

# High Intensity Needs Fund (HINF) Annual Attestation Form

All operators that request reimbursement through the HINF program must confirm compliance with the *High Intensity Needs Fund Policy Manual for Long-Term Care Homes* (attached as reference) and any other conditions of funding that apply to the policy.

Attestations must be signed by the highest-ranking officer/the operator of the facility.

## Attestation of Compliance

Prepared in accordance with the Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes, the High Intensity Needs Fund program and the applicable Ministry of Long-Term Care High Intensity Needs Fund Policy Manual for Long-Term Care Homes policy (“HINF Transfer Payment Program”).

To: Ministry of Long-Term Care (the “Ministry”)

From: The Sun Parlor Home (the “Operator”)

Date: 03/16/2022

To the best of my knowledge and belief, all the assertions below are true.

This attestation is based on the Operator’s highest ranking officer’s confirmation, in the capacity of having principal responsibility for the financial activities of the Operator, that with regard to the HINF Transfer Payment Program, during the period of April 1, 2022 to March 31, 2022, the Operator has complied with its obligations as set out in the HINF Payment Program. In particular, I confirm that with respect to every expenditure claimed by the Operator for reimbursement through the HINF Transfer Payment Program:

1. The Operator:
  - (i) examined that all other resources and sources of funding that could cover the expenditure, including for example:
    - Level-of-Care (LOC) funding
    - Behavioural Supports Ontario (BSO) Program
    - Ontario Health (OH) Supporting Program
    - Community Care Program
    - COVID-19
    - Other funding sources

- (ii) determined that no funding source other than the HINF Transfer Payment Program is available to cover the expenditure; and
  - (iii) verified that the expenditure was for a need that could not be adequately met without accessing the HINF Transfer Payment Program.
2. The Operator completed and submitted claims for HINF Transfer Payment Program for the period of April 2021 to March 2022 after the requirements referred to in Section 3 of the HINF Claim Form have been completed in accordance with the HINF Transfer Payment Program.
  3. The Operator has and will ensure that it retains relevant documents to support that the claims are true, accurate and compliant with the HINF Transfer Payment Program and that demonstrate compliance with all applicable criteria and requirements. These records must be made available to the Ministry upon request.
  4. The Operator has put in place appropriate processes to ensure that key staff are aware of and understand the HINF Transfer Payment Program guidelines and eligibility requirements to ensure compliance.
  5. Funds that have been provided to the Operator by the Ministry as reimbursement for claims that have not met the eligibility requirements of the HINF Transfer Payment Program or where the Operator has overstated the amount of the claim will be recovered by the Ministry and will require the repayment of funding by the Operator.

*[Insert Signature]*

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Name of the Highest Ranking Officer,  
to sign on behalf of the Operator:  
*Warden, Gary McNamara*  
*519-776-6441*  
(email)

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Date: 03/16/22