Vancouver CoastalHealth
Promoting wellness. Ensuring care.

APPLICATION FOR LICENCE
COMMUNITY CARE FACILITIES

The personal information collected relates directly to and is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act* Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information contact your local Community Care Facilities Licensing Office.

New Application ☐ Amendment: Change in Manager ☐ Other (Specify) ☐ _____

FACILITY DATA

Facility Name				Facility Phone Number
Facility Address				Facility Fax Number
City	Province	Postal Code	Email Address Correspondence To Go To	

Facility Mailing Address
☐ Same as above or

MANAGER DATA

Manager Name	Is the Manager at least 19 Years Old? ☐ Yes ☐ No

Has the Manager Previously Applied to be a Licensee or Manager of a Community Care Facility? ☐ Yes ☐ No

LICENSEE DATA

Licensee Name	Has the Licensee Previously Applied to be a Licensee or Manager of a Community Care Facility? ☐ Yes ☐ No

Licensee Mailing Address

City	Province	Postal Code	Licensee Phone Number

Contact Name	Contact Phone No.	Licensee Email Address

Business Type ☐ Corporation ☐ Non-Profit Society ☐ Partnership ☐ Sole Proprietorship

Director Reside in BC or Alberta? ☐ Yes ☐ No

Is organization registered? ☐ Yes ☐ No If "yes", Registration Number _____

PROPOSED SERVICE - Check the applicable service and include the proposed capacity.

CHILD	Capacity
☐ Child Minding	
☐ Family Child Care	
☐ Group Child Care (Under 36 months)	
☐ Group Child Care (30 months to School Age)	
☐ Group Child Care (School Age)	
☐ In-Home Multi-Age Child Care	
☐ Multi-Age Child care	
☐ Occasional Child Care	
☐ Preschool (30 months to School Age)	

RESIDENTIAL	Capacity
☐ Acquired Injury	
☐ Child and Youth Residential Care	
☐ Community Living	
☐ Hospice	
☐ Long Term Care	
☐ Mental Health and Substance Use	

VCH posts the following information about Licensed Facilities on its website http://www.inspections.vcha.ca/

- Facility name
- Facility address and phone number
- Name of the facility's licensee/manager
- Facility type and capacity
- Routine Inspection Reports and Routine Follow-up Inspection Reports

I hereby apply for a Community Care Facility Licence and agree to abide by the regulations made under the authority of the *Community Care and Assisted Living Act*, and certify that the information I have provided is correct to the best of my knowledge.

NOTE: The granting of a licence neither constitutes approval of funding by Provincial Government nor approval of your facility by local government. It is therefore recommended that you contact the appropriate authorities.

_____ Licensee Signature

_____ Licensee Name (please print)

_____ Job Title/Position

_____ Date of Application