

<b>FACILITY INFORMATION</b>		
FACILITY NAME		
PHYSICAL ADDRESS	PHONE NUMBER	
TYPE(S) OF CARE	DATE OF REQUEST	EMAIL ADDRESS

<b>GENERAL INFORMATION</b>
<p>Section of the <i>Community Care and Assisted Living Act (CCALA)</i> and/or <i>Residential Care Regulation (RCR)</i> that is being requested for an exemption (refer to the CCALA or RCR to ensure that you have chosen the correct section of legislation): _____</p> <ul style="list-style-type: none"> <li>▪ Proposed Start Date _____</li> <li>▪ Proposed End Date _____</li> </ul>

<b>EXEMPTION DETAILS</b>	<i>(Additional documentation may be attached if needed.)</i>
<p>Provide details of the circumstances of the exemption request (why the request is being requested, the reason you cannot meet the legislated standard).</p>          	
<p>Provide details regarding how persons in care (PIC) or the PIC's parents/guardians/representative/spouse will be notified of this application for an exemption.</p>          	
<p>If applicable, provide details on your consultation process with the facilities funding program regarding this request (a letter of support from the funder may be required).</p>          	

In relation to the regulation that you are requesting an exemption from; provide the written details of your plan, clearly indicating how you have assessed, and will address all of the areas listed below. The answers should demonstrate how you will ensure that the PIC's health, safety and dignity are maintained during the time that the exemption is in place. Answer all categories applicable to your request.

**Premises** (Do you need to consider; space and mobility, privacy and dignity, sufficient equipment, building renovations being approved by all necessary agencies, ie. fire, building?)

**Staffing** (Do you need to consider; staff levels/qualifications/skills and abilities, staff screening, staff training including professional development and orientation, or additional training needed as a result of this request?)

**Emergency Management** (Emergency equipment and procedures)

**Policies and Procedures** (Do you need to consider; new or revised policies to address necessary health and safety aspects?)

**APPLICANT INFORMATION** *(must be licensee, licensee contact, or facility manager)*

I declare that the information that I have provided is correct and if this request is approved it is my responsibility to at all times fully meet the plan that I have put forward in this application.

**Title in the organization**

- Licensee
- Licensee Contact
- Manager

DATE \_\_\_\_\_  
(DAY/MONTH/YEAR)

\_\_\_\_\_ APPLICANT NAME (PLEASE PRINT)

\_\_\_\_\_ APPLICANT SIGNATURE