

Current Facility Information			
CURRENT FACILITY NAME		CURRENT MAXIMUM CAPACITY	TELEPHONE NUMBER (     )
PHYSICAL ADDRESS			
Street	City	Province	Postal Code

Please <input checked="" type="checkbox"/> the information you want to change on the licence <span style="float: right;">(Complete only the applicable sections)</span>	
<input type="checkbox"/>	Facility Name – Add new facility name here
<input type="checkbox"/>	Proposed Types of Care – Complete Section 1 below
<input type="checkbox"/>	Capacity – Complete Section 1 below
<input type="checkbox"/>	Designated Director of the Corporation or Society – Complete Section 2 on next page
<input type="checkbox"/>	Facility Manager – Complete Section 3 on next page
<input type="checkbox"/>	Licensee Address – Complete Section 4 on next page

Section 1 - Proposed Types of Care				
Types of Care (check only those applicable)	Proposed Capacity (# of persons in care)		Office Use Only	
			Approved Capacity	LO Initials
Hospice	<input type="checkbox"/>		- 110	
Mental Health	<input type="checkbox"/>		- 120	
Substance Use	<input type="checkbox"/>		- 125	
Long Term Care	<input type="checkbox"/>		- 130	
Community Living	<input type="checkbox"/>		- 140	
Acquired Injury	<input type="checkbox"/>		- 150	
Child & Youth Residential	<input type="checkbox"/>		- 201	
<b># of persons in care</b>				
<b>Maximum Capacity</b> (at any one time)				

Section 2 – New Designated Director of the Corporation or Society Information	
NAME	TELEPHONE NUMBER (     )
E-MAIL ADDRESS	
Province or Territory where Director resides? _____	
Will the Director agree to be readily available within 24 hours to respond to inquiries and provide financial/other records of the community care facility upon request? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	

Section 3 – New Facility Manager Information	
NAME	TELEPHONE NUMBER (     )
E-MAIL ADDRESS	

Section 4 – New Licensee Address			
STREET	CITY	PROVINCE	POSTAL CODE

Any additional information you would like to update	
<input type="checkbox"/> Mailing Address	
<input type="checkbox"/> Email Address for correspondence	
<input type="checkbox"/> Phone Number	
<input type="checkbox"/> New Appointed Licensee Contact Information	

I am the Licensee / authorized by the Licensee to submit this Application to Amend Existing Licence. The personal information collected relates directly to, and is necessary for program operation per Section 26 of the <i>Freedom of Information and Protection of Privacy Act</i> .		
Date (dd/mmm/yyyy)	Licensee or Licensee Contact Name (Please Print)	Licensee or Licensee Contact Signature
	Title in the Organization	