

Registration Renewal Application Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RESIDENCE INFORMATION** | | | | |
| {{ResidenceName}} | | **Registration Number:** {{CertificateId}} | | **ResID:**{{ResID}} |
| **Assisted Living Class**: {{LicenseType}} | | | | |
| **Civic Address:** {{ResidenceAddress}} | | | | |
| **Residence Phone:** {{ResidencePhoneNumber}} | | **Residence Fax**:{{ResidenceFax}} | | |
| **LEGAL REGISTRANT/OPERATOR** | | | | |
| **Registrant’s Legal Name:** {{RegistrantName}} | | | | |
| **Registrant’s Mailing Address:** {{RegistrantBillingAddress}} | | | | |
| **Registrant’s Phone:** {{RegistrantPhone}} | | **Registrant’s Email:** | | |
| **INDIVIDUAL AUTHORIZED TO ACT ON REGISTRANT’S BEHALF (MAIN CONTACT)** | | | | |
| **Name:** {{Name}} | | **Title:** {{PrimaryRole}} | | |
| **Phone:** {{ContactPhone}} | | **Cell:** {{ContactCell}} | | |
| **Email:** {{ContactEmail}} | | **Is contact usually on site?**  **Yes**  **No** | | |
| **SITE MANAGER 1** | | | | |
| **“Site manager 1” is the individual that is responsible for overseeing the day to day operations of the residence.**  **Please note:** if there has been a change to either of your site managers, you will be required to submit the required documents as outlined in Section 9 (2) and Schedule A, Section 3 of the Assisted Living Regulation | | | | |
| **Name:** | | **Title:** | | |
| **Phone:** | | **Cell:** | | |
| **Email:** | | | | |
| **SITE MANAGER 2** | | | | |
| **“Site manager 2” is the individual that is responsible when the site manager is not there.**  **Please note:** if there has been a change to either of your site managers, you will be required to submit the required documents as outlined in Section 9 (2) and Schedule A, Section 3 of the Assisted Living Regulation | | | | |
| **Name:** | | **Title:** | | |
| **Phone:** | | **Cell:** | | |
| **Email:** | | | | |
| **OTHER REGISTRANT REPRESENTATIVES** | | | | |
| **Individuals such as board members, regional managers, CEOs, and others that may be contacting the Registry on behalf of the operator.** | | | | |
| **Name:** | **Title:** | **Email:** | **Phone:** | |
| **Name:** | **Title:** | **Email:** | **Phone:** | |
| **Name:** | **Title:** | **Email:** | **Phone:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICES YOU OFFER** | | | |
| **ASSISTED LIVING SERVICES** | | | |
| **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** | **OR** | **CONTRACTOR** |
| **Assistance with Managing Medication**  can include one or more of the following: receiving, storing, distributing, and/or administering medication | **OPERATOR** | **OR** | **CONTRACTOR** |
| **Assistance with Safekeeping of Money and Other Personal Property** | **OPERATOR** | **OR** | **CONTRACTOR** |
| **Assistance with Managing Therapeutic Diets**  part of treatment for a medical condition, prescribed by a physician and planned by a dietitian. Allergies, intolerances, or preferences do not qualify as a therapeutic diet. | **OPERATOR** | **OR** | **CONTRACTOR** |
| **Assistance with Behaviour Management** | **OPERATOR** | **OR** | **CONTRACTOR** |
| **Psychosocial (or Programming) Supports** | **OPERATOR** | **OR** | **CONTRACTOR** |
| **HOSPITALITY SERVICES** | | | |
| **SERVICE** | **PROVIDED BY OPERATOR OR THROUGH CONTRACTOR** | | |
| Meal Services | **OPERATOR** | **OR** | **CONTRACTOR** |
| Housekeeping Services (cleaning premises) | **OPERATOR** | **OR** | **CONTRACTOR** |
| Laundry Services | **OPERATOR** | **OR** | **CONTRACTOR** |
| Social and Recreational Opportunities | **OPERATOR** | **OR** | **CONTRACTOR** |
| 24-hour Personal Emergency Response System | **OPERATOR** | **OR** | **CONTRACTOR** |
| **UNITS AND CLASSES OF ASSISTED LIVING** | | | |
| **Seniors and Persons with Disabilities**  For adults receiving assisted living services due primarily to chronic or progressive conditions linked to the aging process or a disability | Number of Private Pay Units: Number of Health Authority Funded Units:  **Total Units:** | | |
| **Supportive Recovery**  For adults receiving assisted living services due primarily to substance use | Number of Private Pay Units: Number of Health Authority Funded Units: Number of Per Diem Funded Units:  **Total Units:** | | |
| **Mental Health**  For adults receiving assisted living services due primarily to a mental disorder | Number of Private Pay Units: Number of Health Authority Funded Units: Number of Per Diem Funded Units:  **Total Units:** | | |
| **OTHER ACCOMMODATIONS YOU PROVIDE** | | | |
| **Licensed Care:**  **Number of units:** | **Independent Living:**  **Number of units:** | | |
| **Supportive Housing:**  **Number of units:** | **Other** (please explain)**:**  **Number of units:** | | |

**Completed renewal forms and payment must be received by the Assisted Living Registry no later than April 1, 2022 or you will be charged an additional late renewal fee of $250.00**

**If the renewal form is received, but is incomplete or payment is missing, this will delay your renewal process and may lead to a late fee charge.**

If you have any questions, please contact the Registry at 778-974-4887, toll-free 1-866-714-3378, or by email at [hlth.assistedlivingregistry@gov.bc.ca](mailto:hlth.assistedlivingregistry@gov.bc.ca)

|  |
| --- |
| **DECLARTION AND AUTHORIZATION** |
| By signing below, 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 Registry may refuse my application for renewal if I have made a false or misleading statement on this form or if I have failed to complete the form correctly.  Upon receiving approval of my application for renewal, I understand that I continue to 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 Registry to make reasonable and lawful inquiries about me and my residence management and operations, including seeking and verifying confidential or personal information from any regulatory authority, health authority, funding body, government body or law enforcement agency. The information collected will be used to determine renewal as an operator of an assisted living residence under section 25(1) of the *Community Care and Assisted Living Act*. |

|  |  |
| --- | --- |
| **CORPORATION/SOCIETY** | |
|  |  |
| **PRINT LEGAL NAME** | **DATE** |
| **PRINT NAME OF AUTHORIZED SIGNATORY** | **SIGNATURE** |
| **PRINT NAME OF AUTHORIZED SIGNATORY** | **SIGNATURE** |

|  |  |
| --- | --- |
| **PARTNERSHIP/SOLE PROPRIETORSHIP/PERSON(S):** | |
|  |  |
| **PRINT REGISTERED NAME (if applicable)** | **DATE** |
| **PRINT NAME** | **SIGNATURE** |
| **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 Registrar in processing your application for renewal and, if your renewal 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.