

## APPLICATION FOR COMMUNITY CARE FACILITY LICENCE

COMPLETE ONE APPLICATION **IN FULL** FOR **EACH** FACILITY USING BLOCK PRINTING WHERE POSSIBLE AND COMPLETELY FILLING IN THE APPROPRIATE BOXES ■

The personal information collected relates directly to and is necessary for program operation as outlined in the *Community Care and Assisted Living Act*. Information that appears on a licence may be disclosed per Section 22(4)(i) of the *Freedom of Information and Protection of Privacy Act*, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information, contact the Vancouver Island Health Authority, Information and Privacy Office, at 250.370.8323.

<b>STATUS</b>	<b>NEW</b> <input type="checkbox"/> FACILITY <input type="checkbox"/> LOCATION <b>AMENDMENT</b> Facility # _____ <input type="checkbox"/> LICENSEE <input type="checkbox"/> CHANGE OF MANAGER <input type="checkbox"/> OTHER (SPECIFY) _____
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<b>FACILITY DATA</b>	FACILITY NAME		
	FACILITY PHYSICAL ADDRESS		
	CITY	PROV.	POSTAL CODE
	TELEPHONE	FAX	
	EMAIL ADDRESS WHERE CORRESPONDENCE CAN BE SENT:		
	FACILITY MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE OR:		

<b>FACILITY MANAGER DATA</b>	MANAGER NAME		
	MANAGER MAILING ADDRESS		
	CITY	PROV.	POSTAL CODE
	TELEPHONE	FAX	EMAIL
	IS THE MANAGER AT LEAST 19 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	HAS THE MANAGER PREVIOUSLY APPLIED TO BE A LICENSEE OR MANAGER OF A COMMUNITY CARE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>LICENSEE DATA</b>	LICENSEE NAME			<input type="checkbox"/> SOCIETY <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INCORPORATED IF ORGANIZATION IS REGISTERED, QUOTE _____ NUMBER _____
	LICENSEE MAILING ADDRESS			
	CITY	PROV.	POSTAL CODE	
	TELEPHONE	FAX	EMAIL	
	LICENSEE CONTACT PERSON			
	PHONE			

<b>CHILD CARE</b>	TYPE OF CARE	Capacity	Room Number	TYPE OF CARE	Capacity	Room Number
<b>PROPOSED SERVICE(S)</b> – CIRCLE ALL THAT ARE APPLICABLE AND INCLUDE PROPOSED CAPACITIES  <b>TOTAL MAXIMUM CAPACITY</b> _____  IF THIS IS A HOME-BASED FACILITY _____  <b>NUMBER OF PEOPLE OVER THE AGE OF 12 LIVING IN THIS HOME</b> _____	301 – Group Child Care < 36 mos.			308 – Occasional Child Care		
	302 – Group Child Care > 30 mos.			310 – Multi-Age Child Care		
	303 – Preschool			311 – In-Home Multi-Age Child Care		
	304 – Family Child Care			<b>MONTHS OF OPERATION</b>		
	305 – Group Child Care School Age			<b>DAYS AND HOURS OF OPERATION</b>		

<b>RESIDENTIAL CARE</b>	TYPE OF CARE	Capacity	TYPE OF CARE	Capacity	TYPE OF CARE	Capacity
<b>PROPOSED SERVICE(S)</b> – CIRCLE ALL THAT ARE APPLICABLE AND INCLUDE PROPOSED CAPACITIES  <b>TOTAL MAXIMUM CAPACITY</b> _____	400 – Long Term Care Funded		410 – Community Living		440 – Acquired Injury	
	401 – Long Term Care Non-Funded		420 – Mental Health		450 – Hospice	
	421 – Substance Use		430 – Other		500 – Child and Youth Residential	

Funded by Government:    Funded    Non-Funded

Licensee or Board Member  
SIGNATURE \_\_\_\_\_ DATE DD / MMM / YYYY

I hereby apply for a Community Care Facility Licence and agree to abide by the regulations made under the authority of the *Community Care and Assisted Living Act* and certify that the information I have provided is correct to the best of my knowledge.  
PRINT NAME \_\_\_\_\_

The granting of a licence neither constitutes approval of funding by the provincial government nor local government approval of your facility. It is therefore recommended that you contact the appropriate authorities.  
**PROPOSED OPENING DATE:** \_\_\_\_\_

TITLE (in organization) \_\_\_\_\_

<p style="text-align: center;"><b>You are required to complete and submit a "Building/Property Information Sheet" with this application.</b></p>	<p style="text-align: center;"><b>Contact Information</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;"> <b>South Island</b>            201 – 771 Vernon Avenue            Victoria, BC V8X 5A7            Telephone: 250.475.2235            Fax: 250.475.5130         </td> <td style="width: 33%;"> <b>Central Island</b>            29 – 1925 Bowen Road,            Nanaimo, BC V9S 1H1            Telephone: 250.739.5800            Fax: 250.751.1118         </td> <td style="width: 33%;"> <b>North Island</b>            200 – 1100 Island Highway            Campbell River, BC            V9W 8C6            Telephone: 250.850.2110            Fax: 250.286.3486         </td> </tr> </table>	<b>South Island</b> 201 – 771 Vernon Avenue Victoria, BC V8X 5A7 Telephone: 250.475.2235 Fax: 250.475.5130	<b>Central Island</b> 29 – 1925 Bowen Road, Nanaimo, BC V9S 1H1 Telephone: 250.739.5800 Fax: 250.751.1118	<b>North Island</b> 200 – 1100 Island Highway Campbell River, BC V9W 8C6 Telephone: 250.850.2110 Fax: 250.286.3486
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