

2010 Long-Term Care Home Equipment Request Form

LTC Home Name: _____

LHIN APPROVED EQUIPMENT PURCHASES

LHIN approved 2010 Purchases of Equipment in the **Nursing and Personal Care Funding Envelope** - items each costing equal to and greater than \$3,000 (including taxes).

| | <u>Description of Equipment</u> | <u>Cost per Unit</u> | <u>Unit</u> | <u>Total Budget Request</u> | <u>Recommended by Compliance Advisor Y/N (Official Use Only)</u> |
|----|--|-----------------------------|--------------------|------------------------------------|---|
| 1. | _____ | | | | |
| 2. | _____ | | | | |
| 3. | _____ | | | | |
| 4. | _____ | | | | |
| 5. | _____ | | | | |
| 6. | _____ | | | | |

LHIN approved 2010 Purchases of Equipment in the **Program and Support Services Funding Envelope** - items each costing equal to and greater than \$3,000 (including taxes).

| | <u>Description of Equipment</u> | <u>Cost per Unit</u> | <u>Unit</u> | <u>Total Budget Request</u> | <u>Recommended by Compliance Advisor Y/N (Official Use Only)</u> |
|----|--|-----------------------------|--------------------|------------------------------------|---|
| 1. | _____ | | | | |
| 2. | _____ | | | | |
| 3. | _____ | | | | |
| 4. | _____ | | | | |
| 5. | _____ | | | | |
| 6. | _____ | | | | |

If more items are requested, please expand the list on a separate page.

2010 Long-Term Care Home Equipment Request Form

LTC Home Name: _____

MINISTRY APPROVED EQUIPMENT PURCHASES (cont'd)

The equipment listed on pages 29 to 30 (pages 29 to 31 for red-circled facilities) for 2010 in accordance with Section 0606-03 of the Long-Term Care Facility Program Manual:

Submitted by:

(Operator's authorized signature) (Date)

(Print Name)

(Title)

Ministry reviewed by:

(Authorized Signature) (Date)

(Print Name)

(Title)

LHIN approved by:

(Authorized Signature) (Date)

(Print Name)

(Title)