

Instructions for Completing Application for Reduced Residential Charge

The Application for Reduced Residential Charge is to be completed for those individuals who do not complete the Tax Information Release Form and for all clients who are admitted or panelled after July 31, 2026.

SECTION A To be completed for all clients.

SECTION B To be completed by clients applying for a reduction to the maximum rate of \$107.40.

Part I If response is **yes** to receiving financial assistance from Employment and Income Assistance, complete **Section D** and return to facility.

The facility representative will complete **Section E** by entering the rate of \$44.40.

If response is **no**, proceed to **Part II** or **Part III**.

Part II To be completed if the client is single, divorced, widowed or separated.

The 2025 Canada Revenue Agency - Notice of Assessment (**NOT INCOME TAX AND BENEFIT RETURN**) must be used to calculate the client's net income less total tax payable (line 236 less line 435). Enter the amount in the space provided. Complete **Section D** and return the Application Form to the facility representative along with a photocopy of the 2025 Notice of Assessment.

The facility representative will confirm the amounts from lines 236 and 435, check the calculation, and complete the Rate using the Table of Residential Charges.

Part III To be completed if the client is married or in a common-law relationship

The 2025 Canada Revenue Agency - Notice of Assessment (**NOT INCOME TAX AND BENEFIT RETURN**) must be used to calculate the client's and their spouse's/common-law partner's net incomes less total taxes payable (line 236 less line 435). Enter the amount calculated in the space provided. Complete **Section D** and return the Application Form to the facility representative along with photocopies of the 2025 Notices of Assessment.

The facility representative will confirm the amounts from lines 236 and 435 and check the calculation. If the spouse/common-law partner resides in the community or in the same facility, the facility representative will complete the Rate using the Table of Residential Charges. If the spouse/common-law partner resides in a different facility, the rate will be reassessed by Manitoba Health.

SECTION C To be completed by clients who accept responsibility for the full daily rate of \$107.40.

Facility representative will complete **Section E** by entering rate of \$107.40.

SECTION D To be completed by the applicant who completed both **Sections A** and **B**.

SECTION E To be completed by the facility representative.
Rates are to be determined as follows:

1. Client has a spouse/common-law partner residing in another facility: Rate temporarily set at previous year's assessed rate or, if new client, rate \$44.40. Applications for clients are to be forwarded to Manitoba Health for reassessment. Refer to Residential Charges Review Process for the procedure.
2. Client has a dependant(s) other than spouse/common-law partner: Rate temporarily set at previous year's assessed rate or, if new client, rate \$44.40. Applications for clients are to be forwarded to Manitoba Health for reassessment. Refer to Dependant Policy and Residential Charges Review Process for the procedure.
3. Client receives financial assistance from Employment and Income Assistance: Rate \$44.40.
4. Client is single, widowed, divorced or separated with no dependant(s): Refer to Column 1 on the Table of Residential Charges to determine rate.
5. Client is married or in a common-law relationship with the spouse/common-law partner in the community and has no dependant(s) other than spouse/common-law partner: Refer to Column 2 on the Table of Residential Charges to determine rate.
6. Client is married or in a common-law relationship with the spouse/common-law partner in the same facility and has no dependant(s) other than spouse/common-law partner: An Application Form must be completed for each spouse/common-law partner. Divide amount entered in **Section B, Part III** by 2 and refer to Column 1 on the Table of Residential Charges to determine the rate for each spouse/common-law partner.
7. Client has accepted responsibility and completed **Section C**: Rate \$107.40.
8. Client has not returned the Application Form to the facility, or has returned the Application Form without the required Notice(s) of Assessment: Rate \$107.40.

The facility provides the client or representative with a copy of the Application Form once **Section E** has been completed and a rate assessed.