

# Request Form

under the *Freedom of Information and Protection of Privacy Act*/  
*Municipal Freedom of Information and Protection of Privacy Act*

Please Note: A \$5.00 application fee is required for all requests.

<b>Request for:</b> <input checked="" type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	<b>Name of Institution request made to:</b> Ministry of Long-Term Care
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If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records:  same as below, or: N/A

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name: <u>Morano</u>
First Name: <u>Christine</u>	Middle Name: _____
Address: (Street/Apt. No./P.O. Box/R.R. No.) <u>Advocai LLP, 3250 Bloor Street West, Suite 600, East Tower</u>	City/Town: <u>Toronto</u>
Province: <u>Ontario</u>	Postal Code: <u>M8X 2X9</u>
Telephone Number (Day): (416 ) <u>844 7774</u>	Telephone Number (Evening): ( ) _____

Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)

1. The total number of positive, pending and negative COVID 19 tests of residents, staff and volunteers at each long term care home in Ontario to date.
2. The percentage of residents, staff and volunteers who have been screened for COVID 19 at long-term care homes in Ontario.
3. All memoranda, reports, notes related to the availability of personal protective equipment in long-term care homes from Feb 1, 2020 to date.
4. All reports related to numbers of staff in long-term care homes from December 2019 to present, including all 2019 annual staffing reports.

**Note:** If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

<b>Preferred method of access to records:</b> <input type="checkbox"/> Examine Original <input checked="" type="checkbox"/> Receive Copy	Signature: _____	Date: April 9, 2020
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For Institution Use Only		
Date Received:	Request Number:	Comments

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.