



Applicant Information				NOTE: You cannot be a registered Assisted Living operator if you are a Limited Liability Partnership.	
Applicant's Legal Name (e.g., corporation, society or individual)			Please select the appropriate entity		
Contact Person		Position Title	<input type="radio"/> Corporation	<input type="radio"/> Individual/Sole Proprietorship	
			<input type="radio"/> Partnership	<input type="radio"/> Change of Ownership	
			<input type="radio"/> Society	<input type="radio"/> Other	
			<input type="radio"/> Health Authority		
Mailing Address		City		Province	Postal Code
Phone Number	Cell	Fax Number	Email		

List Name(s) of Partners or Names of the Board of Directors, if applicable (provide a separate sheet if necessary)					
Last Name	First Name	Position Title		Phone Number	
Address			Email		
Last Name	First Name	Position Title		Phone Number	
Address			Email		
Last Name	First Name	Position Title		Phone Number	
Address			Email		

Premises Information					
Residence Name		Phone Number	Email	Website	
Address		City		Province	Postal Code
Mailing Address (if different from above)		City		Province	Postal Code
Type of Existing Building			If New Construction, provide the Proposed Opening Date		
<input type="radio"/> Single Family Dwelling <input type="radio"/> Commercial <input type="radio"/> Duplex/Triplex <input type="radio"/> Apartment					
Structure					
<input type="radio"/> Single Storey <input type="radio"/> Multi-Level: indicate the number of floors ____ and which floors assisted living residents will be located on _____					

Proposed On-Site Manager Information					
Last Name		First Name		Position Title	
Phone Number	Cell	Fax Number	Email		

Proposed Secondary On-Site Manager Information (Optional)							
Last Name		First Name		Position Title			
Phone Number		Cell		Fax Number		Email	

PROPOSED RESIDENCE OPERATION

Class of Residence		
Check the class of residence for this application: <input type="radio"/> Seniors and Persons With Disabilities <input type="radio"/> Mental Health <input type="radio"/> Supportive Recovery Population: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Co-Ed		
PLEASE NOTE: A separate application for registration must be completed and a fee of \$250 submitted for each class of residence.		
Are you currently providing assisted living services? If yes, which assisted living service(s) and to how many people? <input type="radio"/> Yes <input type="radio"/> No		
Are you currently operating any other services on the proposed premises? (e.g. independent living, shelter service, licensed care) Please list the service type and number of people:		
Type:	Number of people:	<input type="checkbox"/> Other (please explain)
Type:	Number of people:	
Type:	Number of people:	

Assisted Living Services		
Check as Applicable	Provided by Operator or Contractor	
<input type="checkbox"/> Assistance with Activities of Daily Living (including eating, moving about, dressing and grooming, bathing and other forms of personal hygiene)	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:
<input type="checkbox"/> Assistance with Managing Medication (receiving, storing, reminding, distributing and administering medication)	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:
<input type="checkbox"/> Assistance with Safekeeping of Money and Other Personal Property	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:
<input type="checkbox"/> Assistance with Managing Therapeutic Diets	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:
<input type="checkbox"/> Assistance with Behaviour Management	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:
<input type="checkbox"/> Psychosocial (programming supports)	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:

Hospitality Services (all must be provided)		
Check as Applicable	Provided by Operator or Contractor	
<input type="checkbox"/> Meal Services	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:
<input type="checkbox"/> Housekeeping Services	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:
<input type="checkbox"/> Laundry Services	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:
<input type="checkbox"/> Social and Recreational Opportunities	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:
<input type="checkbox"/> Personal Emergency Response System	<input type="radio"/> Operator	<input type="radio"/> Contractor, Name:

Proposed Number of Residence Units		Proposed Number of Residents	
Unit means a room or set of rooms in an assisted living residence that is used as the personal living quarters of a resident or shared as personal living quarters by more than one resident.		Resident means a person who receives housing, hospitality services and assisted living services at an assisted living residence.	
Total Number of Units		Total Number of Residents	
Number of Units Subsidized by the Health Authority		Number of Single Occupancy Units	
Number of Units Receiving Per Diem Funding from Ministry of Social Development and Poverty Reduction		Number of Double Occupancy Units	
Number of Private Pay Units		Other unit options not described above (please describe):	

Premises Health and Safety Features	
Air Conditioning <input type="radio"/> Yes <input type="radio"/> No	Elevator <input type="radio"/> Yes <input type="radio"/> No
Secured to protect entry from unauthorized persons. Please describe security features (e.g.: intercom, access code): <input type="radio"/> Yes <input type="radio"/> No	
Walker and wheelchair accessible units and areas (dining room, activity room, garden area, etc.). Please list the accessible areas: <input type="radio"/> Yes <input type="radio"/> No	
Separation of units for residents and non-residents (e.g.: independent living, licensed care, staff accommodations). Please describe: <input type="radio"/> Yes <input type="radio"/> No	
Please provide details of any additional features:	

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*.

Signature

Title of Signatory

Date

Print Name of Authorized Signatory

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 Assisted Living Registry.
4. Mail to: Assisted Living Registry, Ministry of Health, P.O. Box 9604, Stn Prov Govt, Victoria, BC V8W 9P1 or
Email to Hlth.assistedlivingregistry@gov.bc.ca

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.