



## **Personal Support Worker Return of Service (PSW ROS) 2021-22**

### **EMPLOYER APPLICATION FORM**

To attract newly graduated Personal Support Workers to work in Long-Term Care homes and Home and Community Care agencies in greatest need across Ontario, this initiative provides a \$5,000 incentive to recent PSW graduates in exchange for a six-month commitment to an eligible Long-Term Care or Home and Community Care employer.

### **Eligibility Criteria**

**To apply for PSW ROS eligibility, an Employer must:**

- Be a publicly-funded Long-Term Care home or Home and Community Care agency;
- Confirm that funding will not replace any existing employee incentives currently offered by the organization; and
- Offer full-time hours to an eligible PSW (defined as a minimum of 30 hours per week on average) to deliver publicly funded personal support services exclusively.

**To be eligible for the PSW ROS, a Personal Support Worker must:**

- Successfully complete an Ontario PSW training program that meets the [Ontario Ministry of Training, Colleges and Universities program standard](#);
- Graduate from PSW training program on or after April 1, 2021;
- Begin employment no later than January 15, 2022; and
- Commit to 6-months of employment at a full-time work schedule offered by approved employer.

In addition, PSWs who graduated from an Ontario training program between April 1, 2020 and March 31, 2021 AND were hired by an approved employer while the program was closed (January 15, 2021 and July 16, 2021) are also eligible.

### **Recruitment Incentive**

Grant funding of up to \$5,000 will be provided for eligible PSWs hired by approved employers in return for a commitment to remain employed in their capacity as a PSW for 6 months. Funding will be disbursed to employers to subsequently be paid to each eligible PSW in two instalments:

- 1) \$2,000 after the completion of two (2) months,
- 2) \$3,000 after the completion of six (6) months.

### **Process**

**1. Submit Employer Application Form:**

- Employer submits the PSW ROS Employer Application Form.
- Each application will be assessed on a case by case basis considering a number of factors, including health system priorities, geography, and local and regional health workforce capacity.
- Submission of a completed application by an employer does not guarantee the employer approval or for the receipt of any potential funding from the Ministry of Health or Ontario Health in respect of PSW recruitment.

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## Process (continued...)

### 2. Employer Receives Application Approval:

- Employers will be notified of the maximum number of PSWs eligible for PSW ROS funding.
- The employer will receive support in adding their job posting(s) to HFOJobs.ca.

### 3. Personal Support Worker Recruitment:

- Interested Personal Support Workers search and apply for approved opportunities at [HFOJobs.ca](https://hfojobs.ca).
- Employer recruits using their standard recruitment process.
- Approved employer provides information about eligible PSW(s) via [this online form](#).

### 4. Submit Request for Funding and Return of Service Agreement:

- The agreement must be signed by both the employer and the eligible Personal Support Worker.
- The request for funding is subject to approval by Ontario Health. Employers will be notified by email once approved.
- If the funding request meets all eligibility criteria, the agreement will be signed and executed by Ontario Health.

### 5. Funding will be disbursed to employers to subsequently be paid to each eligible PSW:

- Grant funding of up to \$5,000 will be provided for eligible PSWs hired by approved employers in return for a commitment to remain employed in their capacity as a PSW for 6 months.
- Funding will be disbursed to employers to subsequently be paid to each eligible PSW in two installments:
  - \$2,000 after the completion of two (2) months,
  - \$3,000 after the completion of six (6) months.

## Application Instructions

This application form should be completed by any eligible employer who is interested in recruiting an eligible Personal Support Worker.

**Note: all employers must submit an Employer Application Form to participate in the 2021-22 PSW ROS, even if they were approved in the previous year.**

- Review all eligibility criteria prior to completing this application form.
- Please ensure that all sections of the application form are complete. Incomplete applications will not be processed.

Send your completed Employer Application Form via email to [info-hfo@ontariohealth.ca](mailto:info-hfo@ontariohealth.ca).

Once an application has been received, Ontario Health will send a confirmation of receipt via email.

If you do not receive a confirmation of receipt, or if you have any questions about completing this application form, please contact: [info-hfo@ontariohealth.ca](mailto:info-hfo@ontariohealth.ca).

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# Application

## Section A – Employer Information

- 1. Organization Name:**
- 2. Organization Mailing Address:** (full address including unit, city, postal code)
- 3. Site Address(es):** (please include addresses for all sites where a PSW may be hired to work)
- 4. Organization Type:** (please select)

Long-Term Care

Home and Community Care

*Note: Only Long-Term Care Homes and Home and Community Care organizations are eligible for this initiative.*

### 5. Primary Contact for Application:

Full Name:

Title:

Email Address:

Telephone:

### 6. Additional Contacts: (if applicable)

Full Name:

Title:

Email Address:

Telephone:

Full Name:

Title:

Email Address:

Telephone:

## Section B – PSW Employment and Vacancies

If you are submitting one application for multiple sites, please answer the following questions separately for each site. Submit as a separate attachment, if preferred.

**7. How many PSWs does your organization expect to recruit through the PSW ROS?**

*Note: Employers must offer a full-time position or full-time hours to be eligible.*

**8. How many PSWs does your organization currently employ?**

<b><u>CURRENTLY EMPLOYED</u></b>	<b>Permanent</b>				<b>Temporary</b>			
	<b>Full-Time</b>	<b>Part-Time</b>	<b>Casual</b>	<b>Other</b>	<b>Full-Time</b>	<b>Part-Time</b>	<b>Casual</b>	<b>Other</b>
Personal Support Workers (PSW)								

Comments:

**9. How many PSW vacancies do you currently have at your organization?**

<b><u>CURRENT VACANCIES</u></b>	<b>Permanent</b>				<b>Temporary</b>			
	<b>Full-Time</b>	<b>Part-Time</b>	<b>Casual</b>	<b>Other</b>	<b>Full-Time</b>	<b>Part-Time</b>	<b>Casual</b>	<b>Other</b>
Personal Support Workers (PSW)								

Comments:

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## Section C – Authorization and Acknowledgements

**By signing this application, you are confirming that:** (please check each box)

Your organization is a publicly-funded Long-Term Care home or Home and Community Care agency;

The PSW ROS funding will not replace any existing employee incentives currently offered by your organization;

Your organization has in place a suitable Human Resources (HR) infrastructure with sufficient capacity to onboard and support newly hired PSWs;

Any PSW recruited through the PSW ROS will be offered full-time hours (defined as a minimum of 30 hours per week on average); and

Your organization has the necessary finances to support the ongoing employment for the number of PSWs identified in this application.

### **Signing Authority from Organization:**

Name:

Title:

Signature:

Date: