

Current Facility Information		
CURRENT FACILITY NAME	CURRENT MAXIMUM CAPACITY	EFFECTIVE DATE (dd / mmm / yyyy)
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	New Facility Name: _____
<input type="checkbox"/> Proposed Types of Care	Complete Section 1 below
<input type="checkbox"/> Capacity	Complete Section 1 below
<input type="checkbox"/> Licensee Address	Complete Section 2 below

Section 1 - Proposed Type of Care			Office Use Only
Types of Care Programs			Approved Capacity
	Check all "service types" that apply	Proposed Capacity	(for data entry)
110 <b>Hospice</b> – for persons in care at the end of their lives.	<input type="checkbox"/>		
120 <b>Mental Health</b> – for persons who are in care primarily due to a mental disorder.	<input type="checkbox"/>		
125 <b>Substance Use</b> – for persons who are in care primarily due to substance dependence.	<input type="checkbox"/>		
130 <b>Long Term Care</b> – for persons with chronic or progressive conditions, primarily due to the aging process.	<input type="checkbox"/>		
140 <b>Community Living</b> – for persons with developmental disabilities.	<input type="checkbox"/>		
150 <b>Acquired Injury</b> – 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"/>		
201 <b>Child &amp; Youth Residential</b> – being a program that provides residential care to children and youths that may include the types of care described above or promotes or supports the behavioural, intellectual, physical or social development of a child or youth in a therapeutic setting.	<input type="checkbox"/>		
<b>Maximum Capacity (# of persons in care at any one time):</b>			

Section 2 - New Licensee Address			
BUSINESS ADDRESS			
Street	City	Province	Postal Code

I am the Licensee / authorized by the Licensee to submit this Application for 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)	NAME (PLEASE PRINT)	SIGNATURE

Approved by LO:		
Name (please print)	Signature	Date (dd / mmm / yyyy)

