This schedule must be used when a lessor offers services in addition to those indicated in the lease, including services of a personal nature pursuant to articles 1892.1 and 1895.1 of the Civil Code of Québec (C.C.Q.). In addition, Revenu Québec may require the schedule in order to grant a lessee a tax credit for home-support services.

The provisions pertaining to the rights and obligations of lessors and lessees in articles 1851 to 2000 of the C.C.Q., as well as certain provisions pertaining to persons living in a private seniors’ residence, pursuant to the Act respecting health services and social services (AHSSS) and the Regulation respecting the conditions for obtaining a certificate of compliance and the operating standards for a private seniors’ residence, apply not only to a leased dwelling or room, but also to services (e.g. meals, nursing care, laundry service), accessories and dependencies.

The lessor may not, by means of a clause in the lease, limit the lessee’s right to purchase property or to obtain services from such persons as he or she chooses and on such terms and conditions as he or she sees fit.

They concern, in particular, residents’ rights, the exchange of information between the operator and the lessees on their health and safety, diet, medication and third party liability insurance. In some cases and on the conditions provided for in the AHSSS, the lease may be resiliated or the lessee relocated (arts. 346.0.18 and 346.0.20.2 to 346.0.20.4 of the AHSSS).

1. Services for independent elderly persons
The lessor of a private seniors’ residence offering services for independent elderly persons provides services in at least two of the following categories: meal services, domestic help services, security services, recreation services, personal assistance services and nursing care (see Parts 1 and 2 below). In addition, the operator of such a residence must give to a prospective resident or the prospective resident’s representative, if applicable, a document stating in particular that no nursing services and no personal assistance services are provided.

2. Services for semi-independent elderly persons
The lessor of a private seniors’ residence offering services for semi-independent elderly persons provides services in at least two of the following categories: meal services, domestic help services, security services, recreation services, personal assistance services and nursing care (see Parts 1 and 2 below). In addition, at least one of the services provided to the lessee must be in the category of personal assistance services or the category of nursing care. Nursing care is a professional activity exercised by a nurse or a nursing assistant, in accordance with the law or an enabling regulation, or by any other person authorized to exercise that activity under a statute or a regulation. The same residence may offer services for both independent and semi-independent elderly persons.

3. Compliance with the lease
Before entering into a lease, the lessor must identify with the prospective resident or the prospective resident’s representative, if applicable, all of the services that the prospective resident wishes to obtain. During the term of the lease, the lessor must offer and maintain the services listed in the lease, this schedule or a separate contract, without increasing the cost or diminishing the quality of the services. The cost of the services may be included in the rent or may be payable in accordance with another method provided for in the lease, this schedule or a separate contract.

4. Charter of human rights and freedoms
The rights and obligations arising from the lease shall be exercised in accordance with the Charter, which prescribes, among other things, that every elderly person and every handicapped person has a right to protection against any form of exploitation.

In the case of differences between this document and the laws that apply to dwellings, the laws take priority.
PART 1  DETAILED DESCRIPTION OF DWELLING, ACCESSORIES, DEPENDENCIES AND SERVICES OTHER THAN THOSE OF A PERSONAL NATURE

The lessor must provide the dwelling and maintain all the services, accessories and dependencies for which the lessee undertakes to pay rent.

Check off if included in the lease.

### TYPE OF RESIDENCE

PRIVATE SENIORS’ RESIDENCE OFFERING

SERVICES FOR:
- independent persons
- semi-independent persons

OTHER LODGING FACILITY
- specify:

### DESCRIPTION OF PREMISES AND SERVICES

- dwelling with ______ rooms
- room
  - private
  - shared
- BATHROOM
  - private
  - shared
- GRAB BARS/HANDRAILS
  - bathroom
  - corridors (common areas)
- HEATING
  - central system
  - individual control
- AIR CONDITIONING
  - central system
  - individual control
  - authorized personal air-conditioning system
    - type:
- TELECOMMUNICATION SERVICES
  - telephone
  - cable television
  - wireless Internet
  - wired Internet
  - other:
- CALL-FOR-HELP SYSTEM
  - fixed
    - bed
    - bathroom
    - washroom
    - other:
  - mobile

### MANUAL OR POWERED WHEELCHAIR
- accessible dwelling

### FURNITURE AND APPLIANCES (THE LESSEE HAS THE RIGHT TO BRING)
- household appliances
  - specify:
- television
- furniture
  - specify:

### BALCONY
- private
- shared

### LOCKED STORAGE SPACE
- location:

### LAUNDRY ROOM
- shared laundry room
  - service payable on a per-use basis
  - service payable on a per-use basis

### ELEVATOR

### RECREATION SERVICES

ACCESS TO RECREATIONAL ACTIVITIES
- specify:

SOCIAL DIRECTOR

INDOOR COMMON AREAS
- library
- shared kitchen
- private area for receiving visitors
- pool
- fitness room
- billiard room
- home theatre room
- multifunctional recreation room
- bowling alley
- reception room
  - may be rented for $_________
  - Internet room
  - other:

OUTDOOR COMMON AREAS
- recreation area
- rest area
- garden
- pool
- other:

OTHER SERVICES OFFERED

RELIGIOUS ACTIVITIES
- specify:

DINING ROOM OPEN TO VISITORS
- specify:

MEDICAL SERVICES
- specify:

NURSING CARE (SERVICES OFFERED BY THE LESSOR)
- nurse
  - specify:
  - schedule:
- nursing assistant
  - specify:
  - schedule:

CARE ATTENDANT (SERVICES OFFERED BY THE LESSOR)
- specify:
  - schedule:

SECURITY
- staff member
  - nurse
  - nursing assistant
  - care attendant
  - guard
  - receptionist
  - other:

TRANSPORTATION
- shuttle service
  - service payable on a per-use basis
  - service payable on a per-use basis

OTHER

Initials of lessor  Initials of lessee
THE LESSOR MUST SPECIFY THE COST OF EACH OF THE SERVICES OF A PERSONAL NATURE TO BE PROVIDED TO THE LESSEE.

These services fall into the following categories: meal services, domestic help services, security services, recreation services, personal assistance services and nursing care.

Services of a personal nature in addition to those included in this schedule may be used on a temporary or permanent basis depending on the lessee’s needs and whether the lessee requests them, at the cost provided for in the list of all the services offered that is given to the lessee or his or her representative, if applicable, by the operator of a private seniors’ residence before entering into the lease. The lessor undertakes to provide these services at the cost indicated in the list and throughout the term of the lease.

Check off the appropriate box for each of the services selected. Specify the cost of each service.

### FOOD SERVICES

**MEALS**
- number of meals per day: __________________________
  - breakfast □ $ __________
  - lunch □ $ __________
  - supper □ $ __________

**MEALS SCHEDULE:**
- specify: __________________________

**MEAL HOURS**
- breakfast from __________ to __________
- lunch from __________ to __________
- supper from __________ to __________

**SNACKS**
- number of snacks per day: __________________________
  - schedule: __________________________

**SNACKS SCHEDULE:**

**MEALS AND SNACKS ARE SERVED:**
- in the dining-room □
- in the cafeteria □
- in the dwelling or room □

**TOTAL MONTHLY COST:** $ _______

### PERSONAL ASSISTANCE SERVICES

**EATING ASSISTANCE**
- specify: __________________________

**ASSISTANCE WITH DAILY PERSONAL HYGIENE**
- daily hygiene □ $ __________
  - specify: __________________________
  - bathing □ $ __________
  - dressing □ $ __________
  - other: □ $ __________

**MEDICATION**
- distribution of medication □ $ __________
- administration of medication □ $ __________

**INVASIVE CARE SERVICES INVOLVED IN ASSISTANCE WITH ACTIVITIES OF DAILY LIVING**
- specify: __________________________

**TOTAL MONTHLY COST:** $ _______

### NURSING CARE

**NURSE**
- specify: __________________________
  - number of hours: __________________________

**NURSING ASSISTANT**
- specify: __________________________
  - number of hours: __________________________

**CARE ATTENDANT**
- specify: __________________________
  - number of hours: __________________________

**TOTAL MONTHLY COST:** $ _______

### DOMESTIC HELP SERVICES

**LAUNDRY**
- household linen □ $ __________
  - times a week or □ $ __________
  - times a month □ $ __________

**CLOTHING**
- □ $ __________
  - times a week or □ $ __________
  - times a month □ $ __________

**HOUSEKEEPING**
- cleaning of dwelling or room □ $ __________
  - times a week or □ $ __________
  - times a month □ $ __________

**TOTAL MONTHLY COST:** $ _______

### SECURITY DEVICE

- (for persons at risk of wandering) □ $ __________

**OTHER SERVICES OFFERED**

**HELP WITH GETTING AROUND**
- specify: __________________________

**ESCORT SERVICE**
- medical appointments □ $ __________
- errands □ $ __________

**SECURITY DEVICE**
- for persons at risk of wandering □ $ __________

**ASSISTANCE FOR COMPLETING FORMS RELATED TO THE TAX CREDIT FOR HOME-SUPPORT SERVICES FOR SENIORS**
- specify: __________________________

**OTHER:** □ $ __________

**TOTAL MONTHLY COST:** $ _______

### TOTAL MONTHLY COST

**TOTAL MONTHLY COST OF SERVICES** $ _______

**BASIC RENT** (see mandatory lease form) $ _______

**TOTAL RENT** $ _______

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**SIGNATURES**

**Signature of lessor (or his or her mandatory)** Day Month Year

**Signature of lessee (or his or her mandatory)** Day Month Year

**Signatory (e.g. witness or other)** Day Month Year

**Person to contact in case of emergency (name, address and telephone No.)**