

**Leamington Mennonite Home
Complex**

POLICY AND PROCEDURE

CATEGORY: Complex	SUBJECT: Resident Fees – Electronic Equipment	SECTION: R POLICY: 1
DATE: September 2014	Administrator's Signature: _____	

RESIDENT FEES – ELECTRONIC EQUIPMENT

OBJECTIVE:

To provide technical support to residents in the Long Term Care Home, Retirement Residence and Complex for personal electronic equipment (such as desktop computers, laptops, tablets, cell phones, televisions, etc.).

POLICY:

When a resident requires support to install, update and/or repair personal electronic equipment, a front office staff member will assess the request to determine the scope of work required.

If the staff member is unable to complete the task, they will make arrangements on behalf of the resident with a third party. The third party will bill the resident directly for any service provided.

If the staff member can complete the task, the following fee structure will apply:

- 1 hr or less - \$20.00
- Every additional 15 minutes thereafter - \$5.00

This fee may be paid by cash, cheque made payable to the Leamington Mennonite Home, or added to the residents' monthly financial statement.

The attached form is to be completed by the Leamington Mennonite Home staff member, signed by the staff member and the resident, and submitted to the Director of Administrative Services for processing.

Note: This policy is included in Policies & Procedures: Homewide Administration R 5 (LTC), Homewide Administration (RR), Homewide Complex R 1(LTC). Also Tech Support Form.

Resident Fees – Electronic Equipment

Technical Support

RESIDENT INFORMATION

Resident Name: _____ Resident Phone #: _____

Resident Address: LTC RR Townhouses Gardens Pickwick Homeview # _____

STAFF/BILLING INFORMATION

Employee Name: _____ Date: _____

Start Time: _____ End Time: _____ Total Time: _____ Fees Owning: \$ _____

**** FEE STRUCTURE:** \$20.00 for 0-60 minutes; \$5.00 for each additional 15 minutes thereafter

PAYMENT INFORMATION

Cash Chq # _____ Add to monthly financial statement

Tasks Completed: _____

3rd Party Referral Required: No Yes – Company Name: _____

Follow Up/Comments: _____

Resident Signature

Employee Signature

Date

Date