



LETTER OF UNDERSTANDING COMPLEX CONTINUING CARE PROGRAM

_____’s (insert client name) current care needs no longer require an acute hospital setting. The health care team has reviewed your discharge options with you. The team has recommended that your needs may be met within the services offered in the Complex Continuing Care (CCC) program.

The CCC program is a Waterloo Wellington LHIN-wide program. This program is available at:

- Grand River Hospital - Freeport Health Centre in Kitchener
- Groves Memorial Hospital in Fergus
- St. Joseph’s Health Centre in Guelph

The following service within the CCC program has been recommended for you:

- Restorative Care (SJHC, Groves and GRH)
- General Complex Medical (SJHC, Groves and GRH)
- Chronic Ventilator/Respiratory (GRH)
- Neurobehavioural Assessment (GRH)
- Geriatric Assessment (GRH and SJHC)

The Hospital will be sharing your medical and personal information with the Waterloo Wellington Community Care Access Centre (WWCCAC). The WWCCAC will review the information and will add your name to the waiting list for your bed if you are eligible. The waitlist including your name and gender will be accessible to WWCCAC’s other hospital partners for referral management.

You will be notified by hospital staff when a bed becomes available for you. The bed may be located at any one of the three locations listed above. The Hospital and the WWCCAC will share your medical and personal information with the programs. The hospital will assist you to arrange the transfer to the site where your bed is located.

I have reviewed and understand the above information. I agree to proceed with the CCC program referral process. I understand that my personal and health information will be shared with the WWCCAC and the CCC sites within the region.



Client Name: _____

Client/Substitute Decision Maker's (SDM) Signature: _____

Print SDM Name: _____ Date: _____

Verbal/telephone agreement Documentation (if signature not possible)

Consent Obtained From: _____

Signature of Staff Member: _____

Printed Name of Staff Member obtaining consent: _____

Date: _____