Completed forms cannot be saved - they must be printed before closing Reader and then mailed to address listed at end of the Instructions.

BRITISH COLUMBIA

OFFICE OF THE
ASSISTED LIVING REGISTRAR

ASSISTED LIVING
APPLICATION FOR REGISTRATION

1. RESIDENCE INFORMATION

RESIDENCE NAME		OTHER TRADE NAME (IF APPLICABLE)	
ADDRESS		CITY/TOWN	POSTAL CODE
CAMPUS NAME (IF APPLICABLE)		BUILDING NAME/FLOOR NUMBER (IF APPLICABLE)	
RESIDENCE PHONE NUMBER	RESIDENCE FAX NUMBER	EMAIL	WEBSITE

2. APPLICANT INFORMATION

APPLICANT'S LEGAL NAME (OPERATOR OF THE RESIDENCE)

☐ PERSON OR PERSONS ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP
☐ NOT-FOR-PROFIT SOCIETY ☐ CORPORATION

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

LAST NAME	FIRST NAME	INITIAL	POSITION TITLE (IF APPLICABLE)
LAST NAME	FIRST NAME	INITIAL	POSITION TITLE (IF APPLICABLE)
LAST NAME	FIRST NAME	INITIAL	POSITION TITLE (IF APPLICABLE)

APPLICANT CONTACT INFORMATION

MAILING ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE

PHONE NUMBER	ALTERNATE PHONE NUMBER	FAX NUMBER	EMAIL

APPLICANT BACKGROUND (If you check "yes" to any of questions 1–5, attach additional sheets if space is insufficient. See instructions for details.)

1. Have you or your site manager ever, or do you or your site manager currently, own, manage or otherwise have an interest in a community care facility licensed under the *BC Community Care and Assisted Living Act* (formerly *BC Community Care Facility Act*) or comparable facility in this or any other jurisdiction?
   ☐ YES ☐ NO
2. Have you or your site manager had previous experience in supportive housing or assisted living in this or any other jurisdiction?
   ☐ YES ☐ NO
3. Have you or your site manager ever been convicted of a criminal offence under the laws of this or any other jurisdiction?
   ☐ YES ☐ NO
4. Are there any criminal charges against you or your site manager in this or any other jurisdiction?
   ☐ YES ☐ NO
5. Have you or your site manager ever been reprimanded, sanctioned, or terminated from employment in this or any other jurisdiction for the abuse and/or neglect of a vulnerable person?
   ☐ YES ☐ NO
6. Do you perform and/or require your contractors to perform personal background checks on staff, contracted resources and volunteers?
   STAFF: ☐ YES ☐ NO CONTRACTED RESOURCES: ☐ YES ☐ NO VOLUNTEERS: ☐ YES ☐ NO

3. RESIDENCE SITE CONTACT INFORMATION

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

4. RESIDENCE PROFILE

☐ NEW CONSTRUCTION	PROPOSED OPENING DATE	☐ UNDER RENOVATION ☐ VACANT ☐ OCCUPIED	DATE OPERATING SINCE

ATTACH A COPY OF THE FOLLOWING PERMITS AS APPLICABLE:	IF NEW CONSTRUCTION, UNDER RENOVATION OR VACANT, ATTACH AS APPLICABLE:
☐ FOOD PREMISES PERMIT ☐ SEWAGE DISPOSAL PERMIT	☐ FINAL BUILDING PERMIT ☐ CHANGE IN USE PERMIT ☐ OCCUPANCY PERMIT

TOTAL NUMBER OF UNITS	NUMBER TO BE REGISTERED AS:	ASSISTED LIVING	PRIVATELY FUNDED	PUBLICLY FUNDED

OF THE REMAINING UNITS, IF ANY, INDICATE NUMBER OF EACH:	LICENSED CARE	SUPPORTIVE HOUSING	OTHER (LIST NUMBER AND SPECIFY TYPE)

RESIDENT POPULATION

☐ SENIORS
☐ ADULTS WITH PHYSICAL DISABILTIES
☐ ADULTS WITH MENTAL DISORDERS
☐ ADULTS WITH SUBSTANCE USE DISORDERS
☐ ADULTS WITH ACQUIRED BRAIN INJURIES

5. RESIDENCE SERVICES

PLEASE COMPLETE AND ATTACH THE **PERSONAL ASSISTANCE SERVICES, SELF-ASSESSMENT WORKSHEET** (PROVIDED WITH THE ACCOMPANYING BOOKLET TITLED "ASSISTED LIVING, SHOULD I REGISTER MY RESIDENCE?") TO DETERMINE IF YOU PROVIDE PRESCRIBED SERVICES.

PERSONAL ASSISTANCE SERVICES AT PRESCRIBED LEVEL

CHECK AS APPLICABLE	PROVIDED BY OR THROUGH
☐ ACTIVITIES OF DAILY LIVING	☐ OPERATOR ☐ CONTRACT
☐ MEDICATION CENTRAL STORAGE, DISTRIBUTION, ADMINISTRATION AND MONITORING	☐ OPERATOR ☐ CONTRACT
☐ MONITORING OF FOOD INTAKE OR THERAPEUTIC DIETS	☐ OPERATOR ☐ CONTRACT
☐ MAINTENANCE OR MANAGEMENT OF CASH RESOURCES OR PROPERTY	☐ OPERATOR ☐ CONTRACT
☐ PSYCHOSOCIAL REHABILITATION OR INTENSIVE PHYSICAL REHABILITATION	☐ OPERATOR ☐ CONTRACT
☐ STRUCTURED BEHAVIOURAL PROGRAM	☐ OPERATOR ☐ CONTRACT

HOSPITALITY SERVICES

CHECK AS APPLICABLE	PROVIDED BY OR THROUGH
MEAL SERVICES	☐ OPERATOR ☐ CONTRACT
HOUSEKEEPING SERVICES	☐ OPERATOR ☐ CONTRACT
LAUNDRY SERVICES	☐ OPERATOR ☐ CONTRACT
SOCIAL AND RECREATIONAL OPPORTUNITIES	☐ OPERATOR ☐ CONTRACT
24-HOUR EMERGENCY RESPONSE SYSTEM	☐ OPERATOR ☐ CONTRACT

6. RESIDENCE OPERATION

PLEASE CHECK ALL APPROPRIATE BOXES UNDER EACH TOPIC TO BEST DESCRIBE YOUR RESIDENCE OPERATION AT THIS POINT IN TIME.

ASSISTED LIVING RESIDENT PROFILE

		# OF RESIDENTS
1. CURRENT TOTAL NUMBER OF RESIDENTS:		
2. CAPACITY FOR SELF-DIRECTION	☐ SELF-DIRECTIVE (resident participates in his/her own personal services plan)	
	☐ SELF-DIRECTIVE WITH PERIODIC SUPPORT FROM STAFF	
	☐ SELF-DIRECTIVE WITH DAILY SUPPORT FROM STAFF OR LIVE-IN SPOUSE/PARTNER	
3. COGNITION	☐ COGNITIVELY ALERT; SHORT AND LONG-TERM MEMORY INTACT	
	☐ COGNITIVELY ALERT WITH MILD SHORT-TERM MEMORY IMPAIRMENT (seems/appears to recall after 5 minutes)	
	☐ MINIMAL TO MODERATE COGNITIVE IMPAIRMENT (requires consistent cues/reminders to perform multi-tasks)	
4. MOBILITY	☐ FULLY AMBULANT, NO MOBILITY AID REQUIRED	
	☐ SELF-MOBILE WITH USE OF AIDS SUCH AS WHEELCHAIR, WALKER OR SCOOTER	
	☐ NEED STAFF ASSISTANCE WITH MOBILITY AND/OR TRANSFERS	
5. RESPONSE TO EMERGENCY SITUATIONS	☐ EXIT WALKING INDEPENDENLTY; FULLY CAPABLE OF SELF-PRESERVATION IN AN EMERGENCY SITUATION	
	☐ MINIMAL ASSIST; RECOGNIZE AN EMERGENCY SITUATION AND WILL FOLLOW DIRECTIONS FOR EVACUATION	
	☐ PROTECT IN PLACE; CAN RECOGNIZE/IDENTIFY EMERGENCY SITUATIONS (proceed to and/or remain in safe zone)	
	☐ MAY NOT IMMEDIATELY RECOGNIZE AN EMERGENCY SITUATION (may require staff cues/direction to evacuate)	

RESIDENCE ENVIRONMENT

1. LOCATION
   - ☐ SUBURB/RESIDENTIAL AREA
   - ☐ COMMERCIAL DISTRICT/CITY CENTRE
   - ☐ NEIGHBOURHOOD STREET WITH MINIMAL TRAFFIC
   - ☐ MAJOR THOROUGHFARE/HIGHWAY WITH HEAVY TRAFFIC

2. BUILDING
   - ☐ SINGLE STOREY
   - ☐ MULTI-STOREY
   - ☐ WOOD FRAME CONSTRUCTION
   - ☐ CONCRETE CONSTRUCTION
   - ☐ ELEVATOR AVAILABLE
   - ☐ SPRINKLER SYSTEM INSTALLED

RESIDENCE ENVIRONMENT continued

3. COMMON AREAS AND GROUNDS

ARE THE COMMON AREAS (E.G., DINING ROOM) AND GROUNDS (E.G., GARDEN) WHEELCHAIR ACCESSIBLE? ☐ YES ☐ NO

4. RESIDENCE UNITS

ARE ALL THE RESIDENCE UNITS LOCKABLE BY THE RESIDENT? ☐ YES ☐ NO

DO ALL THE RESIDENCE UNITS MEET THE MOBILITY AND PHYSICAL DISABILITY NEEDS OF THE RESIDENTS? ☐ YES ☐ NO

24-HOUR EMERGENCY RESPONSE SYSTEM

1. 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
- ☐ STAFF ONSITE DURING THE DAY ONLY
- ☐ STAFF ONSITE DURING THE DAY AND PART OF THE NIGHT
- ☐ OFFSITE STAFF ON CALL DURING THE DAY
- ☐ OFFSITE STAFF ON CALL AT NIGHT AND/OR WHEN THERE IS NO STAFF ONSITE
- ☐ OFFSITE STAFF ON CALL AT ALL TIMES

2. WHAT EMERGENCY CALL DEVICES ARE INSTALLED?

- ☐ MECHANICAL/ELECTRONIC CALL DEVICE IN UNITS
- ☐ TELEPHONE IN UNITS
- ☐ INTERCOM SYSTEM IN UNITS
- ☐ PERSONAL ALARM DEVICE WORN BY RESIDENTS
- ☐ OTHER (SPECIFY)

3. 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 AS THE FIRST RESPONDER ONLY TO DISPATCH 911 AND/OR OTHER APPROPRIATE ASSISTANCE AS REQUIRED
- ☐ EXTERNAL MONITORING STATION DISPATCHES APPROPRIATE ASSISTANCE

4. WHAT IS YOUR AVERAGE RESPONSE TIME FOR EMERGENCY CALLS?

☐ < 15 MINUTES ☐ 15–30 MINUTES ☐ 30–45 MINUTES ☐ 45–60 MINUTES ☐ > 60 MINUTES

PERSONAL SERVICES PLANS

1. ARE RESIDENTS AND/OR THEIR FAMILIES INVOLVED IN THE DEVELOPMENT, REVIEW AND UPDATE OF PERSONAL SERVICES PLANS?

☐ ONLY THE RESIDENT IS INVOLVED ☐ RESIDENT AND FAMILY ARE INVOLVED ☐ RESIDENT AND THEIR FAMILY ARE NOT INVOLVED

2. WHEN WOULD YOU DEVELOP THE INITIAL PERSONAL SERVICES PLAN?

☐ IMMEDIATELY AT TIME OF ENTRY ☐ LESS THAN 1 WEEK AFTER ENTRY ☐ 1–4 WEEKS AFTER ENTRY ☐ MORE THAN 4 WEEKS AFTER ENTRY

3. WHO IS ASSIGNED TO DEVELOP AND MAINTAIN PERSONAL SERVICES PLANS (THE "ASSIGNED RESOURCE")?

	POSITION TITLE	PROFESSIONAL/NON-PROFESSIONAL QUALIFICATIONS
☐ PROFESSIONAL (E.G., RN)		
☐ NON-PROFESSIONAL STAFF		

4. WHAT IS THE STATUS OF THE ASSIGNED RESOURCE?

☐ STAFF ☐ CONTRACTOR

5. WHAT IS THE FREQUENCY OF REVIEW AND UPDATE OF PERSONAL SERVICES PLANS?

- ☐ WHEN REQUESTED BY THE RESIDENT
- ☐ WHEN DEEMED NECESSARY BY THE ASSIGNED RESOURCE
- ☐ BY AGREEMENT BETWEEN THE ASSIGNED RESOURCE & THE RESIDENT
- ☐ MONTHLY
- ☐ QUARTERLY
- ☐ SEMI-ANNUALLY
- ☐ ANNUALLY
- ☐ OTHER (SPECIFY) _____

6. PLEASE PROVIDE AN ACTUAL SAMPLE OF A TYPICAL PERSONAL SERVICES PLAN THAT YOU USE.

DELEGATION OF PROFESSIONAL TASKS

1. HOW ARE PROFESSIONAL HEALTH CARE TASKS DELEGATED TO NON-PROFESSIONALS?

- ☐ USE PERSONAL ASSISTANCE GUIDELINES AS PUBLISHED BY THE MINISTRY OF HEALTH SERVICES
- ☐ USE OWN INTERNAL POLICIES AND PROCEDURES BASED ON PERSONAL ASSISTANCE GUIDELINES OF MINISTRY OF HEALTH SERVICES
- ☐ USE OWN INTERNAL POLICIES AND PROCEDURES DEVELOPED INDEPENDENTLY
- ☐ THE ASSIGNED PROFESSIONAL RESOURCE APPLIES INDEPENDENT JUDGEMENT

2. WHO IS ASSIGNED TO DELEGATE AND MONITOR THE PERFORMANCE OF DELEGATED TASKS?

POSITION TITLE	PROFESSIONAL QUALIFICATIONS

3. WHAT IS THE STATUS OF THE ASSIGNED RESOURCE?

☐ STAFF ☐ CONTRACTOR

7. 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 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 will be bound by the policies of the Registrar as published and amended from time to time.

My signature authorizes the 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*.

CORPORATION/NOT-FOR-PROFIT SOCIETY:

_____ _____

PRINT Legal Entity Name *Date*

_____ _____

PRINT Name of Authorized Signatory *SIGNATURE of Authorized Signatory*

_____ _____

PRINT Name of Authorized Signatory *SIGNATURE of Authorized Signatory*

PARTNERSHIP/SOLE PROPRIETORSHIP/PERSON(S):

_____ _____

PRINT Registered Name (if applicable) *Date*

_____ _____

PRINT Name *SIGNATURE*

_____ _____

PRINT Name *SIGNATURE*

☐ make a copy of this completed form and any attachments for your files

To submit this application, use the enclosed envelope and include:

- ☐ the completed Personal Assistance Services Self-assessment Worksheet
- ☐ any other related attachments
- ☐ a cheque for the application fee in the amount of $250.00, payable to the Assisted Living Registrar of British Columbia
- ☐ send to the Office of the Assisted Living Registrar

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.

PRINT FORM RESET FORM

INSTRUCTIONS

1. RESIDENCE INFORMATION

- **Residence Name:** Enter the official business name of the residence as it appears on your business license.
- **Other Trade Name:** If applicable, provide any other trade name by which the residence is publicly known.
- **Address:** Enter the full address at which the residence is located.
- **Campus Name:** If the residence is situated in a campus setting, include the campus name.
- **Building Name/Floor Number:** If applicable, include the building name and the floor(s) on which the assisted living units are located.
- **Residence Phone Number:** Enter the published telephone number of the residence.
- **Residence Fax Number:** If available, enter the published fax number of the residence.
- **Email:** If available, enter the published email address of the residence.
- **Website:** If available, enter the published website address of the residence.

2. APPLICANT INFORMATION

- **Applicant's Legal Name:** The "Applicant" is the operator of the residence who is legally responsible for the conduct of the business. The Applicant may or may not be the legal owner of the real property on which the residence is located. Enter the legal name of a person, registered sole proprietorship, partnership, not-for-profit society or corporation.
- **If Applicant is a Person/Persons, Sole Proprietorship or Partnership:** Enter the full legal name(s) of the person(s), proprietors or partners. Attach additional sheet if required.
- **If the Applicant is a not-for-profit society or a corporation:** Enter the full name and title of a person who is legally authorized to act on behalf of the society or corporation. This is usually the president or a member of senior management. The Authorized Representative is the person with whom the Registrar will communicate about the application for registration and all other matters related to the residence subsequent to registration, including complaints. The Authorized Representative may, however, delegate subsequent communications with the Registrar's Office to another person named in "3. Residence Site Contact Information."
- **Applicant Contact Information:** Complete the applicant contact information including mailing address and a phone number. Additional phone number, fax number and email address are optional. Indicate "same as above" if the same as in "Residence Information." If your mailing address is a post office box, you must also provide the physical address for courier delivery.
- **Applicant Background:** Check "Yes" or "No" for each question and provide the following additional information if you have checked "Yes":

  Question 1 – Provide details including, name and address of facility, dates and nature of involvement (e.g., owner/manager, other), current status of license/registration of the facility (e.g., in good standing, suspended, cancelled), the jurisdiction (e.g., *BC Community Care and Assisted Living Act*), whether privately or publicly funded and if the latter, include names of funding agencies, etc.

  Question 2 – Indicate whether the experience is related to the Applicant and/or Site Manager and provide details including name and address of the residence, type of residence (supportive housing/assisted living), jurisdiction (e.g., Alberta), nature of experience (e.g., manager, care aide, nurse), number of residents, resident population, etc.

  Question 3 – Indicate whether the conviction is related to Applicant and/or Site Manager and provide details including the name of the person involved, nature of the crime, date of conviction, sentencing particulars, jurisdiction (e.g., Ontario), etc.

  Question 4 – Indicate whether the charges are related to the Applicant and/or Site Manager and provide details including the name of the person involved, nature and date of the charge, jurisdiction (e.g., Manitoba), etc.

  Question 5 – Provide details including the name of the person involved, nature of the reprimand, sanction, or employment termination, the authority involved (e.g., employer, professional regulatory body), etc.

  Question 6 – Indicate whether you conduct and/or require your contractors to conduct personal background checks to provide reasonable assurance that the staff, contracted resources and volunteers do not have a personal history (e.g., criminal conviction, reprimands or sanctions) that would present risks to the health and safety of residents.

3. RESIDENCE SITE CONTACT INFORMATION

➤ **Residence Site Manager:** Provide the full name, position title and phone number of the person who is responsible for the day-to-day operation of the residence and who may be contacted by the Registrar's Office subsequent to registration. Include any alternate phone number, email address, and fax number, if available. Indicate "same as above" if same as in Applicant Contact Information.

4. RESIDENCE PROFILE

➤ **Residence Status:** Check the box that best describes the operational status of your residence. Include the proposed opening date if your residence is still under construction or "Operating since" date if your residence has already been in operation. Check the applicable boxes associated with permits from local authorities and attach copies of applicable permits.

➤ **Number of Resident Units:**

- Enter the total number of resident units for your entire premises.
- If you are applying to register only part of your premises, enter the total number of units you wish to register as an assisted living residence.
- Of the total units to be registered as assisted living, enter the number of units that are privately and publicly funded.
- If you are applying to register only part of your premises, indicate the remaining number of units that are used for alternate purposes, e.g., licensed care, supportive housing or other (e.g., rental apartment).

➤ **Resident Population:** Check the boxes that best describe the population(s) of your residence.

5. RESIDENCE SERVICES

➤ **Prescribed Services:** Check to confirm that you have completed and attached the *Personal Assistance Services, Self-assessment Worksheet*.

- Referring to your completed worksheet, check the applicable boxes to indicate the personal assistance services you offer at the prescribed services level.

For each prescribed service offered:

- Check "Operator" to indicate you intend to deliver the service directly **and/or** "Contract" to indicate you intend to deliver the service through contractual arrangements with third party providers.

➤ **Hospitality Services:**

For each hospitality service:

- Check "Operator" to indicate you intend to deliver the service directly **and/or** "Contract" to indicate you intend to deliver the service through contractual arrangements with third party providers.

6. RESIDENCE OPERATION

➤ **Assisted Living Resident Profile:**

- Enter the current total number of residents.
- Check all applicable boxes and enter the associated number of residents to best describe the characteristics of your current resident population in terms of their range of:
  - *Capacity for self-direction* – the extent to which your residents participate in and direct their own personal services plan.
  - *Cognition* – the extent to which your residents are alert, have memory impairment, or receive advice and reminders from staff to initiate and carry out their daily activities.
  - *Mobility* – the extent to which your residents require mobility aids (e.g., cane, wheelchair, scooter) or staff assistance with mobility and/or transfers.
  - *Response to emergency situations* – the extent to which your residents are able to use the emergency response system or assistance to exit in case of an emergency.

➤ **Residence Environment:**

- Check all applicable boxes to best describe your residence environment in terms of:
  1. *Location* – where your physical building and grounds are situated.
  2. *Building* – the type of construction.
  3. *Common areas and grounds* – accessibility to all residents.
  4. *Residence units* – privacy and accommodation of mobility and physical disability needs of residents.

➤ **24-hour Emergency Response System:** (for discussion of this topic, refer to the section titled "*What type of 24-hour emergency response system must I have in place?"* in the *Information for Applicants* booklet)

- Answer all questions by checking all applicable boxes to best describe your 24-hour emergency response system in terms of:
  1. *Staffing* – the availability of onsite staff and offsite staff to respond to emergency calls.
  2. *Emergency Call Devices* – the types of mechanical/elecronic devices used to enable residents to summon assistance.
  3. *Response Procedures* – the general procedure followed to respond in case of an emergency.
  4. *Timeliness of Response* – the average time that it takes to respond to emergency calls.

➤ **Personal Services Plans:** (The personal services plan is an agreement between the individual resident and the operator and includes: the nature of the resident's needs and service requests, the risks the resident is facing and a plan for the delivery of services. The plan also includes hospitality services, and whether the personal assistance services are offered at either the support or prescribed services level.)

- Answer all the questions by checking all applicable boxes to best describe your process for developing and monitoring personal services plans in terms of:
  1. *Involvement* – indicate whether the resident and/or their family are involved in the development, review and update of the personal services plan.
  2. *Initial Plan Development* – when the initial personal services plan is developed.
  3. *Assigned Resource* – position titles and professional and non-professional qualifications of persons assigned to develop and maintain personal services plans.
  4. *Status of Assigned Resource* – indicate whether you directly employ the assigned resources or obtain resources through contractual arrangements with a third party.
  5. *Review and Update of Personal Services Plans* – the frequency/trigger for review and update of personal services plans.
  6. *Sample Plan* – attach a sample copy of an actual completed personal services plan that represents a typical plan for your resident population. **Please be sure to remove any personal identification about the particular resident.**

6. RESIDENCE OPERATION continued

➤ **Delegation of Professional Tasks:**

- Answer all questions by checking all applicable boxes to best describe your process for delegating professional health care tasks to non-professional staff in terms of:
  1. *Delegation Process* – the use of documented policies, procedures and guidelines and/or individual judgement.
  2. *Assigned Resource* – position titles and professional qualifications of persons responsible for delegating and monitoring the performance of delegated tasks.
  3. *Status of Assigned Resource* – indicate whether you directly employ the assigned resources or obtain resources through contractual arrangements with a third party.

7. DECLARATION AND AUTHORIZATION

➤ Read the declaration and authorization.

➤ Sign the form.

➤ Make a copy of the application package and any attachments for your records.

➤ Attach a cheque for the application fee.

➤ Using the enclosed envelope, mail the completed form together with all attachments and the cheque for the application fee to:

Office of the Assisted Living Registrar of British Columbia
200 – 1333 West Broadway Avenue
Vancouver BC V6H 4C6