

Health PEI

One Island Health System

Long Term Care Subsidy Program - Appeal Letter

For Internal Health PEI Use Only:

Date of Receipt:

Received by:

Directions to the Applicant:

1. You must have a written decision (via letter or email) indicating that your Subsidy Application has been denied prior to submitting this form.
2. You may download this form, fill it in, and email or mail it to the contact(s) below.
3. Once your Appeal letter has been received by the Subsidy Office, it will be reviewed by a Financial Assistance Appeal Panel that is convened by the Department of Health & Wellness.

Full Name	
Address (Line 1)	
Address (Line 2)	
Postal Code	
Telephone Number	

In accordance with Regulation 16 of the Long-Term Care Subsidization Act, I am appealing against the decision of the Department of Health & Wellness with respect to my request for financial subsidy. **Please write or print clearly your reason(s) for requesting an appeal.**

Signature:

Print Name

Sign Name

Date: _____

Please send this Appeal Letter to:

(email) ltcsubsidy@ihis.org OR

(mail) Health PEI; Att: LTC Subsidy PO Box 2000; Charlottetown, PE C1A7N8

Personal information on this form is collected under Section 12 and Regulation ss. 4(3) and 16 of the Prince Edward Island Long-Term Care Subsidization Act and will be used for the purpose of starting an appeal and during the appeal process. If you have any questions about this collection of personal information, you may contact LTC Subsidy by phone (902) 218-3891.

Form created January 30, 2026