



## COMMUNITY CARE FACILITIES APPLICATION FOR LICENCE: 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.

A   Application Information			
New application:		Amend an existing licence: <i>select amendment type below</i>	
Applicant Name		Licence Number:	
Email		Change of facility name	
Phone		Current name:	
List names of previously applied for and/or operated community care facilities:		New facility name:	
		Change in capacity from                      to	
		Change of Manager. New Manager start date:	
B   Facility Information			
Facility Name <small>(as it will appear on the licence)</small>			Facility Phone Number
Facility Physical Address			Facility Fax Number
City	Province	Postal Code	Email Address Correspondence to go to
Facility Mailing Address <i>Same as Physical Address or</i>			
Municipal water		Other (eg well, private: <i>please specify</i> )	
Municipal sewerage		Other (eg septic: <i>please specify</i> )	
Premise information:      Owned      Leased/Rented      Health Authority Owned      BC Housing Owned Other ( <i>please provide details</i> )			
Facility is publicly funded: Yes      No		If 'Yes', Public funding contract with:      Community Living BC      Health Authority Other ( <i>please provide details</i> )	
C   Manager Information			
Manager Name		Phone Number	Email
Has the Manager previously applied to be a Manager of a Community Care Facility? No      Yes ( <i>please provide details</i> )			Is the Manager at least 19 years old? Yes      No
Is the proposed Manager currently the Manager of any other Community Care Facility? <i>If yes, please provide details</i>			Yes      No
D   Licensee Information			
Licensee Name		Phone Number	Email
Has the Licensee previously applied to be a Licensee of a Community Care Facility? No      Yes ( <i>please provide details</i> )			Is the Licensee at least 19 years old? Yes      No

## D | Licensee Information continued

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)					
Is the organization registered?    No    Yes. If 'Yes' please provide Registration Number:					
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

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	