

The Leamington United Mennonite Home and Apartments

**POLICY AND PROCEDURE**

**CATEGORY:**  
Administration

**SUBJECT:**  
Resident Fees – Electronic Equipment

**SECTION:**  
R  
**POLICY:**  
5

**DATE:**  
September, 2014

**Signature:** \_\_\_\_\_  
ADMINISTRATOR

**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 is able to 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> Party Referral Required:  No     Yes – Company Name: \_\_\_\_\_

Follow Up/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date