



ASSISTED LIVING REGISTRAR
ASSISTED LIVING - MENTAL HEALTH & SUBSTANCE USE
APPLICATION FOR REGISTRATION

Required attachments are listed throughout the form. For a full list of attachments, refer to HLTH 1624, Required Document Checklist.

Attachment 1: A one-time non-refundable \$250 application fee must be included with the completed application form.

1. RESIDENCE INFORMATION

Form section for residence information including fields for Residence Name, Address, City/Town, Postal Code, Campus Name, Building Name, Phone/Fax numbers, Email, Website, and Mailing Address.

2. APPLICANT INFORMATION

Form section for applicant information including legal name and business structure checkboxes (Sole Proprietorship, Partnership, Not-for-profit Society, Corporation).

LIST NAME(S) OF PROPRIETOR, PARTNERS, OR AUTHORIZED REPRESENTATIVE (ATTACH ADDITIONAL SHEET IF NECESSARY)

Table for listing names of proprietors, partners, or authorized representatives with columns for Last Name, First Name, Initial, and Position Title.

APPLICANT CONTACT INFORMATION

Form section for applicant contact information including address, phone/fax numbers, email, and mailing address.

APPLICANT BACKGROUND

Questions 1 and 2 regarding community care facility experience and previous experience in supportive housing or assisted living.

Attachment 2: If yes to question 1 or 2, attach a separate document and indicate whether the experience is related to the applicant and/or site manager and provide details including name and address of the residence/facility, type of residence, jurisdiction (e.g., BC), nature of experience (e.g., manager, staff role), size of residence (e.g., number of residents), resident population, etc.

Questions 3, 4, and 5 regarding compliance with the Criminal Records Review Act and confirmation letters from the Criminal Records Review Board.

Attachment 3: If yes to question 5, attach a copy of the letter received from the Criminal Record Review Board confirming that you (the applicant) have submitted your consent for criminal record search to the Criminal Record Review Board and they have determined that you are able to work with vulnerable adults. See link: http://www.pssg.gov.bc.ca/criminal-records-review/apply/index.htm

3. RESIDENCE SITE MANAGER CONTACT INFORMATION

LAST NAME OF RESIDENCE SITE MANAGER (IF OTHER THAN APPLICANT)		FIRST NAME	MIDDLE INITIAL
POSITION TITLE		EMAIL	
PHONE NUMBER	ALTERNATE PHONE NUMBER	FAX NUMBER	

4. RESIDENCE POPULATION

- ADULTS ACCESSING SUBSTANCE USE SERVICES ADULTS ACCESSING MENTAL HEALTH SERVICES

5. RESIDENCE PROFILE

Attachment 4: Include a copy of your business licence. If you have not yet received your business licence, forward a copy upon receipt. If your local government does not require you to have a business licence, provide written confirmation from the local government.

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> EXISTING BUILDING	PROPOSED OPENING DATE (DD / MM / YYYY)	OPERATING SINCE (DD / MM / YYYY)
<input type="checkbox"/> VACANT <input type="checkbox"/> OCCUPIED <input type="checkbox"/> UNDER RENOVATION			

Attachment 5: If this residence is new construction or a renovation, include a copy of the occupancy permit, or, if you have not yet received your occupancy permit, forward a copy upon receipt. Note: If this is a newly built residence, you must submit all outstanding information before you begin to operate.

Attachment 6: If the residence is currently vacant or occupied, attach proof of inspection (BC Housing Home Inspection or equivalent).

TOTAL NUMBER OF RESIDENTS	TOTAL NUMBER OF UNITS*	NUMBER OF UNITS TO BE REGISTERED AS:	ASSISTED LIVING	PUBLICLY FUNDED (REGIONAL HA)	PRIVATELY FUNDED
DO YOU OFFER OTHER TYPES OF HOUSING ON THE SAME SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	INDICATE THE NUMBER OF EACH:	LICENCED CARE	SUPPORTIVE HOUSING	OTHER	

CONFIDENTIALITY / PRIVACY

DO RESIDENTS SIGN A CONSENT TO SERVICE FORM? <input type="checkbox"/> YES (ATTACHMENT 7) <input type="checkbox"/> NO	Attachment 7: Copy of a blank Consent to Service form.	
ARE RESIDENT UNITS LOCKABLE BY THE RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, IS LOCKABLE STORAGE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE IS THE STORAGE? <input type="checkbox"/> RESIDENT ROOMS <input type="checkbox"/> CENTRAL STORAGE

ENVIRONMENTAL HEALTH PERMITS AND APPROVALS

IS RESIDENCE ON CITY/MUNICIPAL SEWER SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO (ATTACHMENT 8)	Attachment 8: Copy of the sewage disposal permit.
IS RESIDENCE ON CITY/MUNICIPAL WATER SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO (ATTACHMENT 9)	Attachment 9: Copy of the Environmental Health water quality report.
DOES RESIDENCE HAVE A SWIMMING POOL? <input type="checkbox"/> YES (ATTACHMENT 10) <input type="checkbox"/> NO	Attachment 10: Copy of the Environmental Health permit.
DOES RESIDENCE HAVE A HOT TUB? <input type="checkbox"/> YES (ATTACHMENT 11) <input type="checkbox"/> NO	Attachment 11: Copy of the Environmental Health permit.
DOES RESIDENCE HAVE A HAIRDRESSING FACILITY? <input type="checkbox"/> YES (ATTACHMENT 12) <input type="checkbox"/> NO	Attachment 12: Copy of the Environmental Health Officer's approval for Personal Services Establishment.
IS A FOOD PREMISES PERMIT** REQUIRED BY LAW? <input type="checkbox"/> YES (ATTACHMENT 13) <input type="checkbox"/> NO (ATTACHMENT 14)	Attachment 13: Copy of the Food Premises permit. Attachment 14: Copy of FOODSAFE certificates for owner and any staff involved in food prep.
IS WORKSAFEBC*** REGISTRATION REQUIRED BY LAW? <input type="checkbox"/> YES (ATTACHMENT 15) <input type="checkbox"/> NO (ATTACHMENT 16)	Attachment 15: Copy of the WorkSafeBC registration. Attachment 16: Copy of written policies and procedures for Workplace Hazardous Materials Information System (WHMIS)
DOES RESIDENCE HAVE A FIRE PLAN <input type="checkbox"/> YES (ATTACHMENT 17) <input type="checkbox"/> NO	Attachment 17: Copy of the fire plan and local fire department approval of the plan.

* A unit is a bedroom or set of rooms in which a resident lives. A bedroom is counted as one unit even if two people share it.

** For more information on Food Premises Permits see the Ministry of Health website http://www.health.gov.bc.ca/protect/ehp_foodprotection.html

*** For more information on WorkSafeBC see their website <http://www.worksafebc.com>

6. RESIDENCE SERVICES

Attachment 18: Copy of the Prescribed Services Worksheet.

PRESCRIBED SERVICES

CHECK AS APPLICABLE	PROVIDED BY OR THROUGH	CONTRACTOR NAME
<input type="checkbox"/> ACTIVITIES OF DAILY LIVING	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> MEDICATION CENTRAL STORAGE, DISTRIBUTION, ADMINISTRATION AND MONITORING	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> MAINTENANCE OF RESIDENTS' CASH RESOURCES AND/OR OTHER PROPERTY	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> MONITORING OF FOOD INTAKE OR THERAPEUTIC DIETS	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> STRUCTURED BEHAVIOURAL MANAGEMENT AND INTERVENTION	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> PSYCHOSOCIAL SUPPORTS OR INTENSIVE PHYSICAL REHABILITATIVE THERAPY	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	

HOSPITALITY SERVICES

CHECK AS APPLICABLE	PROVIDED BY OR THROUGH	CONTRACTOR NAME
<input type="checkbox"/> MEAL SERVICES	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> HOUSEKEEPING SERVICES	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> LAUNDRY SERVICES	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> SOCIAL AND RECREATIONAL OPPORTUNITIES	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> 24-HOUR EMERGENCY RESPONSE SYSTEM	<input type="checkbox"/> OPERATOR <input type="checkbox"/> CONTRACTOR	

7. RESIDENCE OPERATION

Attachment 19: Sample copy of the Residence Occupancy Agreement that defines the expectations, rights and obligations of the resident and provider. This agreement should include the services to be provided, the charges to the resident for the services, and the conditions under which a resident will be required to move out of the residence, as well as other relevant residence policies and/or procedures.

RESIDENCE ENVIRONMENT

LOCATION		BUILDING (CHECK ALL THAT APPLY)	
<input type="checkbox"/> SUBURB/RESIDENTIAL AREA	<input type="checkbox"/> COMMERCIAL DISTRICT/CITY CENTRE	<input type="checkbox"/> WOOD FRAME CONSTRUCTION	<input type="checkbox"/> SINGLE STOREY <input type="checkbox"/> MULTI-STOREY
<input type="checkbox"/> WHEELCHAIR ACCESSIBLE?	<input type="checkbox"/> DO RESIDENTS SHARE ACCOMMODATION?	<input type="checkbox"/> CONCRETE CONSTRUCTION	<input type="checkbox"/> NO. OF FLOORS <input type="checkbox"/> ELEVATOR?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPRINKLER SYSTEM INSTALLED	<input type="checkbox"/> YES <input type="checkbox"/> NO

24-HOUR EMERGENCY RESPONSE SYSTEM

Attachment 20: General Emergency Plan (written procedures for how staff and residents summon help in an emergency).

STAFF AVAILABILITY

DO YOU HAVE STAFF AVAILABLE TO RESPOND TO RESIDENT EMERGENCY CALLS? YES (CHECK ALL APPLICABLE BOXES BELOW) NO

STAFF ONSITE 24 HOURS A DAY OFFSITE STAFF ON CALL DURING THE DAY

STAFF ONSITE DURING THE DAY ONLY OFFSITE STAFF ON CALL AT NIGHT AND/OR WHEN THERE IS NO STAFF ONSITE

STAFF ONSITE DURING THE DAY AND PART OF THE NIGHT OFFSITE STAFF ON CALL AT ALL TIMES

WHAT EMERGENCY CALL DEVICES ARE INSTALLED?

MECHANICAL/ELECTRONIC CALL DEVICE IN UNITS TELEPHONE IN UNITS OTHER (SPECIFY)

PERSONAL ALARM DEVICE WORN BY RESIDENTS INTERCOM SYSTEM IN UNITS

WHICH STATEMENT(S) BEST DESCRIBES YOUR 24-HOUR EMERGENCY RESPONSE PROCEDURE?

RESIDENTS ARE TRAINED AND ABLE TO CALL 911 AND/OR OTHER APPROPRIATE ASSISTANCE AS REQUIRED

STAFF ARE TRAINED TO RESPOND AND ACT ON EMERGENCY CALLS (E.G., ADMINISTER FIRST AID, OPERATE FIRE SUPPRESSION)

STAFF ARE TRAINED TO CALL 911 AND/OR PROVIDE OTHER APPROPRIATE ASSISTANCE AS REQUIRED

EXTERNAL MONITORING STATION DISPATCHES APPROPRIATE ASSISTANCE

WHAT IS YOUR AVERAGE RESPONSE TIME FOR EMERGENCY CALLS?

< 15 MINUTES 15-30 MINUTES OTHER (SPECIFY)

PERSONAL SERVICE PLANS

Attachment 21: Sample copy of a Personal Service Plan - the agreement between a resident and the operator that includes information about their service needs, goals, and the services the resident will receive.

WHEN IS THE INITIAL PERSONAL SERVICE PLAN DEVELOPED?	ARE RESIDENTS INVOLVED IN THE DEVELOPMENT, REVIEW AND UPDATE OF THEIR PERSONAL SERVICE PLAN?
<input type="checkbox"/> BEFORE MOVING IN <input type="checkbox"/> LESS THAN 1 WEEK AFTER MOVING IN	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> IMMEDIATELY AT TIME OF MOVING IN	
WHAT IS THE FREQUENCY OF REVIEW AND UPDATE OF PERSONAL SERVICE PLANS? (CHECK ALL THAT APPLY)	
<input type="checkbox"/> WHEN REQUESTED BY THE RESIDENT	<input type="checkbox"/> QUARTERLY
<input type="checkbox"/> WHEN DEEMED NECESSARY BY THE ASSIGNED RESOURCE	<input type="checkbox"/> SEMI-ANNUALLY
<input type="checkbox"/> BY AGREEMENT BETWEEN THE ASSIGNED RESOURCE & THE RESIDENT	<input type="checkbox"/> ANNUALLY
<input type="checkbox"/> MONTHLY	<input type="checkbox"/> OTHER (SPECIFY) _____

PERSONAL SERVICE PLANS CONTINUED

WHO IS ASSIGNED TO DEVELOP AND MAINTAIN PERSONAL SERVICE PLANS (THE "ASSIGNED RESOURCE")?

	POSITION TITLE	PROFESSIONAL/NON-PROFESSIONAL QUALIFICATIONS
<input type="checkbox"/> PROFESSIONAL (E.G., RN)		
<input type="checkbox"/> NON-PROFESSIONAL STAFF		

4. WHAT IS THE STATUS OF THE ASSIGNED RESOURCE?

 STAFF CONTRACTOR**8. COMPLAINT RESOLUTION****Attachment 22:** Copy of your complaint policy and procedures that inform staff how to handle a resident complaint.**Attachment 23:** Copy of the complaint procedure provided to residents. Note: Operators and/or residence staff must not prevent or intimidate anyone from making a complaint.

HOW IS YOUR COMPLAINT PROCESS COMMUNICATED TO RESIDENTS? (CHECK ALL THAT APPLY)

- COMPLAINT PROCEDURES ARE POSTED OTHER (SPECIFY)
 ASSISTED LIVING REGISTRAR COMPLAINT BROCHURES ARE AVAILABLE
 COMPLAINT PROCEDURES ARE INCLUDED IN THE INFORMATION RESIDENTS ARE GIVEN AT THE TIME OF ENTRY
 COMPLAINT PROCEDURES ARE REVIEWED AT MEETINGS WITH RESIDENTS

9. MHSU HEALTH AND SAFETY STANDARDS AND GUIDELINESI AM AWARE OF AND HAVE REVIEWED THE MENTAL HEALTH AND SUBSTANCE USE HEALTH AND SAFETY STANDARDS AND GUIDELINES YES NO**10. DECLARATION AND AUTHORIZATION**

My signature below indicates I declare, understand and acknowledge:

- All of the information given is true and complete to the best of my knowledge. The Assisted Living Registrar may decline 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 will be bound by the *Health and Safety Standards and Guidelines* of the Assisted Living Registrar as published and amended from time to time.

My signature authorizes the Assisted Living Registrar to make reasonable and lawful enquiries about me and my residence management and operations, including enquiries 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(1) of the *Community Care and Assisted Living Act*.

NOT-FOR-PROFIT SOCIETY/CORPORATION/PARTNERSHIP:

PRINT LEGAL ENTITY NAME		DATE
PRINT NAME OF AUTHORIZED SIGNATORY	PRINT NAME OF AUTHORIZED SIGNATORY	
SIGNATURE OF AUTHORIZED SIGNATORY	SIGNATURE OF AUTHORIZED SIGNATORY	

SOLE PROPRIETORSHIP:

PRINT REGISTERED NAME (IF APPLICABLE)		DATE
PRINT NAME	SIGNATURE	

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 Assisted Living 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, please contact the Assisted Living Registrar.