

## Withdrawal of Home Care Services Letter Template (English)

***(Cue – Ensure letter is printed on standard Southern Health–Santé Sud office specific letterhead following the template guidelines in the [Graphics Standards Manual](#))***

***(Cue – Insert Date)***

***(Cue - Insert Name & Address)*** e.g. John Smith  
123 Fourth Street  
Anywhere, Manitoba  
R1R 1R1

***Dear Mr. or Mrs. (Cue - insert last name here)***

### **Re: Withdrawal of Home Care Services**

Southern Health-Santé Sud Home Care is a community-based program that provides home support to individuals who require health services or assistance with activities of daily living to help them safely remain in their home for as long as possible. Our commitment to clients is to develop a safe care plan within program policy to support care needs. This plan may include many resources such as caregivers, family or friends, alternate service providers or clients themselves, if deemed safe and reasonable.

As a community-based service program there are certain conditions Home Care must follow in order to ensure that clients and employees are safe and services are provided as efficiently and effectively as possible.

As per the registered letter dated ***(Cue – Insert date of suspension letter)***, the following issue(s) were identified as affecting Home Care's ability to provide a safe care plan. These issue(s) included: ***(Cue - Select issue(s) from drop down menu and elaborate/provide details as necessary)***

Over the past several months, Home Care staff has been working with you and/or your family in attempts to resolve the identified issue(s). Unfortunately, resolution of the identified issue(s) has not been achieved and given that there is no apparent plan of action for resolution in the foreseeable future, please be advised that Home Care services are hereby immediately withdrawn and your Home Care file is closed.

We understand that you and/or your family plan to have your care needs met outside the Home Care Program by: ***(Cue – Select option(s) from drop down menu re: how client/family has indicated they plan to have their care needs met during the service suspension. Elaborate with specific details as necessary)***

Choose an item.

By receipt of this Home Care services withdrawal letter, your primary care provider (e.g. physician, nurse practitioner) has been notified of these actions including your plan on how you will now have your care needs met outside the Home Care Program.

Should you wish to appeal this decision, you may so by contacting the Manitoba Health Appeal Board at:

Room 102 (Main Floor) 500 Portage Avenue

Winnipeg, Manitoba R3C 3X1

Business Hours: 8:30 a.m. – 4:30 p.m.

Telephone: 204-945-5408

Toll Free: 1 (866) 744-3257

Fax: 204-948-22024

Email: [appeals@gov.mb.ca](mailto:appeals@gov.mb.ca)

Thank you in advance for your time and consideration. Should you wish to discuss this matter further, please do not hesitate to contact me.

Sincerely,

***(Cue-Insert Name and Contact Information for the Case Coordinator)***

cc: Client File  
Primary Caregiver (as appropriate)  
Public Trustee/Health Proxy (as appropriate)  
Director – Home Care, Palliative Care & Seniors  
Primary Care Provider