



## APPLICATION TO AMEND AN EXISTING LICENCE COMMUNITY CARE FACILITIES: RESIDENTIAL CARE

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.

Current Facility Information			
Facility Name	Licence Number		
Facility Address			
Amendment Information			
	Change to facility name	New facility name:	
	Change in manager	<b>Complete section A below.</b> New Manager start date:	
	Change in licensee address	<b>Complete section B below.</b>	
	Licensee name change only	<b>Complete section B below.</b>	
	Change in designated contact	<b>Complete section C below.</b>	
	Change in capacity	<b>Complete section D below.</b>	
	Renovation to existing facility	<b>Complete section D below.</b>	
	Addition of room at current location	<b>Complete section D below.</b>	
	Other	Details:	
Current Development Permit # <small>(Vancouver only)</small>		Current Building Permit # <small>(Vancouver only)</small>	
A   Manager Information			
Manager Name	Phone Number	Email	
Has the Manager previously applied to be a Manager of a Community Care Facility? <small>No      Yes (please provide details)</small>		Is the Manager at least 19 years old? <small>Yes      No</small>	
Is the proposed Manager currently the Manager of any other Community Care Facility? <small>No      Yes (please provide details)</small>			
B   Licensee Information			
Licensee Name	Phone Number	Email	
Licensee Mailing Address			
<small>Street</small>	<small>City</small>	<small>Prov</small>	<small>Postal Code</small>
C   Designated Licensee Contact/Director Information for Corporations, Societies or Boards			
Licensee Contact Name	Phone Number	Email	
Corporation has a Director who is a permanent resident of British Columbia, or prescribed Province		Yes	No
Province or Territory where Director resides:			
Director agrees to be available to respond to inquiries within 24 hours, and provide financial/other records for the Community Care Facility upon request		Yes	No

## D | Proposed Types of Care

Types of Care <i>(Please check only those which are applicable)</i>		Proposed Capacity
<input type="checkbox"/>	Hospice	
<input type="checkbox"/>	Mental Health	
<input type="checkbox"/>	Substance Use	
<input type="checkbox"/>	Long Term Care	
<input type="checkbox"/>	Community Living	
<input type="checkbox"/>	Acquired Injury	
<input type="checkbox"/>	Child and Youth Residential	
<b>Date (dd/mm/yyyy)</b>		
<b>Name (please print)</b>		
<b>Signature</b>		

Community Care and Assisted Living Act [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/02075\\_01](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/02075_01)

Residential Care Regulation [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96\\_2009](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96_2009)