

This information is collected under the authority of section 33 of the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be used for the purposes of licensing supportive living and monitoring long-term care accommodations. Your personal information will be managed in accordance with the *FOIP Act*. Should you have any questions about the collection, use, or disclosure of this information, you may contact the Director, Continuing Care Standards and Licensing, Alberta Health, at 780-644-8428 (310-0000 toll free), or PO Box 1360 Stn Main, 10025 Jasper Avenue, Edmonton AB T5J 2N3.

Licence Application Licence Renewal

FOR OFFICE USE ONLY

Supportive Living Accommodation ID

Note:

- Each Supportive Living Accommodation requires a separate application
- Applications cannot be processed unless all application sections are complete
- Please PRINT clearly

Section A - Information About Supportive Living Accommodation

Name under which Supportive Living Accommodation will be operated			
Complete address of Supportive Living Accommodation <i>(including building name, room number or floor if applicable)</i>			
City / Town	Province	Postal Code	Telephone
Supportive Living Accommodation mailing address <i>(if different from above)</i>			Province Postal Code
Date Supportive Living Accommodation was built <i>(yyyy-mm-dd)</i>		Date of last renovation <i>(if applicable)</i> <i>(yyyy-mm-dd)</i>	

Section B - Supportive Living Accommodation Contact Person

Person in charge at the Supportive Living Accommodation		Position / Title	
Email	Telephone	Cell Phone	

Section C - Information About the Applicant

Legal name of Applicant <i>(as it will appear on licence)</i>			
Type of Operator <i>(select only one)</i>			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Charitable Organization	<input type="checkbox"/> Management Body
<input type="checkbox"/> Partnership	<input type="checkbox"/> Society	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Other <i>(specify)</i> _____
Ownership <i>(select only one)</i>			
<input type="checkbox"/> Private	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Government Owned	
Other Government Involvement <i>(Accommodation or Resident)</i>			
<input type="checkbox"/> PDD	<input type="checkbox"/> Housing and Urban Affairs	<input type="checkbox"/> Alberta Works	<input type="checkbox"/> Unique Homes
<input type="checkbox"/> AISH	<input type="checkbox"/> Health	<input type="checkbox"/> Lodge Assistance Program	

Section D - Operator Contact Person (person to whom correspondence should be directed)

Contact Name	Position / Title		
Mailing Address	City / Town	Province	Postal Code
Email	Telephone	Cell Phone	

Section E - Number of Residents

Maximum Occupancy	Current Occupancy
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Section F - Change in Occupancy (complete Section F for application renewals ONLY)

Is there a change in your maximum occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify number _____	Is there a change in your current occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify number _____
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Section G - Attachments

Submit the following with the completed application form:

- (1) Confirmation of current corporate status of the operator of the Supportive Living Accommodation, if applicable.
- (2) Confirmation of insurance coverage.
- (3) A copy of:
 - the most recent health inspection,
 - the safety code approval for a new or renovated supportive living accommodation,
 - the zoning approval, and
 - the most recent fire inspection report for pre-existing buildings.

NEW Licence

- Submit items #1 and #2 with licence application.
- Item #3 must be submitted before a licence can be issued.

Renewal Licence

- Submit item #2 with licence renewal application.
- Submit those parts of items #1 and #3, IF there are changes since the previous application.

When complete mail to:

Alberta Health
 Compliance and Monitoring Branch
 PO Box 1360 Stn Main
 10025 Jasper Avenue
 Edmonton AB T5J 2N3
 Fax: 780-644-8729
asal@gov.ab.ca

Declaration

I certify that the information I have provided is true and correct to the best of my knowledge.

Name	Position / Title		
Current Address			
City / Town	Province	Postal Code	Telephone
Date (yyyy-mm-dd)	Signature of licence applicant		

Please return at least 30 days before Licence expires