



## D | Licensee Information continued (See Instructions, Section D)

Licensee Contact Name		Phone Number		Email	
Licensee Mailing Address			City	Province	Postal Code
Business Type:	Corporation	Health Authority	General Partnership/Limited Partnership	Sole Proprietorship	
Not-for-profit (eg non-profit Society, Public institution, First Nations government/band/tribal council)					
Corporation has a Director who is a permanent resident of British Columbia, or prescribed Province				Yes	No
Province or Territory where Director resides:					
Will the Director agree to be available to respond to inquiries within 24 hours, and provide financial/other records for the Community Care Facility upon request?				Yes	No

## E | Proposed Types of Care (See Instructions, Section E)

Types of Care (Please check only those which are applicable)	Proposed Capacity	Office Use Only	
		Approved Capacity	LO Initials
<b>Hospice</b> , being residential care and short-term palliative services for persons in care at the end of their lives			
<b>Mental Health</b> , being residential care for persons who are in care primarily due to a mental disorder			
<b>Substance Use</b> , being residential care for persons who are in care primarily due to substance dependence			
<b>Long Term Care</b> , being residential care for persons with chronic or progressive conditions, primarily due to the aging process			
<b>Community Living</b> , being residential care for persons with developmental disabilities			
<b>Acquired Injury</b> , being residential care for persons whose physical, intellectual and cognitive abilities are limited primarily due to an injury, including persons suffering from brain injuries or injuries sustained in accidents			
<b>Child and youth Residential</b> , being a program that promotes or supports the behavioural, intellectual, physical or social development of a child or youth in a therapeutic residential setting			

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

I am the licensee/authorized by the Licensee, to submit this application for Licence. 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.

The personal information collected relates directly to, and is necessary for, program operation as per section 26 of the *Freedom of Information and Protection of Privacy Act*.

Date (dd/mm/yyyy)	Applicant/Licensee or Licensee Contact Name	Applicant/Licensee or Licensee Contact Signature
	Title in the Organization	

## Directions for Completing Application for Licence: Residential Care

Please note that this is a legal form and if completing by hand it must be filled out legibly, and in pen. Application forms filled out in pencil, marker or crayon will not be accepted.

### A | Application Information

- Indicate if this is a 'New Application' or an 'Amendment'
- If it is a new application please complete all of the boxes on the top left-hand side including:
  - Check the box for New Application
  - Applicant Name
  - Email
  - Phone number
  - List names of any previously applied for and/or operated licensed facilities
- If this is an amendment please complete all of the boxes on the top right-hand side including:
  - Check the box for "Amend an existing licence"
  - Licence Number
- Select the reason for the amendment to indicate if this is:
  - Change of facility name
  - Change in capacity
  - Change of Manager

### B | Facility Information

All of the information in this section must be completed.

- **Facility Name** is the name that will appear on the license.
- **Facility Phone Number.** The legislation requires that each facility has reliable communications equipment available to the staff, and the recommendation is that this is a dedicated phone located at the facility. A dedicated phone number also enables Licensing and other agencies to contact the facility directly if needed.
- **Facility Physical Address** is the exact street address of the facility. Please complete all information including postal code.
- **Email Address Correspondence to go to** is the email used by Licensing for any communication.
- **Facility Mailing Address** can be different from the physical street address listed above.
- **Water system** – please provide details about the water system for the proposed facility. Please indicate if your proposed facility is on municipal water or other, such as a well or private system
- **Premise information** – Section 7.1 (3) of the *Residential Care Regulation* states
  - (3) A person is not qualified to apply for a licence respecting a particular premises unless the person
    - (a) owns the premises,
    - (b) leases the premises and is not prohibited under the terms of the lease from operating a community care facility on the premises, or
    - (c) is authorized in writing by the owner of the premises to operate a community care facility on the premises.
- **Public Funding** - Please provide details about your public funding contract if applicable
- Please note that any application for a Group Home with a proposed capacity of 7+ persons in care will require a **food permit**. An Environmental Health Officer will be assigned to the premise address in order to support you through the food service part of the application process.

## C | Manager Information

- **Manager Name** must be the manager's legal name and be written as it will appear on the licence.
- Please indicate if the proposed Manager has previously applied to be the Manager of a licensed facility
- Please indicate if the proposed Manager is currently the Manager for any other licensed facility

## D | Licensee Information

- **Licensee Name** is the legal name of the organization or individual that will be operating the facility.
- Please indicate if the Licensee has previously applied to be the Licensee of a licensed facility, and confirm that they are at least 19 years old
- **Licensee Contact** is the person who the Licensee is authorizing Licensing to communicate with during the application process. The applicant can provide permission for Licensing to share information and communications with other relevant parties such as a project consultant or architect. This permission would need to be in writing, and can be sent to the Licensing Officer by email.
- **Licensee Mailing Address** is the address of the organization or individual that will be operating the facility.
- **Business Type:**
  - **Corporation\*** - Registered as an incorporated business. As per Schedule B (10) of the *Residential Care Regulation*, if the Business Type is a Corporation, you may be asked to provide a list of the directors and officers of the corporation. If the Business Type is a Society, you may be asked to provide a copy of the constitution and bylaws, and a list of the directors and officers
  - **Health Authority.** Choose this for a facility operated by a health authority.
  - **Partnership** - Two or more individuals or companies
  - **Sole Proprietorship** - One individual.
  - **Not for Profit** – for example a non-profit Society, or a First Nations government/band/tribal council.
  - **Limited Liability Partnership:** Please note that under Section 7.1 (1) of the *Residential Care Regulation* the licensee cannot be a Limited Liability Partnership.
- **Director information.** According to the Community Care and Assisted Living Act 11 (2) (b) (i) any corporation must have a director who is a permanent resident of a province in Canada. In order to provide proof of this you will be asked to submit a list of directors as part of your application.

## E | Proposed Types of Care

- Check the applicable type of care and include your proposed capacity. Please note that licensed capacity is determined during the application process.

## Final Section

- **Date** is the date that the Licensee representative signs the form, however the Licensing Officer assigned to your application will confirm the date that they received the application.
- **Applicant/Licensee or Licensee Contact** – please print or type the name here
- **Title in the Organization** is the role that the Applicant/Licensee or Licensee Contact holds
- **Signature** can be added electronically or the form can be printed and signed by hand