



## APPLICATION FOR 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.

A   Facility Information				
Facility Name				
Facility Address				
Street		City	Prov	Postal Code
Facility Phone Number		Facility Email Address		
Facility Mailing Address <i>Same as Physical Address or</i>				
Potable water is provided				
Municipal water		Other (eg well, private: <i>please specify</i> )		
Municipal sewerage		Other (eg septic: <i>please specify</i> )		
Business Type		Sole Proprietorship ( <i>one owner</i> )	Board of Education	
		Partnership ( <i>two or more individuals or companies</i> )	Indigenous Governing Body	
		Not-for-profit Organization or Society	Local Government	
		Corporation		
Facility is publicly funded:		No	Yes	
If 'Yes', Public funding contract with:				
Community Living BC		Health Authority	Other ( <i>please provide details below</i> )	
B   Licensee Information				
Licensee Name		Phone Number	Email	
Licensee Mailing Address				
Street		City	Prov	Postal Code
I have previously applied to be a Licensee of a Community Care Facility			I am at least 19 years old	
No		Yes ( <i>please provide details</i> )	Yes	No
List names of previously applied for and/or operated community care facilities:				
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 | Manager Information

Manager Name	Work Phone Number	Work Email
The proposed Manager has previously applied to be a Manager of a Community Care Facility No Yes (please provide details)		Proposed Manager is at least 19 years old Yes No
The proposed Manager is currently the Manager of any other Community Care Facility If 'Yes' please provide details		Yes No

## E | Proposed Types of Care

Types of Care (Please check only those which are applicable)		Proposed Capacity
<input type="checkbox"/>	<b>Hospice</b> , residential care and short-term palliative services for persons in care at the end of their lives	
<input type="checkbox"/>	<b>Mental Health</b> , residential care for persons who are in care primarily due to a mental disorder	
<input type="checkbox"/>	<b>Substance Use</b> , residential care for persons who are in care primarily due to substance dependence	
<input type="checkbox"/>	<b>Long Term Care</b> , residential care for persons with chronic or progressive conditions, primarily due to the aging process	
<input type="checkbox"/>	<b>Community Living</b> , residential care for persons with developmental disabilities	
<input type="checkbox"/>	<b>Acquired Injury</b> , 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	
<input type="checkbox"/>	<b>Child and Youth Residential</b> , 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	

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)