ACE NEWSLETTER

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GOVERNMENT FLIP-FLOPS ON LONG-TERM CARE RATES: RESIDENTS FACE HARD CHOICES

George T. Monticone, Barrister & Solicitor

In late June the Ministry of Health and Long-Term Care (MOHLTC) announced large increases to the co-payment for all residents of long-term care facilities. The increase was to take effect August 1, 2002. The sheer size of the increases sparked a significant public outcry. The opposition NDP organized a protest and petition. Seeming to bow to public pressure, the government backed down. At the end of July the MOHLTC announced that the planned increases for August 1 were to be shelved, and a smaller increase would take effect on September 1, 2002. The monthly rates for the three types of accommodation are set out in the table below:

	Rates prior to August, 2002	Rates to have been Effective August 1, 2002	Rates Effective September 1, 2002
Standard	**$1353.73**	**$1567.24**	**$1445.71**
Semi-Private	**$1597.06**	**$1810.57**	**$1689.04**
Private	**$1901.23**	**$2114.74**	**$1993.21**

The cost of Standard accommodation was to have increased 15.77%, but the increase was reduced to 6.79%. Semi-private accommodation was to have increased 13.4%, but this increase was reduced to 5.76%. Private room accommodation was to have been increased 11.2% but was reduced to a 4.8% increase. However, even the lower increases that took effect on September 1, 2002 outstrip the 3.9% increases allowed to Ontario landlords for 2002. The apparent good news reduction is tainted by the fact that the government intends to continue increasing the rates over the next two years so that the levels planned for August 1, 2002 are reached in 2004.

LTC Rates Con't P. 8

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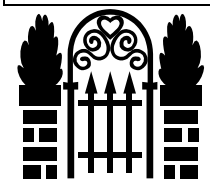
LONG-TERM CARE FACILITIES ARE NOT PRISONS!



Jane E. Meadus, B.A., LL.B.
Institutional Advocate
Barrister & Solicitor

As the Institutional Advocate at the Advocacy Centre for the Elderly, I receive many calls with respect to issues of freedom in long-term care facilities. In this article, I will attempt to address some of the more frequent issues. For more detailed information, please see Chapter 5, section XV. "Restraints, Detention, and Locked Units" in Long-Term Care Facilities in Ontario: The Advocate's Manual, ed. George Monticone, Advocacy Centre for the Elderly, 2001.

DETENTION

In Canada, laws protect persons from being detained. For example, the common law (judge-made law), the *Criminal Code*, and the *Canadian Charter of Rights and Freedoms*, all make it illegal to detain a person. However, there are specific laws that permit a person to be detained. For example, the *Mental Health Act* allows mentally ill persons to be detained in a psychiatric facility when certain criteria are met and appropriate procedures are followed.

The legislation which governs long-term care facilities (LTCFs) contains no such authority. In Ontario, this includes the *Nursing Homes Act*, the *Homes for the Aged and Rest Homes Act*, and the *Charitable Institutions Act*.

Competent Residents

It is not uncommon for residents of LTCFs to complain that they are not allowed to leave facilities on their own. It often comes as quite a surprise to clients when we advise them that they are allowed to come and go as they please, and that staff at the LTCF may not prevent them from doing so.

A common scenario is this: Mrs. Smith, a competent resident of a LTCF, wishes to go to the local Tim Horton's every morning for a cup of coffee. She is prevented from doing so by staff, who advise that resident's are not allowed to leave without being "signed out" by a responsible third party.

LTCFs have no detention authority, and may not stop a competent resident from leaving on their own, if they so choose. Even if staff believe that the resident may be at risk in leaving, the resident has the right to assume the risk. For example, the resident may be at risk of falling. The staff may want to advise the resident of risks, but the resident may assume this risk if he or she so chooses. Likewise, facilities may not require a resident to hire an attendant to go to appointments with them if they do not wish to do so.

Preventing a competent resident from leaving a LTCF is unlawful. Where this is done, staff may be subject to being charged with forcible confinement under the *Criminal Code*. If the resident is forcibly prevented from leaving, the staff involved could also be charged with assault under the *Criminal Code*.

Prisons Con't P. 3

The **Advocacy Centre for the Elderly (ACE)** is a legal clinic for low income seniors 60 years of age and over, funded by Legal Aid Ontario. ACE is incorporated as a non-profit corporation under the name "Holly Street Advocacy Centre for the Elderly Inc.".

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A LTCF and its staff members who prevent a resident from leaving the facility may also be sued in a civil court for false imprisonment, assault and battery.

It is also important to note that competent persons cannot agree to be detained against their wishes. For example, a clause in a contract which states that the person agrees not to leave without an escort cannot be enforced. Once a person advises that they wish to leave without an escort, there is no longer consent, and any forced detention would be subject to the same consequences as indicated above.

Incompetent Residents

The legal position outlined above also applies to residents who may be viewed as not being competent to make decisions or to care for themselves. While it may be natural to assume that there must be a law that allows staff at a LTCF to prevent an incapable person from leaving, this is not the case.

However, depending on the circumstances, a facility may argue that they have a duty to protect the person from harm. This may be a facility's justification for detaining an incapable person. It would have to be shown that it is reasonably foreseeable that the person could have been harmed if the actions had not been taken. Therefore, one could not prevent an incapable person from going for a walk if the incapacity did not affect his ability to negotiate traffic and not get lost.

Rules and Regulations with Respect to Absences

When a resident wishes to leave a facility, there are certain rules and regulations that must be respected by the resident. For example, if residents go on an overnight visit, they must comply with the regulations which limit the amount of time they are allowed to be gone.

The legislation governing LTCFs include restrictions on the number of days a resident may be away from the facility for a holiday, or for medical or psychiatric care. These limitations are reasonable overall because of the need to ensure that beds that are maintained at significant public expense are not left empty.

In addition, if a resident is simply going out during the day, facilities require residents to sign out. This is for safety reasons. If there is an emergency such as a fire at the facility, the facility must be able to account for the whereabouts of the residents. Residents are not required to tell the staff where they are going, what they are doing or who they are going to be with. However, it may be appropriate for the resident to give the facility this information in case the staff need to contact them.

REMOVAL OF RESIDENT BY THIRD PARTY FOR OUTINGS

It is common that due to family disputes, one member of a family will advise a facility that the resident may not leave the facility with another relative. The family may also attempt to prevent the resident from leaving the facility with a friend or resident. The person attempting to prevent the resident from leaving often has no authority to do so. Unless the one trying to restrict the resident is a guardian of the person appointed by a court or attorney for personal care given this type of authority under a Power of Attorney for Personal Care, that person has no authority to restrict this type of activity. For example, there may have been a falling-out between the children of a first marriage and the second marriage spouse. The spouse, who is not guardian or attorney but is making treatment decisions on behalf of an incapable person, may advise the facility that the resident should not leave with the children. However, the spouse has no such authority over the person and the facility has no authority to prevent the resident from leaving.

Prisons Con't P. 6

PATIENTS' CHARTER OF RIGHTS: DO WE NEED IT?

Judith Wahl, Executive Director, ACE

In April of 2001, the Harris Government announced that it planned to "hold the broad public sector accountable to taxpayers". It introduced several initiatives to make public information about how public dollars are used and how government funded services work. In the area of health care, these initiatives include a "Patients' Charter of Rights". The Charter initiative has been continued by the Eves' Government. This summer, representatives from ACE participated in two consultation sessions on the Charter.

Do we need a Patients' Charter of Rights? On the face of it, it is hard to argue that a Charter is a bad idea. A Charter could be a means of educating the public about their rights within the health system. It could also be a way of empowering patients to speak up if they believe that they are not getting what they are entitled to from the health system. However, this can only happen if the Charter is an accurate reflection of the law and correctly states what are the various rights of patients under existing legislation and common law.

Education about rights and entitlements of patients in the health system would be very helpful if done well. But to do that education is a challenge. It is difficult to reduce the complexities of law to simple statements without being misleading. Doing so may unintentionally cause conflicts between patients and their health care providers.

The Ministry of Health and Long-Term Care wanted to produce a short two page Charter. They have done so. Unfortunately, the draft Charter is both misleading and inaccurate. It is overly simplistic as it is only a statement of basic principles and does not alert patients to exceptions and qualifications. If released, it is likely to cause confusion about patients' rights. In fact, it may end up limiting patients' rights, although that is not the intent.

For example, the draft Charter states that you have the right to have access to your health record. It does not alert you to the fact that there are exceptions, as when your health practitioner believes that giving you access to all or part of the record is likely to result in serious physical or emotional harm to you or another person. You may be able to ask a Tribunal to review your health practitioners refusal to give you access to the record. The Tribunal may order access or may side with the health practitioner and refuse you access to part or all of the record.

Another section of the Patients' Charter states that you have the right to "appoint a substitute decision maker (SDM) to act on your behalf, if you are capable of making decisions". This section is misleading as it can be read two ways - one consistent with Ontario law and the other not. The reading consistent with Ontario law is that you can choose someone to be your SDM for health decisions in the event that you should become mentally incapable for particular health decisions. The SDM can make decisions for you ONLY if you become mentally incapable for a particular health decision. To choose someone, you must be mentally capable at the time you make the choice. Also, to do this you must execute a Power of Attorney for Personal Care. You can't just state orally that you want a particular person to act for you. You can only "choose" someone if you put that choice in writing.

However, this section may be read in a way that is inconsistent with Ontario law. Some at the consultation on the draft Charter read this section as saying that when you are mentally

Patients' Charter Con't P. 5

Update
The (Older Adult) Abuse Education, Prevention and Response Project

The Abuse Education, Prevention and Response Project is an innovative networking project that responds to the problem of elder abuse and neglect. The Project, which began in January of 2000, is sponsored by ACE and funded by the Ontario Trillium Foundation. The aim of the Project is to provide training and assistance to communities to enable them to respond to these problems.

An Education Manual was written specifically for the Project. The Project also used the Connecting Modules materials developed by elder abuse experts in British Columbia. These materials were adapted, with permission, to reflect the Ontario service system and legislation. Community Training Workshops and four-day Connecting Module Workshops were facilitated. The Workshops are designed to help participants think about how to respond to elder abuse in the context of the resources available to them in their own community. The materials and the Workshops provide community members with information about abuse and neglect of older adults and suggest approaches and remedies for these problems. The Workshops provide community members with an opportunity to meet one another, learn about one another, and develop their own responses to abuse and neglect.

Workshops have been facilitated in many communities across Ontario including Durham Region, Elliot Lake, Kenora, London, Peterborough, Red Lake, and Thunder Bay, to name a few. They have been very well received everywhere. Workshop facilitators were particularly pleased to have been invited to First Nation communities such as the Wabaseemong First Nation (Whitedog) in northwestern Ontario and Sucker Creek on Manitoulin Island. The community development model utilized by the Project has proved to be relevant to First Nation's people. It was most interesting and exciting for facilitators to discover that the approach developed by the Project is appropriate and helpful in these communities.

Most of the communities in which Workshops have been facilitated are continuing to organize their resources and educate others in the community to address problems of abuse and neglect.

The Project has been very successful, and it will achieve its anticipated overall outcome by its end in the Spring of 2003.

For more information please visit the Project website at **http://fp.kwic.com/~jpreston**, contact ACE, or contact the Project's Co-ordinator, Ms. Joanne Preston, at (519) 586-8623. ◆

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Patients' Charter Con't From P. 4

capable you can choose a SDM to make health decisions for you NOW, when you are mentally capable. In other words, they understood it as allowing you to DELEGATE decision making authority for health treatment. This is not possible. As long as you are capable, under Ontario law health professionals must get consent from you for any treatments that are offered to you before they treat you. A second person cannot do that for you.

Similar comments may be made about most of the sections of the draft Charter, although there is not sufficient room here to do so.

What would be preferable to this initiative is an actual education campaign on patients' rights that is accurate and communicates the law in plain language. That would require a commitment to more than a simplistic two page Charter document. Alternatively, some of the $10 million earmarked for this and two other health care related initiatives could be better spent on providing basic health care. ◆

Prisons Con't From P. 3

If the spouse in this case was guardian of the person or attorney for personal care, they may have this authority, but could only use it in certain circumstances; for example, if the resident's safety was at issue. There is no such thing as "custody and access" of an adult as there is for children, and there are limits on the steps that even a guardian or attorney may take on behalf of the incapable person.

Of course, if the residents are competent, they make their own decisions and no third party may restrict or deny access by a party to them.

VISITORS

Each of the three acts governing LTCFs includes the Residents Bill of Rights. Among other rights, residents have the following right:

9. ***Every resident has the right to communicate in confidence, to receive visitors of his or her choice and to consult in private with any person without interference.***

Capacity to have visitors is a very low level of capacity, and most people are competent to make these decisions. The only limit would be where the incapable resident was unable to understand that the person was violent or could otherwise harm them.

LTCFs often run into the situation of having difficult family members visit. Their solution may be to restrict visitation, require scheduled visits or require supervised visits. There is no legal basis for these types of restrictions on visitors to competent residents. There may, however, be some authority to restrict visits to incapable residents through their duty of care to the resident to protect them from harm.

LTCFs may try to stop particular visitors by using the *Trespass to Property Act*. Section 2 of that *Act* states:

Trespass an offence

2. (1) Every person who is not acting under a right or authority conferred by law and who,

(a) without the express permission of the occupier, the proof of which rests on the defendant,

(i) enters on premises when entry is prohibited under this Act, or

(ii) engages in an activity on premises when the activity is prohibited under this Act; or

(b) does not leave the premises immediately after he or she is directed to do so by the occupier of the premises or a person authorized by the occupier,

is guilty of an offence and on conviction is liable to a fine of not more than $2,000.

Is a visitor who has been invited by a resident a "person who is not acting under a right or authority conferred by law"? If so, the *Trespass to Property Act* could be used to prohibit a visit. However, as long as the resident wishes to invite the visitor, the visitor has a right of access because of section 9 of the Resident's Bill of Rights. This section gives the visitor a right conferred by law to enter the premises for the purpose of visiting a resident. In these circumstances the *Trespass to Property Act* cannot be used to prohibit a visit to the resident.

A 1997 court decision also made it clear that an occupier of premises may invite a visitor, and the *Trespass to Property Act* cannot be used to stop the visit (*Cunningham v. Whitby Christian Non-Profit Housing Corp*, 33 O.R.(3d)171). Section 1 (1) of that Act says that "occupier" includes a person "who has control over persons allowed to enter the premises". A resident is an occupier under this definition since the resident

Prisons Con't P. 7

Prisons Con't From P. 6

has the right to receive visitors of his or her choice. Therefore, LTCFs cannot use the Act to prevent visits.

PUNISHMENTS

When dealing with difficult residents, staff at LTCFs may attempt to restrict activities of the resident in order to get them to comply with something. For example, if a resident refuses to bathe, they may deny the person their cigarettes. If a resident yells at a staff member, staff may delay getting the person out of bed. In some instances, staff may even attempt to have the resident agree to these restrictions or punishments in a contract. It is very clear that LTCFs do not have authority to do this, and that these types of punishments or "agreements" are illegal and constitute abuse. LTCFs are required by law to meet certain standards, and to deliberately punish the resident and fail to meet the standards is strictly prohibited.

Staff in LTCFs must understand that this is the resident's home, and that residents cannot be required to be "nice" all the time and to "do what they're told". Residents are adults who may have varying forms of dementia, but are not in the "custody" of the facility. Any attempt at punishment, restrictions or behaviour modification of this type is, in my opinion abusive, and should be strictly prohibited

CONCLUSION

The Residents Bill of Rights clearly reminds us that a nursing home or home for the aged is primarily the *home* of its residents (emphasis added). As we all know, a person's home is not a prison. ◆

Care Homes Brochure

Those living in retirement homes and those considering moving there should know about a newly revised edition of a pamphlet on the rights of tenants living in retirement homes (known as "care homes"). "**Care Homes**" discusses, among other things,

- what should be in a retirement home tenancy agreement,
- what the "care home information package" is and what it should include,
- the rules about rent increases and increases in charges for meals and services, and
- eviction issues in care homes.

If you would like free copies of "Care Homes", you can place an order with CLEO by visiting their web site at www.cleo.on.ca or by calling CLEO at 416-408-4420. ◆

Everyone Welcome
Advocacy Centre for the Elderly
Annual General Meeting
Tuesday, October 22, 2002
7:00 p.m.

Toronto YMCA
20 Grosvenor Street

Guest Speaker: Jane Aronson
Professor, School of Social Work
McMaster University

Recipients' Experiences of Rationed Home Care: Suppressed Expectation, Silenced Complaint

LTC Rates Con't From P. 1

Those residents with the lowest incomes, such as those whose only source of income is the Old Age Pension and Guaranteed Income Supplement, are not affected by any of these increases. If a resident has an income below the Standard rate, the resident may apply for a rate reduction or extraordinary rate reduction. The purpose of these reductions is to fix the monthly rate at a level which leaves the resident with $112 per month for their own use (the so-called "comfort allowance"). However, if a resident in Standard accommodation has sufficient income to pay the new rate and have at least $112 per month left over, the resident cannot apply for a rate reduction. Therefore, some lower income residents will be adversely affected by the increases.

However, the situation is rather different for residents in "preferred accommodation" (private or semi-private). It is not possible to ask for a rate reduction if such a resident cannot afford the new rates. There are no rate reductions available for residents in preferred accommodation. In these cases, residents must ask for a transfer either from Private to Semi-private, or from either Private or Semi-private to Standard. A significant number of residents find themselves in this situation with the September increases (more would have been in this predicament if the August rates had become effective).

The difficulty in asking for a transfer is that most LTC facilities are completely occupied, and there are long waiting lists for any new beds. So when a resident asks to be downgraded, the resident is told he or she must go on to the waiting list. Some may wait many months or years for the downgrade.

What happens in the meantime if the resident cannot afford the preferred rate or does not want to pay it?

Facilities may tell residents to continue paying the higher preferred rate until the downgrade is official. However, there is no legal authority for this. In fact, the only applicable law supports the opposite position. The three pieces of legislation governing the three types of LTC facilities all state clearly that residents must consent to paying for preferred accommodation.

> **No licensee shall demand … payment from or on behalf of a resident for preferred accommodation, care, services, programs or goods …without consent being given by the resident**.

(*Homes for the Aged and Rest Homes Act*, subpara. 30.1(2)(b), *Charitable Institutions Act*, subpara. 9.3(2)(b), *Nursing Homes Act*, subpara. 30.1(2)(b))

Those residents in a private or semi-private room who have already consented to pay for preferred accommodation must withdraw their consent to be eligible for lower rates. Can they do so at any time? Must they give advance notice to the facility? Must a resident prove that he or she can no longer afford to continue paying the higher rate to be eligible to pay the lower rate?

Nothing in legislation or ministerial policies says that a resident cannot withdraw consent already given. No advance notice of withdrawal of consent is required. And nothing says that the resident must wait for an appropriate downgrade before being entitled to decrease the monthly payment. In fact, the manual published by the MOHLTC that sets out detailed policies governing facilities permits a LTC facility to leave a resident in preferred accommodation and charge the resident the Standard room rate (*Program Manual*, 0607-11).

LTC Rates Con't P. 9

LTC Rates Con't From P. 8

There are good reasons for the legislation being silent on some of these matters, thereby allowing a resident to change their situation quickly. The financial situation of a resident can change overnight. Their funds may run out. A family member who has volunteered payment to allow their loved one to live in preferred accommodation may suddenly find themselves unemployed or without funds themselves. The legislation permits a resident in such a situation to immediately request a downgrade and thereby pay a lower amount.

What of those situations where a resident decides to request a downgrade, but could afford to continue paying the higher rate? Must they continue to pay the higher rate until their number comes up on the waiting list? If legislation required financial proof in support of a request for a downgrade, it may then be arguable that the higher rate is still in effect. But legislation does not require that any financial information be divulged in support of a resident's choice of accommodation. The only time such information is required is when the resident requests a rate reduction in order to reduce the rate below the Standard room rate (as explained above). Otherwise, LTC facilities are not entitled to financial information from residents. Since the Ministry's Program Manual allows a resident in preferred accommodation to be charged the Standard rate, nothing stands in the way of the resident paying the lower amount.

Residents and families considering whether to ask for a downgrade or an upgrade should also be aware of recent changes in how the three types of rooms are defined. The resident's particular circumstances should be considered carefully in light of these definitions before requesting an upgrade or downgrade.

What Is A "Standard", "Semi-Private", and "Private" Room?

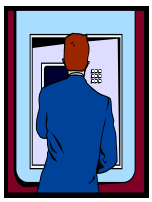
LTC facilities are required by law to maintain a minimum of 40% of their beds as standard rooms. They may in fact designate more than 40% of beds as standard rooms. Historically beds so designated were located in rooms with four beds to a room. In newer facilities, there are no such rooms, so that a resident in a newer facility who is in a standard room may be in a room with only one other person or no other persons.

There have been two changes to the definitions of "private" and "semi-private" within the past year. Definitions were changed in March of 2002, and again in September 2002. Under the September regulations, what kind of room is private or semi-private depends on the design of the long-term care facility. The September regulation is retroactive to May 1, 2002. Because of new design standards for buildings and rooms, there are now three classifications known as Option A, Option B, and "other". Option A and Option B facilities meet newer design standards. "Other" facilities include most older facilities that meet older design standards.

Private Room

If you are living in an Option A facility, a private room is a room with one bed with an ensuite washroom not shared with anyone else. In an Option B facility, a private room is one with only one bed and an ensuite washroom which is shared with someone in an adjoining room. Finally, if you live in a facility classified as "other", a private room is a room with one bed where you may or may not have an ensuite washroom and may or may not share the washroom with someone else. The only exception to the above are rooms with one bed designated by the facility as "standard" rooms.

LTC Rates Con't P. 11



BANK CARDS: USERS BEWARE!

Rita Chrolavicius
Barrister & Solicitor

Persons using bank cards should be aware that there are many rules involved in using these cards and several pitfalls. This article is intended to alert readers to some of the dangers involved in using these cards.

Many of the dangers connected with the use of bank cards have to do with the secret code or personal identification number (PIN). Card users are usually asked to make up a PIN. The PIN usually consists of several numbers, although it can also include a password or other identification code, whether selected by the individual or provided by the bank.

WRITTEN RECORDS OF THE SECRET CODE

Most banks require that you keep any written record of your secret PIN separate from your card. If you keep your bank card in your purse or wallet, your PIN should not be kept in that purse or wallet.

It is also a good idea to disguise the written PIN record so no one else can easily guess it is your secret PIN.

CHOOSING YOUR PIN OR PASSWORD

Banks prohibit you from using a PIN or password that contains all of any part of the following:

- the birth date, telephone number or address of you or any close relatives;
- a number on your bank card or account number;
- a number on any I.D. card that you keep with your bank card (such as driver's licence, health card, or Social Insurance Number);
- any other number that can easily be obtained or guessed by someone else.

GIVING OUT YOUR BANK CARD

You should under no circumstances give your bank card to someone else to use. If you do so, you will be responsible for any loss. This may include an overdraft that is incurred by using the card. For example, individuals might use the card to claim that they are making a deposit to the bank. Instead, they deposit worthless scraps of paper. The card is then used to withdraw money that the bank does not actually hold in the account. You will be responsible for any losses.

UNAUTHORIZED USE OF BANK CARD

If someone takes your bank card and uses it without your knowledge, you may be responsible for any losses if you have broken any of the bank's rules about choosing a secret PIN or keeping the card and the PIN together. You will be considered as contributing to the unauthorized use of the card if the PIN you chose is the same or similar to an obvious number combination, such as your date of birth or telephone number.

Notify the bank immediately, by telephone and in writing, of the loss, theft, or any unauthorized use of the card. You will be liable for the unauthorized use of your card until the bank receives this notice.

ALTERNATIVES TO USING A BANK CARD

Most banks have telephone banking that is free to individuals aged 60 and over. However, this also involves secret codes and is subject to the same risks as using bank cards.

I sometimes recommend that the safest use of a bank is the old-fashioned way; using cheques to pay bills and to withdraw money, and by attending at the bank in person. **Bank Cards Con't P.11**

LTC Rates Con't From P. 9

Semi-Private Room
If you live in an Option A facility, you are in a semi-private room if the room has one bed and has a shared ensuite washroom. In Option B facilities, a semi-private room is one with two beds with an ensuite washroom. Finally, in "other" facilities, a semi-private room is one with two beds (where you may or may not have an ensuite washroom, and may or may not share it). Again, the only exceptions are rooms designated by the facility as "standard" rooms.

Standard ("Ward", "Basic") Room
A "standard" room is either a room with three or more beds, or a room with less than three beds designated by the facility as a "standard" room. It may also be a room with one or two beds and an ensuite washroom to which the 1999 design manual applies or to which the 2002 retro-fit manual applies.

Because of the complexity surrounding these classifications, readers should ask their local CCAC, contact the Ministry of Health and Long-Term Care, or seek legal advice if trying to determine the classification of a room in a particular facility. ◆

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Bank Cards Con't From P.10

I sometimes recommend that the safest use of a bank is the old-fashioned way; using cheques to pay bills and to withdraw money, and by attending at the bank in person.

Bank cards are convenient if you choose a secret code that is not written down anywhere and complies with all the rules.

It is risky to rely on the use of bank cards if you are having memory problems or have trouble adapting to the new technology. Get your bank's standard banking service agreement and read the small print about choosing passwords and using bank cards. ◆

NEW
Retirement Home Publications

Two new publications on retirement homes are now available free of charge from the Advocacy Centre for the Elderly.

"**Retirement Homes and Long-term Care Facilities: What You Should Know About the Differences**" is intended to assist seniors trying to decide whether retirement home living is appropriate for them.

"**A Check List If You Are Shopping for A Retirement Home**" is intended to help seniors looking for a retirement home that meets their particular needs.

These publications may be obtained by calling the Advocacy Centre for the Elderly at 416-598-2656.◆

New Brochure on Home Care Complaints and Appeals

A new brochure entitled "Home Care Complaints and Appeals" is now available free of charge from Community Legal Education Ontario (CLEO). The brochure was written by the Advocacy Centre for the Elderly and ARCH: A Legal Resource for Persons with Disabilities.

Publicly funded home care services are provided in Ontario through Community Care Access Centres (CCACs). Persons who receive these services are frequently unaware of their rights. They are often unaware of what steps they can take if they are not happy with their services or if they are not getting the services they want. The purpose of the brochure is to provide these home care clients and the public with an understanding of the structure of CCACs, the services they provide, and the complaints and appeals process. If you would like free copies of this brochure, you can place an order with CLEO by visiting their web site at www.cleo.on.ca or by call 416-408-4420. ◆

If you are not already a member of ACE, please consider joining. Benefits of membership include the ACE Newsletter, published twice a year, and voting privileges at the Annual General Meeting.

ADVOCACY CENTRE FOR THE ELDERLY*

2 Carlton Street, Suite 701, Toronto, Ontario M5B 1J3

APPLICATION FOR MEMBERSHIP

NAME: _____
(Individual/Corporate) Please Print

CORPORATE CONTACT (if applicable): _____

ADDRESS: _____ APT. _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (Home) _____ (Business) _____

Membership Fee:
(a) individual _____ $10.00 Enclosed
(b) corporate (agency, group) _____ $25.00 Enclosed

In addition to my membership fee, a donation of $_____ is enclosed.**

_____
Signature

Your membership is important. If the fee presents financial difficulties, please feel free to join anyway.

Committee Membership: I am interested in seniors' issues and would consider membership on an ACE Committee. Yes ____ No ____

Membership Expiry Date: Annual General Meeting, Fall 2003

By-Law No.1, 14.9 states: No owner or management official of a long term care facility, or employee of any organization representing long term care facilities shall be eligible to be elected to the Board of Directors of the Advocacy Centre for the Elderly.

* Holly Street Advocacy Centre for the Elderly Inc.
** A tax receipt will be issued for donations over $10.00.

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