

# ACE NEWSLETTER

Fall 2000, Vol. 3, No. 2 ACE is a Legal Clinic Serving Low Income Seniors

## THE FORGOTTEN RESIDENTS:



## CAN THEY AFFORD LONG-TERM CARE?

Jane E. Meadus, Institutional Advocate  
Barrister & Solicitor

### ***Introduction***

Contrary to popular belief, not every Ontario resident can afford long-term care.

The payment scheme for residents of long-term care facilities (nursing homes and homes for the aged) is based upon a number of assumptions. It assumes that the resident is 65 years old or older, and in receipt of the minimum income guaranteed by the Old Age Security (OAS), the Guaranteed Income Supplement (GIS), and GAINS, and that the resident's spouse is eligible for the same. It also assumes that if the resident has a spouse living in the community, the spouse has the same level of income as the resident. If these assumptions are correct, the payment scheme permits all such residents to pay the cost of being a resident without payment imposing an unreasonable financial burden. The payment scheme also takes into account those who are single with no dependents and in receipt of Ontario Works (OW) or Ontario Disability Support Plan (ODSP) payments.

Unfortunately, in some cases, the assumptions of the payment scheme are incorrect. Where the assumptions are incorrect, paying for long-term care poses a very serious problem for the resident and the resident's family.

### ***FEES***

Fees for accommodation in a long-term care facility (LTCF) are strictly controlled by the regulations under the *Homes for the Aged and Rest Homes Act*, the *Nursing Homes Act*, and the *Charitable Institutions Act*.

The regulations presuppose that the resident is 65 or older, and that the only dependent they

**Forgotten Residents** Con't P. 2

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## Forgotten Residents Con't From P. 1

might have is a spouse, who is also 65 years old or older. Unfortunately, this is not always the case. Many residents are under the age of 65 and, in fact, a resident might be as young as 18 years old. Persons afflicted with chronic illnesses, such as Parkinson's disease, early onset Alzheimer's disease and multiple sclerosis, to name a few, may find themselves living in a LTCF at an age much below 65, due to the scarcity of group homes and other alternative housing arrangements. These residents may have spouses and other dependents living in the community who are also not 65 years old or older.

Accommodation fees in LTCFs are set annually. Residents in ward accommodation may apply for a rate reduction based upon income. Those in receipt of OAS, GIS and GAINS only (as well as those receiving OW or ODSP payments) will have their accommodation rate reduced to ensure that they have at least \$112.00 per month for personal use after paying for accommodation.

If the resident has a spouse in the community and they are both receiving OAS, an application may be made for "involuntary separation" under the *Old Age Security Act* to entitle them to be treated as singles for the purpose of OAS, GIS and GAINS.

An application may also be made to the Ministry of Health and Long-Term Care (the "Ministry") for an "exceptional circumstances" reduction to reduce the accommodation fee by an additional \$152.08 where one spouse remains in the community. This amount must be given to the spouse living in the community, or the reduction will be terminated. Other than this, any reduction is based solely on the income of the resident, with no recognition of the existence of dependents or any debts. This may create a financial crisis when spouses are

not over 65 and in receipt of the maximum pension or when there are children.

## THE POLICY

Income is not part of the eligibility criteria for admission to LTCFs and cannot be used as a reason to deny an application (despite the fact that some facilities continue to income test). There is no asset testing and the intent is that assets, including savings, do not have to be depleted to pay fees in a LTCF.

The *Long-Term Care Facility Program Manual* prepared by the Ministry sets out the policies which LTCFs must follow, including policies regarding rate reductions. The policy outlined in the section entitled "Exceptional Circumstances Reduction" states that the regulation ensures that:

- "... 2. *Spouses (including those spouses who reside in the same room in a LTCF) will not be forced to legally separate in order to improve their financial position.*
3. *Relief is provided to eligible spouses in the community."*

( from *Long-Term Care Facility Policy Manual: Implementation Copy*, Ministry of Health and Long-Term Care, as amended, 0607-01, at page 1)

**Residents 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."

**Charitable Registration No. 0800649-59**

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All submissions to **ACE Newsletter** should be made to:

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 ACE Newsletter  
 Advocacy Centre for the Elderly  
 2 Carlton Street, Suite 701  
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Unfortunately, the regulations regarding rates do not support this policy, leading to undue hardship, stress and poverty in cases where they do not meet the above-noted income assumptions. Admission may, in fact, not take place as families cannot get information prior to admission as to how their situation will be dealt with by the Ministry. Applications for ODSP may not be appropriate until after admission and take many months to review and approve. Many individuals do not enter LTCFs because they feel they cannot afford to, endangering their own health as well as the well-being of their families.

### ***THE PROBLEM***

The situation of a 58 year old wife and a 65 year old husband who requires admission to a LTCF illustrates the problems created under the current payment scheme. The husband has an income of \$1,500.00 per month from CPP, OAS, GIS and company pensions. The wife worked in the home all her life raising her children and caring for her ill husband. They live in rural Ontario, and own a home with mortgage payments of \$600 per month. They also own a car and have other household expenses. The wife has moderate health problems but is not disabled. The husband is admitted to a LTCF. The husband does not qualify for a rate reduction as his income is more than \$1308.89 plus \$112.00 per month. The rate is reduced by \$152.08 because the resident has a spouse in the community. This results in the husband having \$112.00 per month comfort allowance, and the wife having \$233.19 for all her expenses.

An application for involuntary separation is not a solution as this would mean they are treated as single individuals and the husband's GIS would be reduced. (The wife is not eligible for anything in any event, including spousal

allowance, as she is not yet 60.) The wife is not disabled and would not qualify for ODSP. (If she met the disability criteria, she should be eligible for ODSP as the spouse in the facility should be deemed as no longer part of the family unit.)

Involuntary separation status would also not help if the wife was between age 60 and 64 and in receipt of the spouse's allowance. The maximum rate per month is \$752.44 (less than a single over 65) and if treated as single, she would lose her entitlement completely.

In this case, the wife is not eligible for OW as the family income of \$1500.00 per month is too high. There is no such thing as involuntary separation for the purpose of OW. Spouses are often advised that they have to "legally separate" from their husband to be eligible for OW benefits. (If she were eligible, a lien might be put on her home, she may have to sell the car, use all her savings and participate in Workfare.)

If the wife is unable to find work, she is pushed into poverty and possibly bankruptcy. If she has to sell her car, she may have to move, may not be able to visit her husband, shop for groceries, etc. She may have nowhere to live, given high rent costs and the scarcity of low-income housing.

Interestingly, if the wife was admitted into a LTCF, the exceptional circumstances reduction would reduce her fees to \$0.00 as she has no income. Unfortunately, this application is often not completed and the facility may try to require the spouse to be responsible for the payments. There is no requirement for a party other than the resident to pay the fees and no agreement should be signed to the contrary.

What can be done to solve the problem faced by the couple in this example? **Residents Con't P. 5**



## **THE HARDSHIP FUND: Another Source of Funding for Medically Based Items**

By Lana Kerzner, Barrister & Solicitor

The Advocacy Centre for the Elderly receives many calls from low-income seniors who are in desperate need of various items such as hearing aids, wheelchairs and respiratory supplies. Unfortunately, the costs of these items may be prohibitive in relation to the caller's fixed income. While the Assistive Devices Program of the Ontario Ministry of Health and Long-Term Care does provide some financial assistance for equipment and supplies, it does not cover the entire cost of most items.

One option for seniors who find themselves in this predicament is to seek funding through the City of Toronto "Hardship Fund". Seniors living outside Toronto should make inquiries with their local municipality to see if similar funding is available.

### ***What is the Hardship Fund?***

Toronto City Council has established a fund to assist persons on a hardship basis. The fund is entirely a municipal expenditure and is only available to individuals who live in Toronto. It is intended to meet the medically based needs of individuals where the cost of the items would cause undue financial hardship. The fund provides short term emergency funding in most cases, but does have the flexibility to provide funds over a longer period of time when needed.

Examples of the types of items that may be covered by the Hardship Fund are wheelchairs, scooters, respiratory devices, prosthetic devices, ostomy supplies, canes, walkers and hearing aids. A number of items are not covered.

These include air conditioners, crutches, exercise equipment, dental treatment and dentures. Nevertheless, some dental services, including dentures, are provided to seniors through the City of Toronto Department of Public Health Seniors' Dental Clinics.

### **Who is eligible to receive assistance from the Hardship Fund?**

An individual must be financially eligible and live in Toronto to receive funding. A budgetary means test determines financial eligibility and is based on a number of factors. Family income, assets and shelter costs are considered. In addition, the cost of the item for which funding is requested is also relevant. The means test seeks to determine whether the individual will have enough financial resources to purchase the item in question. The budgetary means test is done on an item by item basis. If an individual requires more than one item, the ability to purchase each item will be assessed separately.

Depending on the means test calculation, funding may be granted to cover the entire cost of an item or part of the cost, or it may not be granted at all. The decision to grant or refuse funding appears to be very flexible. Discretion and judgment are factors in determining eligibility. There is a list of the types of items for which funding may be granted, and there are limits on the amount that can be granted for each type.

**Fund** Con't P. 9

*Advocacy Centre for the Elderly*  
*Annual General Meeting*  
Thursday, October 26, 2000, 7:00 p.m.  
*Introducing ACE's Video on*  
**Powers of Attorney**

# ***THE MOVEMENT FOR AN ONTARIANS WITH DISABILITIES ACT***

By Graham Webb, Barrister & Solicitor



There has been a concerted effort within the past five years to persuade the government of Ontario to enact an *Ontarians with Disabilities Act*. This effort enjoys a broad base of support, led by the *ODA Committee*. Many of the problems facing younger persons with disabilities also face older persons with disabilities. For this reason it is important for seniors to support passage of this Act.

## ***Who is the ODA Committee?***

The *ODA Committee*, an informal group of consumers, leads the movement for accessibility legislation.

The *ODA Committee* is an extremely unusual group, because it does much work but has no formal organization. It is not incorporated, and has neither separate legal personality nor any legal standing. It has no by-laws, rules, or membership dues. It does not fund-raise, and collects no money. It does not issue tax receipts, and has no tax or charitable status. In fact, if anyone should offer money to the *ODA Committee*, as this writer has done, it would be promptly turned away. Everyone who participates in the *ODA Committee* does so purely as a volunteer. Everyone who does any work in the movement for an *Ontarians with Disabilities Act* does so without any payment, remuneration, or expectation of reward, other than the greater public good of achieving accessibility legislation for all Ontarians.

The *ODA Committee*, includes people from all walks of life, with diverse abilities, opinions,

and interests. They are drawn together by a single goal - to make Ontario more accessible for everyone. They are the mainstream of Ontario.

## ***What is an Ontarians with Disabilities Act?***

An *Ontarians with Disabilities Act* would create a barrier-free environment for all Ontarians. According to a resolution unanimously passed by the Ontario legislature on October 29, 1998, an *Ontarians with Disabilities Act* would ensure persons with disabilities the right to fully participate in all aspects of life in Ontario based on individual merit. It would supersede all other laws that conflict with it or provide lesser protection (including the *Ontario Human Rights Code*).

**Disabilities Act Con't 7**

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**Resident Con't From P. 3**

## ***THE SOLUTION***

The answer is to amend the payment scheme regulation so that it is the same as that for chronic care facilities. On January 1, 1997, the regulations to the *Health Insurance Act* were amended regarding fees in chronic care facilities and for those awaiting placement in chronic care or LTCFs ("ALC" patients).

The changes harmonized the rate for ward accommodation in chronic care and LTCFs. Effective July 1, 2000 the rate for ward accommodation is the same as that in LTCFs, \$1,308.89 per month, with a reduction to \$890.89 for those receiving only OAS, GIS and GAINS and a potential further reduction of \$154.08 for a spouse residing in the community. However, the chronic care regulations differ in that they recognize that residents and their spouses might be under age 65, and that there may be dependent children. An exemption based upon the income of the individual and his or her dependents is available, as follows:

**Residents Con't P. 6**

**NEW EXEMPTION LEVELS BASED ON  
MONTHLY FAMILY INCOMES**

<b>Family Size</b>	<b>Full Exemption</b>	<b>Partial Exemption</b>	<b>No Exemption</b>
One Dependent	\$3016 or less	\$3,017 - \$6,942	\$6,943 or more
Two Dependents	\$3,448 or less	\$3,449 - \$7,374	\$7,375 or more
Three Dependents	\$3,841 or less	\$3,842 - \$7,767	\$7,768 or more
Four or More	\$4,192 or less	\$4,193 - \$8,118	\$8,119 or more

(as of July 1, 2000 from Appendix 1 to Memorandum to Chief Executive Officers & All Public and Private Chronic Care Units/Hospitals, from John King, Assistant Deputy Minister, Ministry of Health and Long-Term Care, Re: Hospital Chronic Care Co-payment Information, dated May 16, 2000)

In our example, the husband in a chronic care facility would pay \$0.00, while his fee in a LTCF would be \$1,154.81

It is also interesting to note that in the Hospital Chronic Care Co-Payment Questions and Answers, a further deduction is contemplated as follows:

**19Q. What can be done if the patient, because of legitimate financial difficulties, is unable to afford the assessed co-payment?**

**19A. Hospitals should deal with cases where extenuating circumstances of financial problems make it difficult to pay the co-payment, and they can use discretion in how the patient's assessed co-payment is resolved. The Chief Executive Officer or his/her designate should make this decision.**

(from *Hospital Chronic Care Co-Payment Questions and Answers*, Ministry of Health & Long-Term Care, Health Care Programs – Hospitals, July 1, 2000 at page 19).

While the Ministry of Health and Long-Term Care has similar authority regarding LTCF rates, this is not readily apparent in the regulations or other materials and most people are unaware they can make such a request. Even when such requests are granted, however, they are rarely as generous as the system available in chronic care.

### **CONCLUSION**

We owe it to this forgotten segment of the population to advocate for changes to the regulations to ensure that there are no barriers to admission to LTCFs based upon income. These residents and their families should not be left to face undue hardship and stress at an already difficult time. While we understand that the government intends to replace the many pieces of long-term care facility legislation with one comprehensive act in the future, we do not know when that will take place or what changes will be made. Given the seriousness of the problem, it is important that we bring this issue to the attention of the government and request immediate changes. However, until those amendments are made, when these situations arise, every effort should be made to advocate with the Regional Director to ensure that accommodation rates are reduced for residents of long-term care facilities in the same manner as would be available if they were residents of chronic care facilities. ♦

## Disabilities Act Con't From P. 5

An *Ontarians with Disabilities Act* would (1) require all government entities, public premises, companies and organizations to be made fully accessible through the removal of existing barriers and preventing the creation of new ones, within strict time frames; (2) require that goods, services and facilities are fully usable by persons with disabilities, and are designed to reasonably accommodate the needs of persons with disabilities; (3) require public and private employers to take proactive steps to achieve barrier-free workplaces within prescribed time limits; (4) have a prompt and effective enforcement process; (5) allow regulations on an industry-by-industry and sector-by-sector basis, with input from both consumers and providers; (6) have a strong education and information program; (7) promote new adaptive technologies and services for persons with disabilities; and (8) require full accessibility as a condition of any government purchase or funding.

An *Ontarians with Disabilities Act* would apply to all provincial and municipal governments, and to all public and private organizations (including private businesses) that are subject to the laws of the province of Ontario. It would apply without restriction to all types of activities, products, facilities, services, and other opportunities and to all types of barriers that prevent persons with disabilities from fully participating equally with non-disabled persons. It would benefit persons of all ages with disabilities of all types including, for example, communication and speech impairments, learning disabilities, mobility disabilities, AIDS, kidney disease and other invisible disabilities, multiple sclerosis, deafness and hearing loss, blindness and visual impairment, neurological disorders, traumatic brain injury, psychiatric and mental illness, and diabetes. An *Ontarians with Disabilities Act* would erase all arbitrary boundaries and artificial distinctions in the arena of public access to public resources.

## Seniors need an *Ontarians with Disabilities Act*

There are two types of people: (1) those who are disabled, and (2) those who are not disabled, yet. Both would benefit equally from an *Ontarians with Disabilities Act*.

Younger people that have encountered disabilities early in life have a remarkable ability to learn adaptive mechanisms at an early age. Those of us that have been healthy until late in life do not necessarily have the same adaptive ability. An effective *Ontarians with Disabilities Act* is especially important for the growing population of seniors that encounter some form of disability later in life, when self-adaptive mechanisms are not enough to let us continue to participate in Ontario life to the extent that our other abilities and merits would allow.

Isolation is the enemy of healthy aging. Older adults want to be able to continue to participate with their families and communities as late in life as possible. Without a strong societal commitment to public accessibility measures, a relatively minor disability encountered late in life may have the devastating effect of isolating an otherwise fully functional older adult, masking that person's many other abilities, and preventing that person from continuing to fully participate in the life of their family and community.

Seniors, disabled or not, should have a special commitment to the enactment of an *Ontarians with Disabilities Act*, since it is one of the best ways to ensure life long participation in all aspects of life to the full extent of one's individual abilities. It would help overcome ageist attitudes, policies, and practices that work against all older adults. **Disabilities Act Con't P. 8**



### **What is happening with an *Ontarians with Disabilities Act*?**

Ontario does not have an *Ontarians with Disabilities Act*, yet, although public pressure for one is rapidly mounting.

In 1995, then opposition leader Mike Harris promised in writing to enact an *Ontarians with Disabilities Act*, if elected, within the first term of office. Draft legislation was brought forward, but withdrawn for further consultation. Now, well into a second term, an *Ontarians with Disabilities Act* has still not yet been passed. Premier Harris and The Ontario Minister of Citizenship and Culture Helen Johns state that the government of Ontario entirely met that public commitment in the last parliament by the introduction of legislation that was withdrawn without being passed.

Liberal M.P.P. Steve Peters has lead open public consultations throughout Ontario on the proposed *Ontarians with Disabilities Act*.

The Honourable Helen Johns is presently conducting closed-door, private consultations on accessibility legislation for the government of Ontario. In a September 8, 2000, meeting with the *ODA Committee* she said that she remains committed to the principles of the October 29, 1998 resolution of the Ontario legislature, and that she plans to release an action plan during this session of the legislature. However, the Minister also expressed concerns about the cost of accessibility measures and other matters, and has not publicly said what an action plan is likely to contain.

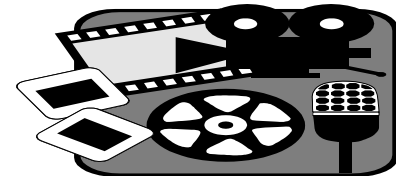
### ***What needs to be done?***

The *ODA Committee* has been active and resourceful in advocating for an effective *Ontarians with Disabilities Act*.

The Committee recommends that all Ontarians take an active interest in this timely and important issue. They suggest practical steps such as telephoning the office of the Premier of Ontario, in a "Call Mike" campaign, to ask why the passage of an *Ontarians with Disabilities Act* is taking so long. Widely based, well-informed, and active public support for an *Ontarians with Disabilities Act* will help bring about effective accessibility legislation sooner rather than later.

Information about the *ODA Committee* and its activities may be found at the *ODA Committee* website at [www.indie.ca/oda](http://www.indie.ca/oda). The *ODA Committee* may be reach at (416) 480-7686, by fax at (416) 480-7014, by e-mail to Marg Thomas at [thomasm@east.cnib.ca](mailto:thomasm@east.cnib.ca), and TTY care of Susan Main at (416) 964-0023 X343. There is also a list of regional contacts available at the *ODA Committee* website. ♦

### ***Powers of Attorney Video***



*The Advocacy Centre for the Elderly will be presenting for the very first time a new video on **Powers of Attorney** at the Annual General Meeting, Thursday, October 26, 2000, 7 p.m. at the ACE office. The video will be available to purchase on that evening at a special introductory price.*

*Arrangements for advertising and distribution are still in the planning stages – but watch for the announcement! The video portrays three common scenarios where problems can arise and provides commentary on the law.*

Funds Con't From P. 4

### ***How to apply for Hardship Funds***

Toronto residents can apply for hardship funding at their local social services office. The phone number of the local office can be found in the Government Blue Pages of the phone book under "social services-social assistance offices". An individual's local office is determined by their postal code. Anyone seeking funding should call their local office and advise that they would like to apply for money under the Hardship Fund. They will then go through the intake process at that office. The local office will make an appointment with the caller. The caller must provide the following information and documents to process the application:

1. verification of all income received, such as pay stubs and evidence of government benefit payments;
2. verification of all assets (it is important to bring an updated bank book);
3. verification of all shelter costs;
4. verification, from the supplier, of the cost of the item for which funding is being sought (if the item requires a prescription, the prescription will be needed as well).

Applications are made for each item separately. Often the need for funding for a given item is not ongoing and only requires one payment. If, however, the need for items is ongoing, such as for incontinence supplies, an individual normally has to re-apply each month for the necessary funding to cover that month.

### ***What to do if funding from the Hardship Fund is denied***

If an application for hardship funds is rejected, there are at least two avenues of review. The applicant can request an Internal Review. The review request must be in writing and should include a statement asking for a review and, where possible, the reasons for disagreement

with the decision. The applicant should keep a copy of the review request. A request for an Internal Review must be made within ten (10) calendar days from the day an individual is notified of the rejection.

If the Internal Review is unsuccessful, a request can be made for a review by the Decision Review Committee. This is supposed to be an independent and impartial review of the decision of the local office. A request must be submitted within thirty (30) days of the Internal Review decision. A written request form should be completed and forwarded to the Decision Review Committee. Only the individual file and documents are reviewed by the Decision Review Committee. Decisions reached by the Decision Review Committee are final and cannot be appealed.

The information regarding deadlines was obtained in a City of Toronto Policy Statement dated March, 2000 entitled "Internal Review and Appeals Process" (obtained from the City of Toronto website cited below). However, the writer was told when making enquiries at the Social Services Client Service and Information Unit that there are no firm deadlines for asking for an Internal Review or review by the Decision Review Committee. In light of this conflicting information, it is best to stay within the deadlines. However, if either of the deadlines is missed, it is still worth seeking the Internal Review or review by the Decision Review Committee. Neither the Internal Review nor Decision Review process involve oral hearings and so the individual does not appear in person.

### ***For More Information***

For more information about the Hardship Fund, contact: Toronto Social Services  
Client Service and Information Unit  
12<sup>th</sup> floor, Metro Hall, Station 1123  
55 John Street, Toronto M5V 3C6  
Telephone: (416) 392-2956

Web site: [www.city.toronto.on.ca/social](http://www.city.toronto.on.ca/social) services ♦

## INCREASED GAINS ELIGIBILITY FOR IMMIGRANTS



The Ontario Budget 2000 included increased GAINS eligibility for some immigrants.

Previously, because of an anomaly in the legislation, certain low-income seniors were not eligible to receive the Ontario Guaranteed Annual Income Supplement (GAINS) benefits no matter how long they lived in Ontario. This applied to seniors who became eligible to receive Old Age Security benefits before they had lived in Canada for ten years, because they previously lived in a country with which Canada had an International Social Security Agreement.

In the Ontario Budget 2000, the Minister of Finance, The Honourable Ernie Eves, announced that, commencing July 1, 2000, all seniors residing in Ontario who are otherwise eligible for GAINS benefits, are now eligible for GAINS benefits if they have lived in Canada for ten years or more. The GAINS benefit entitles low-income Ontario seniors to a maximum monthly benefit of \$83.00. ♦

### Canada's Social Security Agreements

Antigua and Barbuda  
 Argentina  
 Australia  
 Austria  
 Barbados  
 Belgium  
 Chile  
 Croatia  
 Cyprus  
 Czech Republic  
 Denmark  
 Dominica  
 Finland  
 France  
 Germany  
 Greece  
 Grenada  
 Guernsey

Iceland  
 Ireland  
 Israel  
 Italy  
 Jamaica  
 Jersey  
 Korea  
 Luxembourg  
 Malta  
 Mexico  
 Morocco  
 Netherlands  
 New Zealand



Norway  
 Philippines  
 Poland  
 Portugal  
 St. Kitts and Nevis  
 Saint Lucia  
 St. Vincent and the  
 Grenadines  
 Slovakia  
 Slovenia  
 Spain  
 Sweden  
 Switzerland  
 Trinidad and Tobago  
 Turkey  
 United Kingdom  
 United States  
 Uruguay

## Abuse Education, Prevention And Response Project

The Advocacy Centre for the Elderly and the Haldimand-Norfolk Project on the Abuse of Older Adults were successful in obtaining funding from the New Trillium Foundation. This funding will allow us to conduct an Abuse Education, Prevention and Response Project across the Province of Ontario (January 2000 to December 31, 2002).

The overall outcome of this project is anticipated to be healthier communities whose members are trained to:

- assist older adults suspected of being abused and/or neglected, and
- co-ordinate their response(s) to such abuse when it occurs.

This outcome will be achieved via the facilitation of one day Community Training Workshops and/or four day Connecting Module Workshops in various communities across the Province.

A great deal of interest, in terms of requests for information about the project and/or requests for the facilitation of workshops, has been shown in the project to date.

The Community Training Manual that accompanies the Community Training Workshop has been written and two Community Training Workshops have been conducted. The first was held in Whitby and attended by community representatives from across Durham Region. The second was held in Oakville and attended by community representatives from across Halton Region.

In the fall of 2000 Community Training Workshops will be held in London and Brantford and the first Module of the four

Connecting Module Workshops will be facilitated in Hastings/Prince Edward County.

In 2001 Community Training Workshops will be facilitated in Peterborough and Thunder Bay, and the remaining three Modules of the Connecting Module Workshops will be facilitated in Hastings/Prince Edward County.

If you would like more information on the Abuse Education, Prevention and Response Project and/or the Community Training and Connecting Module Workshops, please contact: Ms Joanne Preston, Project Co-Ordinator, at (519) 583-2281 or e-mail [jpreston@nornet.on.ca](mailto:jpreston@nornet.on.ca).

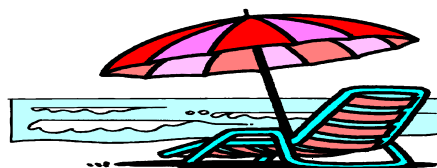
## First ACE Retiree

In June 2000 Margaret Parris became the first ACE employee to retire!

Margaret joined the ACE staff in December of 1986, just 2 ½ years after ACE opened. Since that time Margaret's was often the friendly voice on the telephone; she also provided secretarial support to the five ACE lawyers and assisted with the intake process. Her contribution to the work of ACE was significant and she will be missed.

During Margaret's career the office setting changed greatly. From the manual typewriter and copies made using carbon paper to the computer, the photocopier and the fax. It is hard to believe that during Margaret's years at ACE this technology became standard office equipment!

As with many people who retire, Margaret has many plans and will probably be busier than ever travelling and visiting her grandchildren. All at ACE wish Margaret and her family the very best.



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 2001**

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.