BRITISH COLUMBIA | Ministry of Health

ASSISTED LIVING REGISTRY

APPLICATION FOR REGISTRATION

Applicant Information

Applicant's Legal Name		☐ Corporation ☐ Individual/Sole Proprietorship ☐ Partnership ☐ Other ☐ Society
Contact Person	Position Title	

Mailing Address	City/Town	Province	Postal Code

Phone Number	Cell	Fax Number	Email

List Name(s) of Partners or Names of the Board of Directors, if applicable (attach a separate sheet if necessary)

Last Name	First Name	Position Title (if applicable)	Phone Number

Address	Email

Last Name	First Name	Position Title (if applicable)	Phone Number

Address	Email

Last Name	First Name	Position Title (if applicable)	Phone Number

Address	Email

NOTE: You cannot be a registered Assisted Living operator if you are a Limited Liability Partnership.

Premises Information

Residence Name	Website	Email	Phone Number

Address	City/Town	Province	Postal Code

Mailing Address (if different from above)	City/Town	Province	Postal Code

Type of Existing Building	Structure	If New Construction, Proposed Opening Date
☐ Single Family Dwelling ☐ Commercial	☐ Single Storey ☐ Multi-Level	

Proposed Site Manager Information

Last Name	First Name	Position Title

Phone Number	Cell	Fax Number	Email

Proposed Secondary Site Manager Information

Last Name	First Name	Position Title

Phone Number	Cell	Fax Number	Email

PROPOSED RESIDENCE OPERATION

Assisted Living Services - please attach a detailed description of the nature and scope for each service

Check as Applicable	Provided by Operator or through Contractor	
☐ Assistance with Activities of Daily Living (including eating, moving about, dressing and grooming, bathing and other forms of personal hygiene)	☐ Operator	☐ Contractor, Name:
☐ Assistance with Managing Medication (can include one or more of the following: receiving, storing, distributing and administering medication)	☐ Operator	☐ Contractor, Name:
☐ Assistance with Safekeeping of Money and Other Personal Property	☐ Operator	☐ Contractor, Name:
☐ Assistance with Managing Therapeutic Diets	☐ Operator	☐ Contractor, Name:
☐ Assistance with Behaviour Management	☐ Operator	☐ Contractor, Name:
☐ Psychosocial (or Programming) Supports	☐ Operator	☐ Contractor, Name:

Hospitality Services - please attach a detailed description of the nature and scope for each service

Check as Applicable	Provided by Operator or through Contractor	
☐ Meal Services	☐ Operator	☐ Contractor, Name:
☐ Housekeeping Services (cleaning of the premises)	☐ Operator	☐ Contractor, Name:
☐ Laundry Services	☐ Operator	☐ Contractor, Name:
☐ Social and Recreational Opportunities	☐ Operator	☐ Contractor, Name:
☐ 24-hour Personal Emergency Response System	☐ Operator	☐ Contractor, Name:

Class of Residence

Check the Class of Residence for this Application: ☐ Seniors and Persons With Disabilities ☐ Mental Health ☐ Supportive Recovery

Population: ☐ Female ☐ Male ☐ Co-Ed

PLEASE NOTE: *A separate application for registration must be completed and a fee of $250 submitted for each class of residence.*

Check if You Also House: ☐ Non-Residents (i.e., licensed area, independent living or family members of the operator pursuant to the *Community Care and Assisted Living Act*.)

If checked, please describe who the non-residents are:

Residence Units, Common Areas and Grounds

Proposed Number of Units:		Proposed Number of Persons for Each Unit:	
Proposed Number of Units Subsidized by the Health Authority:		Proposed Number of Private Pay Units:	
Proposed Number of Units Receiving Per Diem Funding:			

☐ Yes ☐ No Residence units and common areas are walker and wheelchair accessible (dining room, activity room, garden area, etc.)

☐ Yes ☐ No Units for each class of residents and non-residents (as above) are located in separate and distinct location on the premises.

Declaration and Authorization

My signature below indicates I declare, understand and acknowledge:

All the information given is true and complete to the best of my knowledge. I am aware the Assisted Living Registrar may refuse my application for registration if I have failed to disclose a material fact required by this application or I have made a false or misleading statement on the application form.

Upon receiving approval of my application for registration, I understand I will be bound by the *Community Care and Assisted Living Act* and the Assisted Living Regulation as published and amended from time to time.

My signature authorizes the Registrar to make reasonable and lawful inquiries about me and my residence management and operations, including inquiries seeking and verifying confidential or personal information from any regulatory authority, health authority, funding body, government body or law enforcement agency and to then consider and use that information to determine my fitness for registration as an operator of an assisted living residence under section 25 of the *Community Care and Assisted Living Act*.

Corporation / Society	
Print Legal Name of Corporation / Society	Date
Print Name of Authorized Signatory	Print Name of Authorized Signatory
Signature	Signature
Partnership/Sole Proprietorship/Person(s)	
Print Registered Name of Partnership / Sole Proprietorship (if applicable)	Date
Print Name	Print Name
Signature	Signature

Prior to Submission

1. Ensure the Application for Registration form is complete and signed.
2. Make a copy of the completed form, the required document checklist, and the attached documents for your files.
3. Include a one-time non-refundable application fee in the amount of $250.00, payable to the Minister of Finance.

Privacy Protection: The information in this form is collected under the *Community Care and Assisted Living Act*. The information collected will be used by the Registrar in processing your application for registration and, if your application is accepted, to make general details about your registration available to the public. A registrant may access the information contained in their registration file in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, contact the Registrar.

Save Print Clear Form