



HCH Here to Care.

Holland Christian Homes Inc.
7900 McLaughlin Road South
Brampton, ON L6Y 5A7
T. 905.459.3333
www.hch.ca

EYE CLINIC COMING to FAITH MANOR on Wednesday, October 01, 2025

In a continuing effort to ensure that the residents of **Faith Manor** receive the best possible care, we are presently planning an Eye Care program for **Wednesday, October 01, 2025**. Our hope is that any resident who would potentially benefit will receive an eye examination. The screening will be conducted by an Optometrist, **Dr. Lily Lee**

Any resident who has seen or is scheduled to see their own eye doctor **within the last year should NOT** attend this clinic as this constitutes a duplication of services. The clinic is exclusive to those residents who **cannot** go out for their eye exams **and** prescription eyewear.

The benefits of regular screening include:

1. Ensuring that the appropriate updated prescription eyewear is available.
2. The ability to monitor the status of our residents' eyes, e.g. cataracts and possible need for surgery to restore and ensure optimal vision.
3. Increasing resident safety through better vision.
4. Improving the resident's potential to maximize the benefits of psychosocial opportunities.

There will be established lines of communication between the eye doctor and optician, and our physicians and staff.

The eye screenings would be provided at no cost to the resident, however, any resulting eyewear or changes to eyewear would be the responsibility of the resident/POA. **Faith Manor** is pleased with the availability of such a service and asks that you complete the form below and **return it to us ASAP (The deadline to submit the form is Monday, Sept 22, 2025), available in residents' home areas.** **We require a family of those residents with severe to advanced cognitive impairment (e.g. dementia/Alzheimer's) to accompany them to the eye clinic.**

Your cooperation with our efforts to appropriately care for our residents is greatly appreciated.

If you have any questions, please do not hesitate to contact me at **905-463-7002 ext. 5238**.

Reason for Exam:-----

Sincerely,

Ola Ayeni, Director of Resident Care Faith Manor

I would like my family member to receive an eye examination: YES ☐ NO ☐

I will accompany the resident to this appointment: Yes ☐ No ☐

Residents Name: _____ Room # _____

POA/Signature: _____ Date _____