

# Nurses Recruitment & Retention Fund (NRRF)

## HEALTH CARE AIDE (HCA) PERSONAL CARE HOME (PCH) GRANT

In response to the proposed enhancements to the hours of direct care for residents in personal care homes, a grant has been established to assist in addressing the workforce requirements to recruit health care aides (HCAs) and uncertified health care aides (UHCAs) to work in PCHs for a return of service commitment. This is being offered in the form of a PCH Grant.

### FAQ

#### Who can apply for the PCH Grant and what are the requirements?

- HCAs must be newly hired within six months of applying, and must have not been employed in any PCH within the previous six months prior to the grant application.
  - Confirmed employment as a direct caregiver by an approved employer in a permanent position of 0.4 EFT or higher.
  - Grant is \$4,000 upon confirmation of eligibility.
- Uncertified Health Care Aides (UHCAs) must have enrolled in an approved bridging program and obtained a permanent “HCA Trainee” position at a 0.4 EFT or higher within 1 year of hire:
  - \$2,000 upon confirmation of enrollment into approved bridging program
  - \$2,000 upon confirmation of successful completion of bridging program
- **Casual and term positions do not qualify for the Grant.**
- Approved employers are personal care homes that are licensed by the province of Manitoba. **Private for-profit agencies are not eligible.**
- Acceptance of and compliance with the conditions of a return of service commitment of 12 months.

#### How long does the application process take?

- The application process takes 4 to 6 weeks.

#### Who can sign my Employer Certification and Agreement (Section F) of the application form?

- Human Resources
- Department manager or nursing supervisor

#### How do I submit my application to your office?

- Applications are emailed to the Manitoba Health Care Providers Network at [nrrf@sharedhealthmb.ca](mailto:nrrf@sharedhealthmb.ca).

#### Am I eligible to apply for two grants if I am employed in two different positions?

- No, you are only eligible to apply for one grant.

#### What if I move while I am completing my service agreement?

- Should your contact information change, please email [nrrf@sharedhealthmb.ca](mailto:nrrf@sharedhealthmb.ca).

#### What if I change employers or move to a new position within the same facility/region?

- As per 6.2.4 of the [HCA Personal Care Home Grant Policy](#): “Applicants who change employers within the one year return of service commitment but maintain eligibility for the Personal Care Home grant must submit a revised return of service commitment signed by the new employer. The employee must fulfill the remainder of their contract with the new employer.”

### IMPORTANT

The application must be completed electronically and will require an electronic signature.

If you are unable to attach an electronic signature, please follow these steps:

1. Complete application electronically
2. Print application and sign Section E
3. Scan all pages of the application and save as a PDF
4. Give application to your employer to complete Section F
5. Email completed application to NRRF

**NURSES RECRUITMENT AND RETENTION FUND (NRRF)**  
**Application for**  
**HEALTH CARE AID PERSONAL CARE HOME GRANT**

Shared Health  
 1502-155 Carlton Street  
 Winnipeg, MB R3C 3H8

<b>SECTION A – PERSONAL INFORMATION</b>		
Surname:	First Name:	Middle Name:
Personal Email Address:	Work Email Address:	Date of Birth:
Current Mailing Address in Manitoba:		
P.O. Box (if applicable):	City/Town:	Postal Code:
Previous Address in Manitoba (if applicable):		
P.O. Box (if applicable):	City/Town (if applicable):	Postal Code (if applicable):
<b>Contact Numbers</b>		
Home:	Work:	Mobile:
<b>SECTION B – HEALTH CARE AIDE CATEGORY</b>		
<b>HCA Category: (Check applicable box)</b>		
<input type="checkbox"/> Certified Health Care Aide <input type="checkbox"/> Uncertified Health Care Aide		
<b>SECTION C – HEALTH CARE AIDE EDUCATION</b>		
Which educational institute did you attend/are you attending?		
What is your date of completion?		
How did you hear about NRRF (Please check all that apply)?		
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Employer	<input type="checkbox"/> Advertising or Publication
<input type="checkbox"/> Internet	<input type="checkbox"/> School	<input type="checkbox"/> Other (Please specify) _____
<b>SECTION D - EMPLOYMENT IN MANITOBA</b>		
Name of Employer/Organization (PCH):		
Employer's Address:		
In the last six months, were you employed in a PCH? If so, please indicate the name of the PCH, start and end date.		

Former Employer/Organization (PCH):

Name of Former Manager:

Start Date:

End Date:

**SECTION E – EMPLOYEE DECLARATION & AGREEMENT**

**I DECLARE THAT:**

- I have given complete and true information on this form and I understand that failure to do so may prevent my qualifying for assistance in the future.
- I understand that should I change positions or employers while fulfilling my service agreement, I must complete a revised service agreement and complete the time remaining in my return of service.
- I have read and understand the **HCA PCH Grant Policy**. Please initial here \_\_\_\_\_.
- I have been employed continuously as an HCA/UHCA in Manitoba since \_\_\_\_\_ and I intend to continue my employment in an approved PCH in Manitoba **from that date at a 0.4 EFT or higher**.

**I AGREE THAT** if I am not employed in an approved PCH in Manitoba as an HCA for the full 12 months at 0.4 EFT or higher:

1. I will notify the Manitoba Healthcare Providers Network in writing of the last day of my employment immediately upon tendering my resignation or termination.
2. I will repay all of my financial assistance (pro-rated).

**I UNDERSTAND THAT MY EMPLOYMENT MUST BE FOR A CONTINUOUS PERIOD OF ONE YEAR. THE TIME TO COMPLETE THE ONE YEAR RETURN OF SERVICE MAY BE EXENDED FOR TEMPORARY ABSENCES FOR PREGNANCY OR HEALTH RELATED MATTERS. EACH REQUEST WILL BE EXAMINED ON ITS OWN MERITS BY THE MANITOBA HEALTHCARE PROVIDERS NETWORK FOR A FINAL DECISION. SHOULD MY CONTACT AND JOB INFORMATION CHANGE, I WILL NOTIFY THE MANITOBA HEALTHCARE PROVIDERS NETWORK IMMEDIATELY.**

Applicant's  
Signature \_\_\_\_\_

Date  
Signed: \_\_\_\_\_

**SECTION F – EMPLOYER CERTIFICATION & AGREEMENT**

**WE CERTIFY THAT:**

1. (Name of Employee) \_\_\_\_\_ has been employed as a \_\_\_\_\_ since (Date) \_\_\_\_\_ at a \_\_\_\_\_ EFT position by our organization.

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**Application for  
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Shared Health  
1502-155 Carlton Street  
Winnipeg, MB R3C 3H8

2. We intend to employ this person in a permanent position at a **0.4 EFT** or higher.

3. This individual was recruited from \_\_\_\_\_  
(Educational Institution, City/Town, Employer in MB)

**WE AGREE THAT IF THIS PERSON LEAVES THIS ORGANIZATION BEFORE COMPLETING A FULL YEAR OF EMPLOYMENT AT 0.4 EFT OR HIGHER, WE WILL PROVIDE WRITTEN NOTICE\*\* TO THE MANITOBA HEALTHCARE PROVIDERS NETWORK IMMEDIATELY UPON DETERMINING THAT THE INDIVIDUAL’S EMPLOYMENT WILL BE TERMINATED.**

Employers’ Signature	_____	Date Signed:	_____
Employers’ Name	_____	Employers’ Address	_____
Employers’ Position:	_____		_____
Facility:	_____	Phone #	_____
RHA:	_____	Email Address:	_____

**CHECKLIST:** Ensure your application is complete and the required documents are attached before submission.

- |           |           |
|-----------|-----------|
| Section A | Section B |
| Section C | Section D |
| Section E | Section F |

Copy of Official Letter of Employment

**UHCAs also include:**

Copy of Confirmation of Enrollment for a Bridging program from an approved education institution

Copy of the Shared Health Letter of Support (must be signed by PCH and Shared Health)

**SUBMIT YOUR COMPLETED APPLICATION TO: [nrrf@sharedhealthmb.ca](mailto:nrrf@sharedhealthmb.ca)**

**\*\*Note to Employer:** Please notify NRRF if an applicant does not complete their NRRF Service Agreement by completing the Employer Verification of Incomplete Service Agreement Form.