



2002 - 2003 Residential Care Facilities Survey - Short Form

Si vous préférez recevoir ce questionnaire en français, veuillez cocher

Confidential when completed

This annual survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada 1985, Chapter S19.

Completion of this questionnaire is a legal requirement under the Statistics Act.

Correct pre-printed label information if necessary using the corresponding boxes below:

Business Name:		
C/O:		
Adresse :	Apt.	
City:		
Province:	Postal code:	
Contact:	Telephone::	
Effective date		
Day	Month	Year

Confidentiality:

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business without the previous written consent of that business. The data reported on this questionnaire will be treated in strict confidence, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or any other legislation.

Data Sharing Agreement:

To reduce duplication and to ensure more uniform statistics, Statistics Canada has entered into an agreement under section 12 of the Statistics Act with the Canadian Institute for Health Information (CIHI) for the sharing of information from this survey. Under section 12 of the Statistics Act you may refuse to share your information with the Canadian Institute for Health Information by writing to the Chief Statistician and returning your letter of objection along with the completed questionnaire in the enclosed return envelope.

Legal Name

The label on this questionnaire shows the Business name as currently recorded in the Statistics Canada inventory. If the Legal name and Business name are the same, please check below; if the Legal name and Business name are different, please print the **Legal name** in the space below:

021 Same as Business name OR Legal name 022 _____

Type of organization (check **ONE** only):

- | | | | |
|-----|--|--|---|
| 031 | 1 <input type="radio"/> Sole proprietorship | 4 <input type="radio"/> Co-operative | 7 <input type="radio"/> Government |
| | 2 <input type="radio"/> Partnership | 5 <input type="radio"/> Joint venture | 8 <input type="radio"/> Non-profit organization |
| | 3 <input type="radio"/> Incorporated company | 6 <input type="radio"/> Government business entity | |

GST Number

Please report your GST Registered Account Number (BN No.)

041 _____

Returning your questionnaire: Please complete and return your questionnaire within 30 days of receipt.

Please complete a questionnaire for the operation and location described on the label. You should only report for those facilities located in Canada. Please send the completed questionnaire in the enclosed envelope or by facsimile to 1-613-951-0709 or toll-free to 1-800-755-5514.

Do you have any questions? Do you need another questionnaire? For assistance and information please call: 1-888-291-6111.

Name of person completing this questionnaire:

(please print) _____

Telephone

Area Code Number _____

Facsimile

Area Code Number _____

Title

Signature

4 _____

Date completed

Day Month Year _____

I certify that the information contained herein is complete and correct to the best of my knowledge.



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Name of Facility	City, Town, etc.
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Fiscal Period

Please record the start and end dates of the 12 month fiscal period your business uses. Report all data for the 12 month fiscal period which ended on or between **April 1, 2002 and March 31, 2003**. For example, if your fiscal period ended December 31, 2002, please report for the period January 1, 2002 to December 31, 2002.

011	From	Day	Month	Year		012	To	Day	Month	Year

A. Ownership (check one only)

	Ownership 102
Proprietary	<input type="checkbox"/>
Religious	<input type="checkbox"/>
Lay (not for profit, non-profit voluntary associations, societies)	<input type="checkbox"/>
Municipal	<input type="checkbox"/>
Provincial or Territorial	<input type="checkbox"/>
Federal	<input type="checkbox"/>
Regional Health Authority, Board, District, Corporation	<input type="checkbox"/>

B. Beds (as at March 31, 2003)

	Approved complement	Staffed and in operation
1. Number of beds	121	122

C. Total days of care during reporting period by responsibility for payment

	Days
1. Provincial Health Department or Ministry (Provincial Health Insurance Plan)	131
2. Provincial Social Services Department or Ministry (Provincial Social Services Plan)	132
3. Other Provincial Department or Ministry (specify) _____	133
4. Municipalities, regional or district administration	134
5. All other, including self-pay	135
6. Total days (sum of boxes 131 to 135)	136

D. Movement of residents

	Residents
1. In facility as at April 1, 2002	151
2. Admissions during reporting period	152
3. Total under care (boxes 151 and 152)	153
4. Discharges during reporting period	154
5. Deaths during reporting period	155
6. Total separations (boxes 154 and 155)	156
7. In facility as at March 31, 2003 (box 153 minus 156)	157 *

* Box 157 must agree with page 3, boxes 221, 240 and 272.

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E. Age and sex of residents in facility as at March 31, 2003 (count each person once only)

Age Groups	Number of persons		Age Groups	Number of persons		
	1 Male	2 Female		1 Male	2 Female	
1. Less than 10 years	201	202	6. 70 to 74 years	211	212	
2. 10 to 17 years	203	204	7. 75 to 79 years	213	214	
3. 18 to 44 years	205	206	8. 80 to 84 years	215	216	
4. 45 to 64 years	207	208	9. 85 years and over	217	218	
5. 65 to 69 years	209	210	10. Total residents <i>(sum of lines 1 to 9)</i>	219	220	221 *

F. Type of care (refer to Instructions & Definitions)

Please group all residents in facility as at March 31, 2003 into the following
(count each person once only)

	Number of persons
1. Room and board only	228
2. Room and board with guidance/counselling with respect to social, employment, addiction problems, or parental guidance with skilled counselling (child care homes)	229
3. Room and board with custodial care and/or special school, sheltered workshop, etc.	230
4. Type I (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)	232
5. Type II (i.e., medical and professional nursing supervision, etc.)	234
6. Type III (i.e., medical management, skilled nursing care, etc.)	236
7. Higher type	238
8. Total residents <i>(sum of boxes 228 to 238)</i>	240 *

G. Principal characteristics of residents in facility as at March 31, 2003
(count each person once only)

	Number of persons
1. Aged	261
2. Physically Challenged and/or Disabled	262
3. Developmentally Delayed	263
4. Psychiatrically Disabled	264
5. Emotionally Disturbed Children	265
6. Alcohol/Drug Problems	266
7. Delinquents/Young Offenders	267
8. Transients	269
9. Others <i>(specify)</i>	271
10. Total residents <i>(sum of boxes 261 to 271)</i>	272 *

* Totals in boxes 157, 221, 240 and 272 should agree.

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H. Personnel

	Personnel employed as at March 31, 2003		Total accumulated paid hours during reporting period
	Full-time	Part-time	
1. <u>Direct Care Services</u>	331	332	333
2. <u>General Services (see definitions)</u>	369	370	371
3. Total (sum of lines 1 & 2)	381	382	383

Hours reported should have corresponding dollar values reported in Section I.

I. Expenses

For the 12 months ended March 31, 2003 (round to nearest dollar)	Salaries and wages	All other expenses	Total
1. <u>Direct Care Services</u>	432	433	434
2. <u>General Services (see definitions)</u>	461	462	463
3. <u>Other expenses (includes interest, rent, taxes, overhead (head office), depreciation, etc.)</u>		483	484
4. Total Expenses (sum of lines 1, 2 & 3)	495	496	497

Dollar values reported should have corresponding hours reported in Section H.

J. Income

For the 12 months ended March 31, 2003 (round to nearest dollar)	Amount
1. <u>Provincial Health Department or Ministry (Provincial Health Insurance Plan)</u>	501
2. <u>Provincial Social Services Department or Ministry (Provincial Social Services Plan)</u>	502
3. <u>Other Provincial Department or Ministry (specify)</u>	503
4. <u>Municipalities, regional or district administrations</u>	504
5. <u>All other</u>	505
6. <u>Residents - co-insurance or self-pay</u>	506
7. <u>Differential - preferred accommodation</u>	507
8. Total earnings for accommodation (sum of boxes 501 to 507)	508
9. <u>Sundry earnings</u>	509
10. Total income (sum of boxes 508 and 509)	510
Surplus (box 510 less box 497)	511
Deficit (box 497 less box 510)	512

NOTE: Audited data **not** required.

You may provide financial statements instead of completing the financial questions

INSURE PAGES 2 AND 3 ARE COMPLETED.

