



GUARDIAN CAPITAL® | PRIVATE WEALTH

Amplify

Guardian Endowment
Services Magazine



IN THIS ISSUE

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Understanding the Care Continuum	3
Question & Answer Interview with UniversalCare	5
Disability Benefits and Tax Incentives with Fruitman Kates LLP	9
Aging in Place in Canada with the Canadian Centre for Caregiving Excellence and the Canadian Home Care Association	18

Care Planning Essentials

What Every Family Should Know



Anthony J. Messina, CPA, CA, CFA

PRESIDENT: Guardian Partners Inc.

CHAIR: Villa Colombo Vaughan

For all of us, no matter the field we dedicate our time to, life often demands a delicate balance between our work and our family. Often, the toughest decisions we face are based on how to care for aging family members. These moments do not come with a manual, and often place us in an uncomfortable and confusing state. They can strike in an instant, disrupting routines and demand compassion, clarity, and immediate decisions.

This edition of *Amplify* is dedicated to helping families navigate the complex and deeply personal journey of eldercare in Canada. From understanding care options to exploring financial relief programs, our goal is to equip readers with practical, unbiased insights that prioritize dignity, clarity, and informed decision-making.

Our business focus is investments, specifically managing wealth. Over time, our business understanding has broadened considerably into financial planning, succession, taxation and now into a better understanding of the challenges of dealing with aging parents, family members, and clients.

Our expert contributors served as our primary sources of insight, and their perspectives helped shape the foundation of this issue.

- 1. Joseph Gulizia, President and CEO of UniversalCare Canada Inc. and a leader in senior living and long-term care**
- 2. Michael Katz, Senior Tax Manager at Fruitman Kates LLP, specialists in financial planning and eldercare-related tax matters**
- 3. Liv Mendelsohn, Executive Director at the Canadian Centre for Caregiving Excellence, and Dr. Fiona Deller, CEO of the Canadian Home Care Association - organizations dedicated to advancing caregiver support, policy, and advocating for accessible, high-quality home care across Canada**

We intend to present information transparently and objectively, with the well-being of our client base and their families at the forefront. We want this to be a useful guide during a time when thoughtful planning and compassionate choices matter most.

As always, be well, and do well.

A handwritten signature in blue ink that reads "A. Messina". The signature is fluid and cursive.

Anthony J. Messina

amessina@guardiancapital.com

416-364-8054

Understanding the Care Continuum



This guide focuses on seniors living independently or with moderate support needs – not complex medical situations for the terminally ill. The following information was gathered from various credible online resources, primarily ministry or government-approved sites. All source citations are provided in endnote format on page 23.

Eldercare in Canada exists along a continuum – from independent living to long-term care – based on the level of support and medical oversight required. Each stage offers different services, costs, and admission processes, where a thorough understanding of these distinctions is key to making informed decisions. There are various types of care for senior housing, which cater to the level of care and services required. The table below outlines the types of care available:

TYPE OF CARE	DESCRIPTION	CARE LEVEL	SERVICES
Self care	Seniors live independently in their own homes	Minimal	May outsource services like meal delivery, housekeeping, or medication drop-off
Independent living	Residential communities offering bundled support services	Low to moderate	Meal prep, nursing services, recreational activities, and limited medical assistance
Assisted living	Residential communities offering bundled support services that focus on personalized care tailored to an increase in activities of daily living needs	Moderate	All of the above with additional care packages including assistance with mobility, bathing and medications
Long-term care	Designed for individuals with high medical or cognitive needs requiring 24/7 care	High	Nursing care, personal support, medical supervision, and health assessments are required
Caregivers	Family members or hired professionals providing in-home support and companionship	Varies	Assistance with daily activities, emotional support, transportation, meal prep, and medication reminders

Tips and Safeguards When Selecting a Care Provider¹

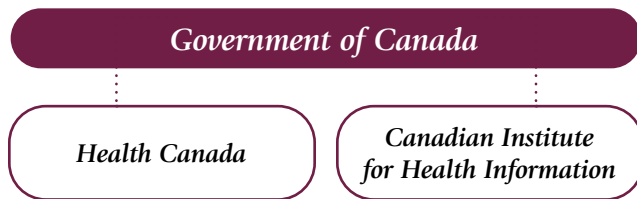
1. Explore local home support services such as home care, meal delivery services, and transportation assistance
2. Clarify what is included in the monthly cost of a seniors' residence – and what is available at an extra charge
3. Consider location and proximity to community amenities like churches, libraries, hospitals, and community centres
4. Ask about transportation options for shopping, outings, and medical appointments
5. Review contracts carefully - have a trusted lawyer review service agreements before signing
6. Understand compliance procedures - ask how the facility handles disputes and resident concerns
7. Know your rights as a resident or tenant before moving in
8. Ask about rent increases – are there limits or caps on annual adjustments

Federal and Provincial Roles in Eldercare in Canada

Federally

The Government of Canada sets national health priorities, transfers funding to provinces, and supports voluntary standards². Health Canada leads policy development and coordinates national standards³, while the Canadian Institute for Health Information collects and reports data to support benchmarking³.

Long-term care facilities in Canada are not publicly insured under the Canada Health Act⁴ and are governed by provincial and territorial legislation.

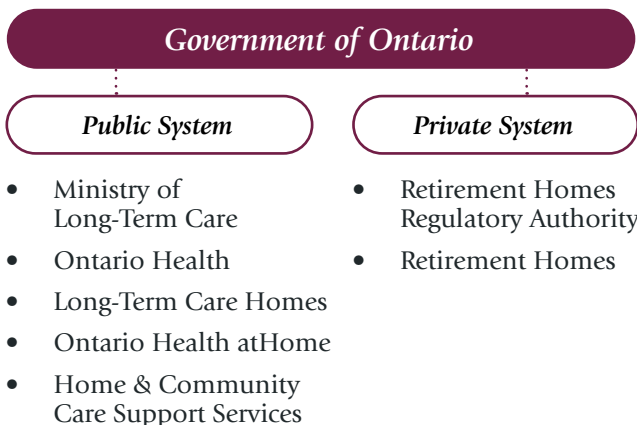


Provincially

Each region has its own structure. Let's look at Ontario as an example:

Ontario Health⁵ is a Crown agency created to connect and coordinate Ontario's health care system, promoting integration and consistent delivery of care. The Premier and Cabinet set overall health policy and funding priorities.

- The Ministry of Long-Term Care⁶ governs through a multi-tiered structure, working with an interconnected public and private system.
- Ontario Health atHome⁷ manages the public-facing Home and Community Care Support Services. These regional agencies assign care coordinators who assess eligibility, manage waitlists, and guide families through the placement process.



In contrast to the public system and long-term care homes, retirement homes are privately operated residences that provide accommodation and optional care services for seniors. They are not part of Ontario's publicly funded health care system. Ontario has nearly 780 licensed retirement homes⁸, regulated by the Retirement Homes Regulatory Authority (RHRA) under the Retirement Homes Act. Retirement homes include independent living, assisted living, and memory care.

Ontario Long-Term Care Homes by the Numbers (2025)⁹

- Ontario has slightly over 600 long-term care homes, staffing over 100,000 registered nurses, personal support workers, social workers, social activity staff, nutritional managers, chefs and food services workers, housekeeping, laundry and maintenance staff, and administrators.
- There are just over 77,000 long-term care spaces for residents, which are at full capacity
- Over 48,000 people are currently waiting for long-term care
- One in two residents entering long-term care are admitted directly from hospitals
- There are four million unpaid caregivers in Ontario, which has a population of slightly over 16 million
- Caregivers work an estimated 40 hours per week on average, and are often reported as being distressed
- By 2040, Ontario's 80+ population is projected to nearly double, resulting in one in 13 Ontarians being considered 80+

Question & Answer Interview with UniversalCare



To help bring clarity to the complex world of senior care, we sat down with Joseph Gulizia, President and CEO of UniversalCare Canada Inc. (UniversalCare), a trusted provider operating more than 25 residences across Ontario. With a deep commitment to providing exceptional senior living and long-term care services, UniversalCare offers firsthand insight into what families face when a loved one begins exploring care options.

While their operations are based in Ontario, the questions they hear from families – about cost, eligibility, waitlists, and care levels – are echoed across Canada. In the following question & answer interview, Tracy Zhao and Erik Brandt of Guardian Partners Inc. speak with Joseph to address the most common concerns families have when navigating this journey.



Joseph Gulizia | President & CEO, UniversalCare Canada Inc.

Joseph is an accomplished leader and a visionary in the healthcare sector, with a notable career marked by his dedication to innovation, community service, and philanthropy. As President and CEO of UniversalCare, he consistently brings value to partners and stakeholders by leveraging UniversalCare's Pillars of Success. His approach to transformational and sustainable change, coupled with his commitment to challenging the status quo, sets him apart as a forward-thinking leader.



Tracy Zhao | Vice President, Investment Counsellor, Guardian Partners

Tracy serves as a trusted advisor to ultra-high-net-worth individuals, families and institutional clients, delivering bespoke investment solutions aligned with their long-term financial goals. She brings a well-rounded expertise to her clients, with a skillset that spans portfolio construction, investment analysis, trading, and client relationship management.



Erik Brandt | Client Portfolio Manager, Guardian Capital Advisors

Erik focuses on developing customized investment and wealth planning strategies for high-net-worth individuals and families, corporations, foundations, and endowments.

Tracy

Joseph, thank you for joining us today. The topic of eldercare is on the minds of all working professionals, clients, and retirees. Let's jump right into it. How can families assess whether a loved one is ready for a transition in care?

Joseph

Thank you, Tracy, I hope to shed some insight into what can be a very complex and sensitive area. It's a natural evolution of understanding your loved one – and sometimes understanding yourself as well. When you begin to notice signs of decline or an increased need for support, that's often when people should start considering next steps. Typically, they usually seek guidance from their physician to determine what kind of care or assistance is appropriate.

For example, a 90-year-old who still drives, cooks, and cleans independently – that conversation may never come up. But as people grow old, you start to see what they need. If they're forgetting things, missing medications – those are cues that tell you something's changing.

Most people don't proactively plan for this. But when the signs are there – whether it's physical decline, cognitive changes, or emotional withdrawal – families should begin exploring options. It's also important to recognize that sometimes the individual themselves may initiate the conversation, especially if they're struggling with daily tasks.

Erik

What are the main care options available to seniors in Ontario, and how do they differ?

Joseph

Typically when families recognize a need for support, the next step is understanding the types of care available. There are three levels of care: home care/aging in place, retirement home, and long-term care.

Home care can be private or public. Ontario Health atHome is a provincial organization that provides in-home and community-based support services such as personal support, physiotherapy, and medication assistance. Some people supplement public care with private services, like hiring a personal support caregiver.

Retirement homes in Ontario are regulated by the Retirement Homes Regulatory Authority (RHRA). These homes typically fall into three categories: independent living, assisted living, and memory care - all of which are privately funded. In some cases, assisted living may be more economical than home care as a Personal Support Worker (PSW) for in-home assistance can cost around \$50 an hour, which can add up quickly. Retirement homes range widely in price, from \$3,000 to \$15,000 per month, depending on services, accommodations, and location of the home.

Long-term care is publicly funded and designed for individuals whose needs cannot safely be met at home or in retirement homes. These homes are regulated by the Ministry of Long-Term Care in Ontario and offer comprehensive, 24/7 nursing and personal care support for individuals who are 18 years or older and have a valid Ontario Health Card. Applications are made through Ontario Health atHome, and once deemed eligible, individuals are placed on a waitlist for admission.

Each option serves a different stage of need. Home care is ideal for those who want to age in place with support. Retirement homes offer community and services for those who are semi-independent. Long-term care is for individuals with complex medical needs who require 24/7 support.

Tracy

How does the long-term care application process work?

Joseph

Once long-term care becomes the appropriate option, families need to understand the application process. You apply through Ontario Health atHome, where you can select preferred homes. Oftentimes, homes chosen are within 5-10 kilometres of your residence or close to family. When a spot becomes available, you'll be admitted.

Long-term care is publicly subsidized and has standardized rates across Ontario:

- **Private room**
\$2,979.32 per month (fixed)
- **Semi-private room**
\$2,514.24 per month (fixed)
- **Standard/basic room**
\$2,085.37 per month, \$1,500 - \$2,085.37 (range)

Joseph (continued)

Importantly, fees for standard/basic rooms are based on income, not net worth. You could own a billion dollars in land, but if your income is low, your rate is low. It's all based on the annual Notice of Assessment. The process can be slow, and the waitlist is long. But being proactive and flexible – such as choosing multiple homes and room types – can improve your chances of securing a placement more quickly.

Erik

What factors affect wait times for long-term care?

Joseph

There are many variables. If an applicant applies to a high-demand home, their wait time can be lengthy. If the applicant is male, it's relatively harder as 60-70% of residents are female, and we generally replace a female bed with a female resident.

Standard/basic rooms (vs. semi-private or private) are 40% of total capacity. They're the most affordable, so everyone wants them. If you only apply to those, your wait time increases.

Flexibility helps. If you can afford private, apply for all room types. Some people want semi-private for companionship; others want private for privacy.

Also, cultural preferences can affect wait times. If someone insists on a culturally specific home, like an Italian-focused residence, they may wait longer due to limited availability.

Tracy

How long is the current waitlist for long-term care in Ontario?

Joseph

There are over 48,000 people waiting for long-term care in Ontario. Some get in within a month, while others might wait years. It depends on medical need, timing, gender, location and home preference.

Popular homes like Villa Colombo Vaughan have over 1,500 people waiting for 160 beds. The more flexible you are, the better your chances. There's no fixed timeline.

Erik

How did COVID-19 impact long-term care admissions and waitlists?

Joseph

The pandemic had a major impact on these timelines and perceptions. During the first year of COVID, people were afraid to enter long-term care. Beds were empty because residents passed away and weren't replaced quickly. Families chose to keep loved ones at home.

Also, people were working from home and had more time to care for family. Residents left with the option to return later. Some did, some didn't.

The pandemic changed perceptions towards the industry as a whole. Long-term care homes received negative press, and families became more cautious. While confidence in the sector has gradually returned, the experience underscored the importance of caregiver roles and the need for better planning and communication – priorities that remain central today.

Tracy

Who typically makes care decisions in families, and how can adult children navigate these conversations?

Joseph

These decisions often fall to adult children, most commonly daughters in their late 50s to early 60s. That's the demographic we see most frequently. While they may have siblings, it's usually the daughter who steps into the caregiving role. It reflects a longstanding societal expectation of women as caregivers, which in many cases that pattern holds true.

Of course, not all families follow that pattern. In my own case, my sister passed away, but I would have taken the lead regardless, given my professional background. In some cultures, decision making may fall to the male family members instead.

These are difficult conversations. My own parents are in their late 70s and early 80s, still living in a large home. I've gently asked why they need so much space and suggested downsizing, but they value their independence and comfort.

When planning for later life, no one says, "When I grow old, I want to be in a long-term care home". People envision travel, meaningful time with family, and a fulfilling retirement.

Joseph (continued)

That's why these conversations must be approached with empathy. Sometimes a doctor can help carry the message more effectively than a child.

Often, the best strategy is simply planting a seed – sharing an ad, a brochure, or a story – and letting the idea settle. Then, revisit it when the timing feels right.

Erik

What mindset should families adopt when planning for eldercare?

Joseph

Ultimately, these conversations are about more than logistics, they're about mindset. A friend once told me, "I have 25 more good summers". He was 55 and recognized that by the time he reached 80, travel and physical activity would be more difficult.

Think in seasons, not years. Most health issues tend to emerge around age 75. I like to go to Italy every year, and I tell myself I have 23 more trips. Framing it this way helps prioritize what matters.

Planning isn't just about care – it's about quality of life. Families should think about what experiences they want to preserve and the support they'll need to make those moments possible.

Tracy

What advice would you give to families just beginning to explore eldercare options?

Joseph

Start early. Even if your loved one is still independent, understanding the system and available options will help you make informed decisions when the time comes. Don't wait for a crisis to begin planning.

Talk to professionals – doctors, care coordinators, financial advisors – and visit facilities in advance. The more you know, the more confident and prepared you'll feel.

Erik

What role does financial planning play in eldercare decisions?

Joseph

Financial planning is critical. Retirement homes are private pay, and costs vary widely. Long-term care is subsidized, but even then, your income affects your rate. Families should understand what's covered, what's extra, and how to budget for care over time.

Work with a financial advisor to explore insurance, savings, and government programs. Planning ahead can reduce stress and ensure your loved one receives the care they need without financial strain. ■



Disability Benefits & Tax Incentives

With Fruitman Kates LLP



About Fruitman Kates LLP

With over 50 years of experience, Fruitman Kates LLP is a trusted mid-sized Chartered Professional Accounting firm based in Toronto, known for its thoughtful, client-first approach. Their team works closely with individuals and families to provide guidance on:

- Tax-efficient planning for care costs
- Estate and succession strategies
- Business transitions tied to family caregiving
- Navigating the financial implications of retirement and long-term care

About the Author

Michael J. Katz joined Fruitman Kates LLP in August 2023 as a Senior Tax Manager in the Tax Group. Michael's expertise has been honed over a 15-year public accounting career; his practice covers all facets of tax services, including personal, corporate, trust and partnership tax compliance, tax controversy involving the Canada Revenue Agency (CRA) and Revenue Quebec, estate planning, and tax planning for acquisitions, divestures, and reorganizations.

Table of Contents

Tax Planning for Disabled Individuals, Seniors, and Their Caregivers	10
Key Benefits and Tax Incentives Available to:	
• Children (Minors Under the Age of 18)	11
• Adults (Ages 18-64)	12
• Seniors (Ages 65+)	13
• Caregivers	14
Registered Disability Savings Plan	15
Home Buyers' Plan Considerations	16
Estate and Trust Considerations	17
Regional Programs Summary	17

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Tax Planning for Disabled Individuals, Seniors, and Their Caregivers

Understanding tax credits and benefits is a key part of planning for care – whether for yourself or a loved one. In this article, we outline key federal tax credits, deductions, and government benefits available to individuals with disabilities and their caregivers.

To demonstrate how provincial incentives complement federal measures, we have highlighted a few examples from Ontario, Alberta, and British Columbia, as these are the most common regions we receive inquiries from. Every province and territory offers its own credits and support programs, with varying details. If you would like us to explore programs in your region, please reach out – we would be happy to provide a tailored deep dive.

Disability Tax Credit (DTC) Introduction

The Disability Tax Credit (DTC) is a cornerstone of financial planning for individuals with disabilities of all ages. The DTC is a federal tax credit whose eligibility serves as a gateway to additional tax credits and benefits for those who qualify. It provides a non-refundable tax credit that reduces the income tax payable by individuals with a severe and prolonged impairment in physical or mental functions. If the person with the disability cannot use the full credit, it may be transferred to a supporting relative, such as a spouse, parent, child, sibling, aunt, uncle, niece, or nephew, provided the individual is dependent on them for necessities (food, shelter, clothing) on a regular basis.

Qualifying for the DTC further enables access to other programs, such as the Registered Disability Savings Plan, Canada Disability Benefit, and Canada Workers Benefit Disability Supplement.

Regional DTC Program Summary

In addition to the federal DTC, provinces and territories offer their own parallel disability credits. These reduce provincial income tax payable and often mirror federal DTC eligibility, although credit amounts vary by province.

Ontario Disability Amount

For 2024, Ontario provided a non-refundable provincial disability tax credit of \$10,017, plus a supplement of up to \$5,843 for eligible dependants under 18, with the combined provincial claim capped at \$15,860. As with the Federal DTC, unused amounts can be transferred to a supporting relative when eligibility requirements are met.

Alberta Disability Amount and Caregiver Amount

Alberta offers a non-refundable disability amount of up to \$17,219 for individuals who qualify for the federal DTC. In addition, there is a caregiver amount of up to \$12,922 for those supporting an eligible dependant (such as an infirm adult relative or a parent/grandparent aged 65 or older) who lives with the caregiver and meets provincial income thresholds. Income limits determine eligibility and may reduce or eliminate the credit.

British Columbia Provincial Disability Assistance

British Columbia offers a provincial disability tax credit roughly equal to 40% of the federal amount, translating to about \$9,700 for 2025. BC residents who qualify may also receive supplementary benefits through the provincial Persons with Disabilities (PWD) program, which provides income support and medical coverage.



Children (Minors Under the Age of 18)

Disability Tax Credit (DTC)

For children under the age of 18, the DTC provides up to a \$10,138 disability amount plus an additional supplement of up to \$5,914 for 2025, subject to a reduction if certain attendant care or childcare expenses are claimed. This means a child eligible for the DTC can claim up to \$16,052, resulting in tax savings equal to \$2,408 ($\$16,052 \times 15\%$). Qualifying for the DTC further enables access to other programs, such as the Registered Disability Savings Plan (see page 15 for full description), and the Child Disability Benefit, which can significantly enhance long-term financial security.

Child Disability Benefit

The Child Disability Benefit is a tax-free monthly payment for families caring for a child under 18 with a severe and prolonged impairment in physical or mental functions. To qualify, the child must be eligible for the DTC, and the family must be eligible for the Canada Child Benefit (CCB). No separate application is required if the child is already approved for the DTC and the family receives the CCB.

Note that the benefit is income-tested, and if a family's net income exceeds \$81,222, the benefit is reduced. For example, for families with one eligible child, the reduction is 3.2% of the income above \$81,222. The reduction will vary based on the number of eligible children in a household.

Canada Pension Plan Children's Benefit

The Canada Pension Plan (CPP) Children's Benefit provides a monthly payment to children under the age of 18, or to full-time students aged 18 to 25, whose parent or guardian is either receiving a CPP disability benefit or has passed away after making sufficient CPP contributions. For 2026, eligible children under 18 or full-time students may receive \$307.81 per month, while part-time students may receive \$153.91. Payments are made to the parent or guardian for minors, and directly to the student once they turn 18. To continue receiving the benefit, students must submit proof of enrolment each academic term. The benefit ends when the child turns 25, stops attending school, or no longer meets eligibility criteria. No separate application is required if the child is already approved under a parent's CPP disability claim, but students must apply independently and renew annually.



Adults (Age 18-64)

Disability Tax Credit (DTC)

For adults, the DTC amount for 2025 is \$10,138, which translates into tax savings of approximately \$1,521 ($\$10,138 \times 15\%$).

Beyond reducing taxes, DTC eligibility unlocks access to other valuable programs, including the Canada Disability Benefit, the Canada Workers Benefit disability supplement, and the Registered Disability Savings Program. These programs can provide both immediate financial relief and long-term planning opportunities.

To successfully apply for the DTC, the impairment must be both severe and prolonged in nature, lasting or expected to last at least 12 months, and requiring that the individual meet one of the following criteria:

- The individual must be markedly restricted in at least one basic activity of daily living (vision, hearing, walking, speaking, feeding, dressing, eliminating, or mental functions necessary for everyday life), meaning they are unable or take at least three times longer than someone without the impairment, at least 90% of the time; OR
- Significantly restricted in two or more basic activities of daily living, with the combined effect equivalent to a marked restriction; OR
- Require life-sustaining therapy (supporting a vital function, at least two times per week, averaging at least 14 hours per week; individuals with type 1 diabetes are deemed to meet this criterion).

Medical Expense Tax Credit (METC)

The Medical Expense Tax Credit is a non-refundable tax credit for eligible medical expenses paid for yourself, your spouse or common-law partner, and certain dependants. The federal credit is 15% of eligible expenses that exceed the lesser of a prescribed threshold (\$2,834 for 2025) or 3% of net income.

A provincial METC provides further benefits to be reflected on provincial tax returns. Each province applies a similar calculation mechanism to the federal METC amount, albeit with a different prescribed threshold.

Expenses eligible for the METC include a wide range of medical expenses, including prescription drugs, medical devices, attendant care, renovations for accessibility, and more. Expenses can be claimed for any 12-month period ending in the tax year, or a 24-month period

including the date of death for a deceased individual. Only the portion not reimbursed by insurance or other programs can be claimed.

Bear in mind that claiming the DTC will generally limit the cost of attendant care eligible for METC treatment to \$10,000. Taxpayers ordinarily cannot claim both the full DTC and the full cost of attendant care or nursing home care as medical expenses, except for limited amounts in certain cases. Where individuals have substantial attendant care costs, it will be more advantageous to forego the DTC and claim the attendant care as a medical expense.

Disability Supports Deduction

The Disability Supports Deduction allows individuals with a physical or mental impairment to deduct certain expenses paid to enable them to work, attend school, or conduct research.

Unlike the DTC and METC, this amount is a deduction from income, not a tax credit. Taxpayers claiming the deduction will therefore save tax equal to the deduction amount multiplied by their marginal tax rate (the rate applicable on the next dollar of income earned).

Expenses eligible for the deduction include:

- Attendant care services (not provided by a spouse, common-law partner, or someone under 18)
- Note-taking, sign language interpretation, real-time captioning, tutoring, job coaching, reading services, and certain assistive devices (e.g., braille printers, speech synthesizers, optical scanners), provided specific conditions are met.

Only the person with the disability can claim this deduction. To prevent “double dipping”, expenses cannot be claimed as both a medical expense and a disability support deduction.

Canada Disability Benefit (New for 2025)

The new Canada Disability Benefit is a federal program designed to provide up to \$2,400 per year (\$200 per month) to low-income working-age adults (18–64) who are eligible for the DTC. Payments began in July 2025.

Amounts received are non-taxable, though the amounts received are reported on a tax slip and included in the recipient’s tax return.



Canada Workers Benefit (CWB) Disability Supplement

The Canada Workers Benefit (CWB) disability supplement is an additional amount of up to \$821 per year for individuals who are eligible for both the basic CWB and DTC. This refundable tax credit depends on factors such as having an approved Disability Tax Credit Certificate and an adjusted net income below specified thresholds. The amount received is not taxable to the recipient.

The CWB and its disability supplement are claimed through the annual tax return. For those eligible for advance payments under the Advanced Canada Workers Benefit (ACWB), half of the estimated benefit is issued in quarterly installments during the year, with the remaining amount applied when the tax return is filed.

Seniors (65+)

Home Accessibility Tax Credit*

A non-refundable tax credit for up to \$20,000 per year in eligible expenses for renovations that improve the safety or accessibility of a home for a person who is 65 or older or eligible for the DTC. The renovations must be permanent and allow the person to gain access to, be mobile or functional within, or reduce the risk of harm in the home.

Budget 2025 has proposed a rule change to prevent expenses claimed under the METC from being claimed under the Home Accessibility Tax Credit.

Canada Pension Plan Disability

Individuals with a severe and prolonged disability who have made sufficient contributions to the Canada Pension Plan (CPP) may qualify for CPP disability benefits before age 65. The benefit includes a basic monthly amount plus an earnings-related component, ranging from \$583 to \$1,673 per month in 2025, depending on total CPP contributions over the individual's career.

Dependent children may also receive a flat-rate monthly benefit if under age 18, or between 18 and 25 and enrolled in full-time studies. CPP disability payments are taxable. Limited employment income may be permitted without affecting eligibility. Benefits cease if the individual is no longer disabled, resumes regular work, reaches age 65 (at which point the benefit converts to a retirement pension), or upon death.

* This credit is available to any individual eligible for the DTC, not exclusively to seniors.

Caregivers

Canada Caregiver Credit

The Canada Caregiver Credit is a non-refundable tax credit for individuals who support a spouse, common-law partner, or dependant with a physical or mental impairment. The amount varies from \$2,687 for an infirm spouse or eligible dependant under the age of 18 years to \$8,601 for an infirm adult dependant relative, with the latter amount reduced where the relative's income exceeds \$20,197 and eliminated once income exceeds \$28,798.

Key criteria for eligibility:

- The dependant must be reliant on the caregiver due to an impairment.
- The credit can be claimed for a spouse, common-law partner, minor child, or other eligible relatives (parent, grandparent, sibling, aunt, uncle, niece, nephew) who are dependent on the taxpayer for support.

Provincial Caregiver Credits

Ontario Caregiver Credit

The Ontario Caregiver Credit is a non-refundable credit of up to \$6,008 for individuals residing in Ontario with an infirm adult dependant relative. The credit is subject to reduction where a dependant's income exceeds \$20,554 and is fully eliminated once the dependant's income exceeds \$26,562.

Alberta Caregiver Amount

The Alberta Caregiver Amount is a provincial non-refundable tax credit of up to \$11,470 for each eligible dependant when a dwelling is maintained as a shared residence. To qualify, the dependant must have been 18 years of age or older during the period of residence, have a net income below \$29,706, and rely on the claimant due to an impairment in physical or mental functions, or be a parent or grandparent born in 1957 or earlier. This amount cannot be claimed for individuals who were only visiting, and special rules apply in situations where child support payments were made.

British Columbia (BC) Caregiver Credit

BC provides a provincial equivalent non-refundable tax credit of up to \$5,659 for infirm adult dependant relatives in line with the Canada Caregiver Credit. The credit is subject to grind-down and elimination once the dependant's income exceeds \$19,151 and \$24,810, respectively.



Registered Disability Savings Plan (RDSP)

The RDSP was introduced in 2008 to help people with disabilities improve their long-term financial security by providing a tool to encourage them and their families to save for the future. Within the RDSP, the Canada Disability Savings Grant (CDSG) and Canada Disability Savings Bond (CDSB) provide additional support to help grow savings.

Canadian residents with a SIN who are eligible for the federal Disability Tax Credit (DTC) can open an RDSP until the end of the calendar year in which they reach 59 years of age. To qualify for the DTC, a person must have a severe and prolonged impairment in physical or mental functions that is certified by a medical practitioner on Form T2201, Disability Tax Credit Certificate.

Assets held in and payments received from RDSPs will not affect the eligibility for federal benefits, such as the Canada Child Benefit, the Goods and Services Tax / Harmonized Sales Tax Credit, Old Age Security and Employment Insurance.

Main Benefits of the RDSP

\$200,000

- Lifetime contribution limit
- No annual limit

Withdrawals

Withdrawals are tax-free for contributions, but grants, bonds, and investment income are taxable to the beneficiary.

CDSG

Up to \$3,500 per year, \$70,000 lifetime. Grant amount depends on family income and contributions.

CDSB

Up to \$1,000 per year, \$20,000 lifetime. Bond amount is for low-income families – no contributions necessary to receive this.

Proposed RDSP changes in the 2025 Federal Budget

Amendments would apply as of Jan 1, 2027:

- RDSPs would be permitted to acquire shares of specified small business corporations, venture capital corporations, and specified cooperative corporations
- Shares of eligible corporations and interests in small business investment limited partnerships and small business investment trusts would no longer be qualified investments

Interests in small business investment limited partnerships and small business investment trusts that are acquired before 2027 under the current rules would continue to be qualified investments. It is intended that shares of eligible corporations would continue to be qualified investments under the rules relating to specified small business corporations that would be maintained.



Home Buyers' Plan Considerations

Home Buyers' Plan (HBP)

The HBP allows eligible individuals to withdraw up to a specified limit from an RRSP to buy or build a qualifying home for themselves or a related person with a disability. Normally, the HBP requires participants to be first-time home buyers. However, this condition does not apply when the withdrawal is made to purchase or construct a home for a specified disabled person, or when the home will provide a more accessible living environment or better meet the personal care needs of that individual. The qualifying home must be intended as the principal residence within one year of purchase or completion.

Home Buyers' Amount

A \$10,000 federal non refundable credit may be available for a qualifying home purchase. Typically, the credit is only available to individuals on their first home purchase. Where the purchaser or a related person is DTC eligible and the home is more accessible or better suited to their needs, the first time buyer requirement can be waived.



Home Modification Incentives

Ontario – Home and Vehicle Modification Program

Provides financial assistance for essential home and vehicle modifications that improve accessibility for individuals with permanent disabilities. Funding is based on income eligibility and includes home modifications up to \$15,000 lifetime maximum, as well as vehicle modifications up to \$15,000 every 10 years. Common modifications include ramps, stair lifts, and vehicle adaptations. Applications require proof of disability and income verification.

Alberta – Aids to Daily Living

Supports individuals with long-term disabilities or chronic conditions by covering basic medical equipment and supplies. Clients pay 25% of the cost, capped at \$500 annually per family. Low-income Albertans may qualify for exemptions. Eligible items include wheelchairs, walkers, hearing aids, and respiratory aids. Pre-approval is required.

Alberta – Residential Access Modification Program

Offers grants to help lower-income Albertans with mobility challenges make their homes accessible. Funding is up to \$7,500 per project, covering essential modifications such as ramps, stair lifts, and widened doorways. Applicants must meet income thresholds and demonstrate a permanent disability. All modifications require pre-approval.

BC – Rebate for Accessible Home Adaptations

Provides rebates of up to \$20,000 per household for home adaptations that support independent living for individuals with permanent disabilities. Eligible modifications include grab bars, walk-in showers, and ramps. Applications are processed on a first-come, first-served basis until annual funding is exhausted. Some adaptations require an occupational or physical therapist assessment.

Estate and Trust Considerations

Planning for the long-term financial security of a loved one with a disability often involves more than day-to-day budgeting. It requires strategies that protect benefits while minimizing tax burdens. Two powerful tools in this area are Henson Trusts and Qualified Disability Trusts (QDTs). These trusts can help families preserve eligibility for income-tested programs, reduce taxes, and safeguard assets for future needs. However, because rules vary by province and involve complex legal requirements, professional advice is essential before implementation.

Henson Trusts

A Henson Trust is a fully discretionary trust where trustees control if, when, and how much income or capital is paid to the beneficiary, who has no enforceable right to the trust property. Because the beneficiary is not considered to own the assets, a Henson Trust can help preserve eligibility for means tested disability benefits. Availability and effectiveness depend on provincial/territorial rules; we would recommend consulting a qualified lawyer before implementing.

Qualified Disability Trusts

A Qualified Disability Trust (QDT) is a special type of testamentary trust designed to provide tax-efficient financial support for a beneficiary eligible for the DTC. QDTs are unique because they allow the trust to benefit from graduated tax rates, similar to individual taxpayers, rather than being taxed at the highest marginal rate applied to most other trusts.

To qualify as a QDT, several conditions must be met:

- The trust must be a testamentary trust (i.e., created upon an individual's death);
- The beneficiary must be eligible for the DTC for the year in question;
- The trust must make a joint election with the DTC-eligible beneficiary each year to be treated as a QDT; and,
- Only one trust per beneficiary may qualify as a QDT in a given year.

A QDT can retain income taxed at progressive rates, providing long-term tax savings and preserving benefits for the disabled beneficiary. However, if the trust loses its QDT status or income is distributed to non-qualified beneficiaries, a recovery tax may apply.

A comprehensive disability planning strategy often blends federal and provincial measures - such as the DTC, RDSP, and provincial credits - with advanced tools like Qualified Disability Trusts. QDTs can preserve long-term family assets, while provincial credits further reduce taxes and complement income assistance programs. Together, these instruments allow for sustainable financial independence and continued access to essential benefits.

Because QDT rules are complex, professional legal and tax advice is strongly recommended when establishing or managing such a trust.



Canada's tax system and government programs offer a robust set of supports for individuals with disabilities and their caregivers. By understanding and leveraging these credits, deductions, and benefits, families can significantly improve their financial security and access to necessary services.

Because provincial and territorial rules evolve annually, individuals and families should confirm current thresholds and amounts with the respective ministries of finance or their qualified tax advisors. Combining federal and provincial credits effectively can substantially reduce total income tax obligations for persons with disabilities.

Most importantly, do not navigate this alone. Professional guidance can help you maximize benefits, choose the right savings vehicles, and create a plan that supports dignity and independence for years to come. ■

Aging in Place in Canada

Why Caregivers Matter and How to Find Support



Canadian Centre for
Caregiving Excellence
A program of the Azrieli Foundation

Liv Mendelsohn, MA, MEd

Executive Director, Canadian Centre for Caregiving Excellence

Liv Mendelsohn is the Executive Director of the Canadian Centre for Caregiving Excellence, where she leads national strategy to strengthen Canada's caregiving systems through evidence, innovation, and policy leadership. She champions a Canada where caregiving is recognized as essential and where lived experience meaningfully informs decisions, unifying efforts across aging, disability, and health while driving research and partnerships that shape and accelerate systems change.

A recognized sector builder, Liv founded the Wagner Green Centre for Accessibility and Inclusion and the ReelAbilities Toronto Film Festival. She advises the City of Toronto on accessibility, serves on several national boards, and has been recognized with the City of Toronto Equity Award, University of Toronto honours, and Empowered Kids Ontario distinctions. A senior fellow at Massey College, she is also a sought-after speaker on caregiving, inclusion, and social change.



Canadian Home Care Association | Association canadienne de soins et services à domicile

Dr. Fiona Deller, PhD

CEO, Canadian Home Care Association

Dr. Fiona Deller is the CEO of the Canadian Home Care Association. A senior executive with over 25 years of experience in government and the non-profit sector, Fiona brings expertise in research, evaluation, strategic planning, government relations, and public policy, with a particular focus on social policy and accessibility.

Before joining CHCA, Fiona worked with the Future Skills Centre at Toronto Metropolitan University and the Higher Education Quality Council of Ontario. She has taught program evaluation and research design at Toronto Metropolitan University since 2013 and holds bachelor's and master's degrees in History from McGill University, as well as a PhD in higher education theory and policy from the Ontario Institute for Studies in Education at the University of Toronto.

About the Canadian Centre for Caregiving Excellence (CCCE)

A program of the Azrieli Foundation, we support and empower caregivers and care providers, advancing the knowledge and capacity of the caregiving field, and advocates for effective and visionary social policy, with a disability-informed approach.

About the Canadian Home Care Association (CHCA)

In partnership with our members, we advance initiatives that address national priorities in home and community care. As a recognized authority, the CHCA facilitates knowledge sharing, creates connections, informs policy and practices, and advocates for integrated home and community care for all Canadians.

The Caregiver's Role

It is no secret that Canadian seniors, people living with disabilities or those with a life-limiting illness want to live at home in their communities for as long as it is safe to do so. In fact, the [Canadian Institute for Health Information](#)¹⁰ revealed that 91% of Canadians want to age at home for as long as possible. Home is where we are most comfortable, where we can stay connected to our family and community, visit our favourite coffee shops and grocery stores, and easily access the health services and supports we rely on.

For many, additional support may be required to make this possible. This help very often comes from a caregiver – whether it be a spouse, parent, child, sibling, extended family member, neighbour or friend, who cooks a meal, schedules an appointment or steps in during an emergency.

Caregiving is a deeply human experience, one that touches communities across Canada. It is an act of love, often unseen but essential, connecting people across generations. Today, one in four Canadians is providing care, and over the course of a lifetime, half of the population will step into this role.

Care can happen at any point in a lifetime – whether caring for a child born with a disability, a spouse managing a chronic illness or a daughter or son supporting their parents as they age, there are many contexts in which care happens all around us. Many of us will care more than once, and some for very long and intense periods. While aging in place is a shared goal, the journey often depends on the unpaid work of caregivers – and the challenges they face.

The Realities of Caregiving

As many of us wish to care for our loved ones, the impact of caring, especially long-term, can be significant. According to *Caring in Canada*¹¹, a report published by the CCCE:

- One in four caregivers reports fair or poor mental health. Caregivers are feeling tired (47%), worried or anxious (44%), or overwhelmed (37%).
- The average caregiver spends 5.1 hours of care/day, almost the equivalent of a full-time job.
- Nearly one in five caregivers is over the age of 65 and may also need care.
- Caregiving can have a significant financial toll, with many caregivers spending an average of \$1,000 monthly on out-of-pocket expenses.



Support for caregivers is critical for ensuring a positive care experience. While the needs of caregivers will vary depending on individual circumstances, paid care providers, such as personal support workers, direct support professionals, respite or home care aides, are a critical support for those giving care. Where access to these services exists, caregivers can feel more confident leaving their loved one in safe and appropriate care while juggling other responsibilities, like work, raising families and day-to-day errands.

Accessing Home Care in Canada

Home care services are publicly and privately available across Canada; however, navigating these systems can be challenging due to the siloed nature of our health care systems.

Across Canada, home and community care services help people receive care at home and remain as independent as possible in their community¹². These services may be delivered by regulated care providers (e.g., nurses, physicians, physiotherapists, occupational therapists), non-regulated care providers (e.g., paid care providers), friends, family caregivers and volunteers¹³.

For most Canadians, home and community care services are planned and delivered through provincial and territorial programs¹⁴. The federal government delivers home care to First Nations on-reserve and Inuit in designated communities, members of the armed forces and the RCMP, and eligible veterans¹⁵. It is important to note that *delivery*, *accessibility*, and *eligibility* of these services differ across jurisdictions.

Publicly funded home care can include a wide range of supports that help individuals live safely and maintain their independence. Services may include: personal care, nursing, palliative care, rehabilitation, social work, dietitian support, and home support services. Many regions also offer respite care and other programs to help reduce caregiver stress and prevent burnout.

Where to Start

For those unsure where to begin, the CHCA has outlined several ways home and community care services can be accessed.

These entry points may help individuals and families understand what services and supports are available to them:

1. Health Authority, Health Service, or Home Care Program

Each jurisdiction has a publicly funded health authority, health service, or home care program that provides information, guidance, and referral pathways. A list of these authorities, services, or programs for each jurisdiction is available on [the CHCA website](#)¹⁶. Anyone can refer themselves or a loved one for home and community care. However, a referral or request does not guarantee that services will be provided, as eligibility, program rules, and service availability vary by jurisdiction.

2. Primary Health Care Provider or Health Network

Family physicians, nurse practitioners and primary health care teams can help guide and refer patients toward home and community care in their community.

3. Hospitals and Community Services

When someone is being discharged from the hospital or adjusting to a new diagnosis, staff may help connect patients, families and caregivers with relevant home and community care programs in their community.

Resources for Caregivers

Caregivers can access support services designed specifically for them. Across Canada, organizations offer mental health resources, peer support groups, navigation assistance, and education on managing caregiver stress. These services help caregivers maintain their own well-being while they support a loved one at home. A helpful list of caregiver resources is available through CCCE's [Caregiver Resources](#)¹⁷.

As care increasingly shifts from facilities to homes, caregivers play a vital role in supporting people with complex, chronic conditions, older adults experiencing frailty, and those at the end of life. Strengthening home and community care – and recognizing caregivers as essential partners – will be key to meeting Canadians' evolving needs. By building systems that value and support caregiving, we can ensure aging in place is not only possible but sustainable for generations to come. ■

Contact Us

For further information, please visit our websites:

[Guardian Partners \(GP\)](#) | [Guardian Capital Advisors \(GCA\)](#)

Leadership Team

Anthony Messina, CA, CPA, CFA
amessina@guardiancapital.com

Toronto

Commerce Court West
199 Bay Street, Suite 2700
PO Box 201
Toronto, Ontario M5L 1E8

Calgary

Bentall Kennedy Building
1030 – 640 5th Avenue SW
Calgary, Alberta T2P 3G4

Vancouver

Marine Building
355 Burrard Street, Suite 1610
Vancouver, British Columbia
V6C 2G8

Client Facing Team

Ala Ramahi, CFA
aramahi@guardiancapital.com

Alex Lyon, CFA
alyon@guardiancapital.com

Andrew Dimock, CFA
adimock@guardiancapital.com

Doug Farley, CFA
dfarley@guardiancapital.com

Erik Brandt, CFA, CIM
ebrandt@guardiancapital.com

Kimberly Hu Amadori, CFA
khu@guardiancapital.com

Matthew Baker, CFA, CMT, CIM
mbaker@guardiancapital.com

Micha Choi, CFA, CFP
mchoi@guardiancapital.com

Russell Braive, CIM
rbraive@guardiancapital.com

Thierry Di Nallo, CFA
tdinallo@guardiancapital.com

Tracy Zhao, CFA
tzhao@guardiancapital.com

Christie Rose, CFA
crose@guardiancapital.com

Sean Convey, CFA
sconvey@guardiancapital.com

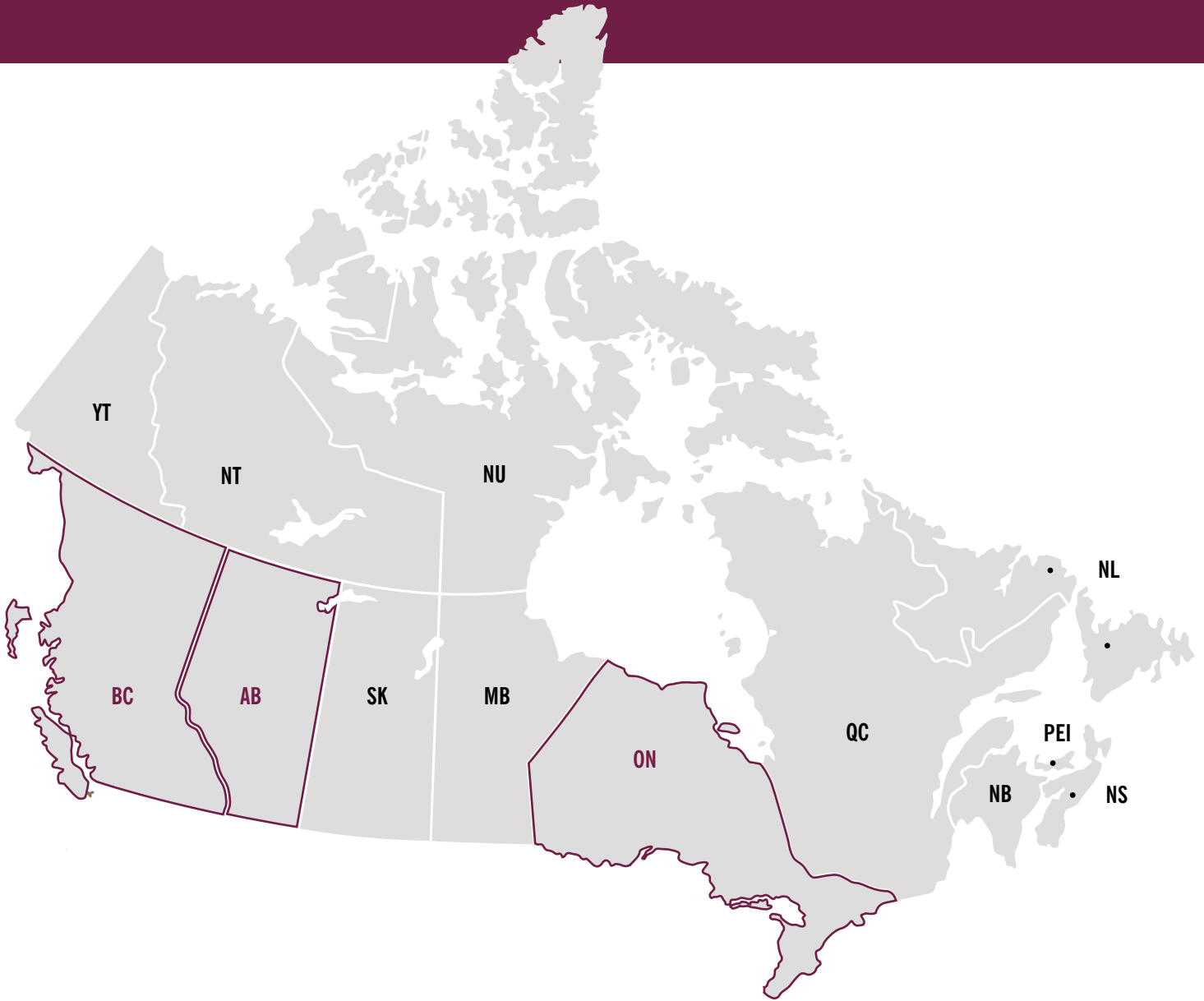
Andrew McLeod, CIM
amcleod@guardiancapital.com

Mark Bodnar, CFA, CIM
mbodnar@guardiancapital.com

Jessi Hilton, CFA, PFP
jhilton@guardiancapital.com

Sasha Evans, CFA, CIM, PFP
sevans@guardiancapital.com

Your Guide to Eldercare Resources in Canada



This guide organizes trusted resources by region and stage of your journey – whether you are preparing for care, locating senior living, or accessing government and health information in general.

We have included links via the QR code to explore detailed guidance, directories, and support programs tailored to your needs in *British Columbia, Alberta, Ontario, and federally*.



Endnotes

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