

## Schedule E – Form of Compliance Declaration

### DECLARATION OF COMPLIANCE

Issued pursuant to the Long Term Care Service Accountability Agreement

**To:** The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the “LHIN”). Attn: Board Chair.

**From:** The Board of Directors (the “Board”) of the [insert name of License Holder] (the “HSP”)

**For:** [insert name of Home] (the “Home”)

**Date:** [insert date]

**Re:** January 1, 2018 – December 31, 2018 (the “Applicable Period”)

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The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the Home on a day to day basis, e.g. the Chief Executive Office or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the long-term care service accountability agreement (the “Agreement”) in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

- (i) it has complied with the provisions of the *Local Health System Integration Act, 2006* and with any compensation restraint legislation which applies to the HSP; and
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement;

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the LHIN and the HSP effective April 1, 2018.

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[insert name of individual authorized by the Board to make the Declaration on the Board’s behalf],  
[insert title]

## **Schedule E – Form of Compliance Declaration Cont'd.**

### **Appendix 1 - Exceptions**

[Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]