

To be completed by Applicant/Licensee

**If Licensee hires a Manager please also complete Licensee Declaration Form.**

LICENSEE INFORMATION	
LICENSEE NAME	
FACILITY NAME	
If you intend to manage the facility, are you at least 19 years of age?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied to be, or have been, a licensee or manager of a licensed care facility? If yes please provide the name, address and contact telephone number of the facility(ies).	

**Please submit your written response to the following questions**

The *Community Care and Assisted Living Act* and the *Residential Care Regulation* outline the minimum standards required to be met in all systems in your proposed facility. Please submit your response to the following questions to demonstrate your plan as Licensee for on-going compliance with legislation:

**Governance**

1. If you operate or have operated a facility providing residential care, please provide information related to your experience and compliance with relevant legislation.
2. Describe your responsibilities with respect to the organizational reporting structure including any contracted service providers. If a partnership, include responsibilities of each partner.
3. Describe your communication plan to ensure that all senior staff in the organization are consulted and informed regarding operational issues.(e.g. Executive Director, Facility Manager, Director of Care, Nutrition/Food Services Manager, Support Services Manager, Recreation Coordinator, etc.).
4. Describe your plan to promote continuing education and professional development for yourself and if applicable for partners and/or the board of directors.
5. Describe your plan to ensure that policies and procedures are written to guide staff in all matters relating to care and supervision; that staff implements the policy; and that required policy is reviewed and/or revised at least once a year.

**Care Systems**

6. Describe your plan to ensure appropriate on-going communication between inter-disciplinary staff to ensure that care needs of persons in care are met. (e.g. Nurses, Care Aides, RD's, PT/ OT's, Activity Workers, Contracted Services, etc.).
7. Describe how you will promote the collective and individual interests of persons in care and their family/representatives (e.g. resident and family councils).

**Staffing/Human Resources Management System**

8. Describe your knowledge and previous experience in managing staff in the areas of labour relations; conflict resolution; performance management, etc.
9. For hiring staff, describe your recruitment process and how orientation of new staff will occur.
10. Describe how supervision of staff and the on-going evaluation of the Manager and staff performance will be maintained. Describe your plan to promote continuing education and professional development for the Manager and staff.

**Continuous Quality Improvement**

11. Describe how you will ensure that all care systems including premises are maintained on an ongoing basis. Include the frequency of audits, timelines for completion, and who is responsible to conduct the audits and other formal self-monitoring / quality improvement initiatives. Completed audits may be reviewed as part of the regular Licensing inspection process.

**Financial Management System**

12. Describe your system for financial management (e.g. Accountant, Financial Projections, Monthly/Yearly Budget, Record Keeping, etc.) including managing the money and valuables of persons in care.

**APPLICANT / LICENSEE REFERENCES – Does not apply to corporations or societies**

Please provide 3 references and/or previous employers for the Licensing program to contact for the purpose of assessment of your suitability. A minimum of 2 references should relate to your previous management or employment experience in a related field.

NAME	POSITION TITLE	MAILING ADDRESS / POSTAL CODE	TELEPHONE NUMBER (    )
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I hereby apply for a Community Care Facility Licence and agree to abide by the *Community Care & Assisted Living Act* and accompanying regulations and standards, and certify that the information I have provided is correct to the best of my knowledge.

I, _____ Name(s) of Applicant/Licensee or Licensee Contact	_____ Title of Person Signing
_____ Signature(s) of Applicant/Licensee or Licensee Contact	_____ Date (dd/mmm/yyyy)

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* and will be kept confidential in compliance with the Act.