assistance/income support is terminated,

(DD/MM/YYYY)

out of any compensation that may be coming to the recipient/participant from

[text box]

person or agency from whom monies are owed to the recipient/participant

And

name of recipient's/participant's lawyer

4. The recipient/participant agrees to execute an Assignment in respect of the monies out of which reimbursement is to be paid on the request of the

Signature of Recipient/Participant/Trustee

Witness

Appendix 2

Consent of Tenant to Collection and Use of Personal Information

1. I consent to the collection of information and the release of information to an authorized representative from

_____ for the purposes of obtaining community supports during my tenancy.

2. I fully understand and agree that this Consent to release personal information will be valid from the day of signing or until such time as I withdraw my permission in writing to the Administrator of the Domiciliary Hostel.

3. I understand that this consent will apply to inquiries made relating to my initial and ongoing eligibility for, as well as my past and ongoing requests for community supports. I further understand that the inquiries may take the form of electronic data exchanges.

Signature of Client

Witness

Date

Signature of Trustee

Witness

Date

Appendix 3
Individual Service Plan
Domiciliary Hostel Resident

Resident

Date of Birth

Tenant Services

Specify services required

Personal Services

Specify services required

Additional Programs (specify activity)

In House Recreational Programs:

Community Activities:

Social Events:

Life Skills Workshops:

Signature of
Tenant/Trustee _____ *Date* _____

Signature of
Operator/Designate _____ *Date* _____

Appendix 4

DOCUMENTATION TO BE SUBMITTED BY OPERATOR:

- Copy of Insurance Policy

- Fire Inspection Report
- Health Inspection Report
- Building Inspection report
- License from Clerk's office

Domiciliary Hostel File Review

Appendix 5

Residents Name

Date of Birth

Requirement	Verified on file	Required	Review Date
Birth Verification			

Admission Date			
Ontario Health Card Number			
Social Insurance Number			
Previous address and telephone number			
Financial Information			
Copy of signed Tenancy Agreement			
Copy of House Rules			
Medical History			
Doctor's name and phone number			
Individual Service Plan			
Next of Kin, Power of Attorney, other			
Personal Needs Benefit Reconciliation			
Signed Consent			

Reviewed by

Signature of Operator

Appendix 7

**Resident's Other Income
Trust Account Record/Ledger**

(GST, Income Tax Rebate, Gifts from Relatives etc.)

Domiciliary Hostel Financial Institute: _____ Account #: _____

Resident's Name: _____

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

Name of Lodging House/Domiciliary Hostel: _____

Certification: I certify that the funds recorded as withdrawals have been used solely for the benefit of this resident.

Ledger prepared by: _____ Dated: _____

**Special Diet
Reconciliation Ledger**

Domiciliary Hostel Financial Institute: _____ Account #: _____

Resident's Name: _____

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

Name of Lodging House/Domiciliary Hostel: _____

Certification: I certify that the funds recorded as withdrawals have been used solely for the benefit of this resident.

Ledger prepared by: _____ Dated: _____

Appendix 8

Appendix 10

Serious Incident Reporting Form

DOMICILIARY CARE SERIOUS INCIDENT FORM

Date of the Occurrence: _____ Facility Name: _____
(dd/mm/yy)

Occurrence being reported by: _____
Name Signature

Type of Occurrence (please check the appropriate incident):

<input type="checkbox"/>	Death accidental or undetermined cause
<input type="checkbox"/>	Missing client
<input type="checkbox"/>	Disaster at the Hostel
<input type="checkbox"/>	Alleged abuse
<input type="checkbox"/>	Police investigation
<input type="checkbox"/>	Complaint about operations including Water quality
<input type="checkbox"/>	Misconduct involving alcohol or drug abuse
<input type="checkbox"/>	Serious injury
<input type="checkbox"/>	Other

Describe the occurrence:

Actions taken and resolutions implemented to reduce or eliminate this type of occurrence in the future:

Reported to:

Signature of Supervisor/Manager/Owner

Date:

Domiciliary Hostel Subsidy Request

Client Name

D.O.B.

Income

Name of Hostel

Reason for Subsidy

Ontario Works Case Manager recommendation

Signature

Date

Approved by

Date

Audit Tool

Name of Domiciliary Hostel

Domiciliary Hostel Administration	Yes	No	N/A	Comments
<ul style="list-style-type: none"> Has the facility had an incident over the last year in which police had been contracted to confiscate any prohibited weapons, illegal substances or other contraband materials? If yes, was a serious incident report filed. 				
<ul style="list-style-type: none"> Staff and volunteers are knowledgeable and have been oriented towards routine practices and additional precautions that include hand washing, personal hygiene and use of protective supplies and equipment? 				
<ul style="list-style-type: none"> Are facility staff trained upon hiring and/or re-certified in first aid and CPR training? 				
<ul style="list-style-type: none"> Is facility staff trained in Workplace Hazardous Materials Information Systems (WHIMIS)? 				
<ul style="list-style-type: none"> Does the facility maintain a residential record with documentation for emergency contact, copies of power of attorney information for property and personal care, health card number, former place of residence address, and other progress note information concerning changing resident requirements for supportive care needs? 				
<ul style="list-style-type: none"> Are residential files kept in a secure and locked area? 				
<ul style="list-style-type: none"> Is resident information only disclosed with appropriate signed consent forms are discussed and signed by the resident? 				
<ul style="list-style-type: none"> Copy of insurance certificate supplied 				Date
<ul style="list-style-type: none"> Copy of fire inspection supplied 				Date
<ul style="list-style-type: none"> Copy of Public Health Inspection supplied 				Date
<ul style="list-style-type: none"> Copy of Building inspection supplied 				Date
<ul style="list-style-type: none"> Copy of Lodging House license supplied 				Date
Domiciliary Hostel Operations				
<ul style="list-style-type: none"> Does the facility have a fire plan? If no, provide comment. 				
<ul style="list-style-type: none"> Is the fire plan posted in various locations in the facility? If no, provide comment. 				

• What date was the fire plan last tested?				Date
• What date was the facility and property last inspected for fire safety?				Date
• Were there any outstanding inspections issues? If yes, provide comment on what follow-up occurred.				
• Is there evidence of monthly inspections of fire extinguishers?				
• Does the facility have an emergency evacuation plan?				
• What date was the emergency evacuation plan updated?				
• What date was the emergency evacuation plan last tested?				
• Is there a current elevator license?				
• Are washrooms including showers, toilets and sinks provided as per the Building Code specifications?				
• Does the facility provide medication supervision?				
• Does the facility have policies and procedures in place regarding secure storage and disposal of medications for tenants?				
• Is medication that is distributed by the staff recorded in a logbook?				
• Is medication at all times under lock and key?				
• Is there access to basic phone service?				
• Clean bedding is provided to each resident upon admission and is changed weekly or whenever soiled?				
Domiciliary Hostel Supports				
• Are laundry facilities provided to tenants?				
• Are there common areas made available for tenants and their visitors? If no, provide comment.				
• Does the operator follow the Canada Food Guide Standards to ensure tenants receive a nutritious and adequate diet? (Discussion with the manager daily meal plans, special considerations for special diets, and provisions for snacks and refreshments)				

	between meals for tenants)				
	• Are snacks provided to the tenants?				
	• Does the facility offer at minimum 3 meals per day?				
	• Do meals contain daily choices? (Discuss with the manager the variety of fruits, vegetables, daily products, and meat or alternative protein at each meal and grain at each meal.)				
	• Are seconds made available to tenants if requested?				
	• Are menus posted and made available for resident information?				
	• What date was the last Health Unit inspection? Comment on any issues.				
	• The resident's individual personal care needs are assessed and there is plan of care in place.				
	• Does the resident receive a written tenancy agreement?				
	• Does the agency have a Care Home Information Package (CHIP),				
	• Are residence goals and progress notes part of the resident's admission to the domiciliary care services?				
	• Does the facility have a written policy on rights and responsibilities of tenants?				
	• Does the facility have a formal process for responding to all complaints?				
	• Does the facility provide in house social and recreational activities?				
	• Does the facility provide assistance and support to the resident in the following areas:				
	• Assistance in obtaining financial benefits				
	• Referrals to appropriate support services or resources				
	• Assistance to obtain clothing				
	• Assistance to obtain transportation				

Review completed by

Date

Operator's signature

