




1996-97 – Residential Care Facilities Survey – Short Form

Si vous préférez ce questionnaire en français, veuillez cocher

Confidential when completed

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19

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. 

REFER TO INSTRUCTIONS AND DEFINITIONS BEFORE COMPLETING REPORT

Verify information on the label above.
Indicate any changes below:

Approved Beds

Highest Level of Care (see *Instruction Booklet*, page 11)

Principle Characteristic of the Majority of Residents
(Check one only)

Aged

Alcohol/Drug Problems (Alc./Drug)

Physically Challenged &/or Disabled (Phs. Dis.)

Delinquents (Delinq.)

Developmentally Delayed (Dev. Del.)

Transients (Transnts)

Psychiatrically Disabled (Psych. Dis.)

Others

Emotionally Disturbed Children (Dst. Child.)

specify _____

Program Coverage (Refer to *Instruction Booklet Appendix 2* for list of program codes for your province)

(Contact Name in block letters)

(Area code)

(Telephone No.)

Approved

(Authorized signature)

(Title)

(Date)

PLEASE COMPLETE AND RETURN THE LABELLED SURVEY IN THE ENCLOSED POSTAGE-PAID ENVELOPE

Notice of change of name and/or address of facility

Name Change		Contact Name	
Mailing Address (If different from the pre-printed address on the front of the return or if you are moving and know your address.)			
Street No. & Name or R.R., P.O. Box, General Delivery			Apt.
City	Province	Country	Postal Code
Telephone No.	Effective date of change		
Residence Address (Complete ONLY if different from Mailing Address.)			
Lot, Concession, Township or Street No. & Name			Apt.
City	Province	Country	Postal Code

Supplementary Information (special explanatory notes on significant changes during reporting period).

1996-97 — RESIDENTIAL CARE FACILITIES SURVEY

Name of Facility		City, Town, etc.	
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"/>
B. Beds (as at 31 March, 1997)		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		131	
2. Provincial Social Service Department or Ministry		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 1 April, 1996		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 31 March, 1997 (box 153 minus 156)		157	

* Box 157 must agree with page 2, boxes 221, 240 and 272

1996-97 — RESIDENTIAL CARE FACILITIES SURVEY

E. Age and sex of residents in facility as at 31 March, 1997 (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 (sum of lines 1 to 9).....	219	220	221 *

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

Please group all residents in facility as at 31 March, 1997 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 (sum of boxes 228 to 238)	240 *

G. Principal characteristics of residents in facility as at 31 March, 1997 (count each person once only)

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

* Totals should agree

1996-97 — RESIDENTIAL CARE FACILITIES SURVEY

H. PERSONNEL	Personnel employed as at 31 March, 1997		Total accumulated paid hours during reporting period
	Full-time	Part-time	
	331	332	333
1. Direct Care Services			
	369	370	371
2. General Services (see definitions)			
	381	382	383
3. Total (sum of lines 1 & 2)			
I. EXPENSES (for the 12 months ended March 31, 1997) (round to nearest dollar)	Salaries and wages	All other expenses	Total
	432	433	434
1. Direct Care Services			
	461	462	463
2. General Services (see definitions)			
		483	484
3. Other expenses (includes interest, rent, taxes, overhead (head office), depreciation, etc.)			
	495	496	497
4. Total Expenses (sum of lines 1, 2 & 3)			
J. INCOME (for the 12 months ended March 31, 1997) (round to nearest dollar)	Amount	Total	
Source of earnings for accommodation (boxes 501 to 507)	501		
1. Provincial Health Insurance Plan (Department or Ministry)			
	502		
2. Provincial Social Service Plan (Department or Ministry)			
	503		
3. Other Provincial Department or Ministry (specify)			
	504		
4. Municipalities, regional or district administration			
	505		
5. All other			
	506		
6. Residents — co-insurance or self-pay			
	507		
7. Differential — preferred accommodation			
		508	
8. Total earnings (sum of boxes 501 to 507)			
		509	
9. Sundry earnings			
		510	
10. Total income (sum of boxes 508 and 509)			
		511	
11. Surplus (box 510 minus 497)			
		512	
12. Deficit (box 497 minus 510)			

NOTE: Audited data not required

Supplementary Information (special explanatory notes on significant changes during reporting period).

For information only

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For information only

FOR OFFICE USE ONLY

DATE

- 1. REC _____
- 2. CLO _____
- 3. NU _____
- 4. CPN _____
- 5. DUP _____
- 6. REM _____
- 7. REF _____
- 8. NC _____
- 9. EDT _____
- 10. COM _____
- 11. KEY _____
- 12. EST _____
- 13. NR _____
- 14. OSC _____

EDITOR'S COMMENTS

For information only