

## Application for Licence - Residential Care

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Facility Information								
FACILITY NAME						TELEPH	ONE NUMBER	
						(	)	
PHYSIC	AL ADDRESS					I		
		Str	eet	City		Province	Postal Code	
FACILITY TYPE			Adult Residential Care - 100	Oity		TOVINCE	1 Ostal Oode	
(Check	Child / Youth Residential Care - 200 Proposed Date of Opening:							
PREMIS	ES		Owned Leased	i				
BUSINESS TYPE		П	Sole Proprietorship (e.g. a person) Indigenous Governing Body					
(Check only one)			Partnership (e.g. two or more individuals)			Board of Education		
			Not-for-Profit Organization / Society			Corpor		
			Local Government			Оогрог	auon	
FUNDING CONTACT (Check if applicable)			FH Long Term Care Contracts & Services			FH Acc	quired Brain Injury	
			FH Mental Health & Substance Use			FH End of Life		
			Community Living BC		$\Box$	Other:		
Proposed Type of Care Office Use Only								
	Тур	es of C	are Programs				Approved Capacity	
				Check all "service types" that apply	Proposed Ca	apacity	(for data entry)	
110	110 <b>Hospice</b> – for per		n care at the end of their lives.					
120	120 <b>Mental Health</b> – f to a mental disord		sons who are in care primarily due					
125	Substance Use – for persons who due to substance dependence.							
130	<b>Long Term Care</b> – for persons with chronic or progressi conditions, primarily due to the aging process.							
140	Community Living – for persons with developmental disabilities.							
150	Acquired Injury – 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.							
201	Child & Youth Residential – 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.							
Maximum Capacity (# of persons in care at any one time):								
Approved by LO:								
	Name (please print) Signature Date (dd / mmm / yyyy)							



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Licensee Information		
LICENSEE NAME		TELEPHONE NUMBER
		( )
		,
BUSINESS ADDRESS		
0	O'te	Postal Out
Street  E-MAIL ADDRESS	City	Province Postal Code
E-IVIALE ADDITION		
I have previously operated and/or managed a communit	ty care facility.	☐ Yes ☐ No
Designated Director Information (if a Corporation	on, Society or Board)	
DESIGNATE DIRECTOR NAME	<u> </u>	TELEPHONE NUMBER
		( )
E-MAIL ADDRESS		,
Province or Territory where Director resides?	BC If other, please specify:	
Will the Director egree to be evallable to recovered to in a	uirion within 24 hours of request and results	
Will the Director agree to be available to respond to inquestion financial or other records of the community care facility to		☐ Yes ☐ No
interioral of outer records of the community care racing t	apon roquoct.	
Managar Information		
Manager Information		TELEPLIQUE NUMBER
MANAGER NAME		TELEPHONE NUMBER
		( )
E-MAIL ADDRESS		
Is the Manager proposing to manage more than one lice	ensed community care facility?	Yes No
	· · · · · · · · · · · · · · · · · · ·	
Mailing Address and Email Address for Receive	ing Correspondence	
	E-MAIL ADDRESS	
	E-MAIL ADDRESS	
Same as Facility Same as Licensee		
Other Address		
Street	City	Province Postal Code
I am the Licensee / authorized by the Licensee to submit this A necessary for program operation per Section 26 of the <i>Freedor</i> .		llected relates directly to, and is
DATE (dd / mmm / yyyy)  NAME (PLEASE PRINT)	SIGNATU	IRF
37.12 (au. 1.1.1.1.7)	ordin tro	
For affice was subject to additional or additional information to be all	leand on the line was	
For office use only: Conditions or additional information to be pl	aced on the licence	