



# 1997-98 Residential Care Facilities Survey - Short Form

Si vous préférez recevoir ce questionnaire en français, veuillez cocher

Confidential when completed



### Authority:

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.

### 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.

### 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, 1997 and March 31, 1998**. For example, if your fiscal period ended December 31, 1997, please report for the period January 1, 1997 to December 31, 1997.

011      Day      Month      Year      012      Day      Month      Year

From     To

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

### GST Number

Please report your GST Registered Account Number (BN No.)      041     

### Name of person completing this questionnaire: (please print)

### Telephone

Area code      Number

### Title

### Signature

Day      Month      Year

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

Date completed

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

Business Name			
C/O			
No. & Street			
City	Province	Postal code	
Contact Name	Telephone	Effective date of change	Year
		Day      Month	

**Returning your questionnaire:**

Please complete a questionnaire for the operation and location described on the cover page address 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.

**Do you have any questions?**

**Do you need another questionnaire?**

**For assistance and information please call:**

**1-888-291-6111**

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

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1997-98 — RESIDENTIAL CARE FACILITIES SURVEY

Name of Facility	City, Town, etc.						
<b>A. Ownership (check one only)</b>							
	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>B. Beds (as at March 31, 1998)</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">Approved complement</td> <td style="width:20%; text-align: center;">Staffed and in operation</td> </tr> <tr> <td style="padding: 5px;">1. Number of Beds .....</td> <td style="text-align: center; padding: 5px;">121</td> <td style="text-align: center; padding: 5px;">122</td> </tr> </table>		Approved complement	Staffed and in operation	1. Number of Beds .....	121	122
	Approved complement	Staffed and in operation					
1. Number of Beds .....	121	122					
<b>C. Total days of care during reporting period by responsibility for payment</b>							
	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						
<b>D. Movement of residents</b>							
	Residents						
1. In facility as at April 1, 1997 .....	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, 1998 (box 153 minus 156) .....	157						

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

1997-98 — RESIDENTIAL CARE FACILITIES SURVEY

E. Age and sex of residents in facility as at March 31, 1998 (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 March 31, 1998 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 March 31, 1998 (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

1997-98 — RESIDENTIAL CARE FACILITIES SURVEY

H. PERSONNEL	Personnel employed as at March 31, 1998		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) .....			
3. Total (sum of lines 1 & 2) .....	381	382	383
I. EXPENSES (for the 12 months ended March 31, 1998) (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) .....			
3. Other expenses (includes interest, rent, taxes, overhead (head office), depreciation, etc.) .....		483	484
4. Total Expenses (sum of lines 1, 2 & 3) .....	495	496	497
J. INCOME (for the 12 months ended March 31, 1998) (round to nearest dollar)	Amount	Total	
<b>Source of earnings for accommodation (boxes 501 to 507)</b>	501		
1. Provincial Health Insurance Plan (Department or Ministry) .....	502		
2. Provincial Social Services 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

610

1. How long did you spend collecting the data and completing this form? \_\_\_\_\_ hours

**2. Comments?** 620

We invite your help in improving our business survey program. Your comments on the following range of suggested topics along with your more general remarks would be greatly appreciated:

- questionnaire content
- new questions of interest to your industry
- questionnaire language
- use of business terminology
- comprehension of questions (through definitions, examples of inclusions and exclusions, code sheets, instruction sheets, reporting guides, etc.)
- order and flow of questions
- timing of receipt of questionnaire and the period given for response
- other sources of data to further reduce response burden
- potential for electronic data reporting
- general (non-proprietary) business software packages in use.

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For information only

**Lost the postpaid envelope?**

*Please refer to the telephone number or the FAX number that appear on the inside cover page.*

**Thank you for completing the questionnaire.**

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

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

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For information only