


**SITE CONTACT INFORMATION** *Please print clearly and ensure all information is complete*

Site / Residence Name:		
Address:		
City / Town:	Province:	Postal Code:
Primary Contact:		Title:
Phone:	Alternate Phone:	Fax:
Primary Email:		
Alternate Email:		
Website:		Date Residence Opened:

**PARENT COMPANY OR SOCIETY INFORMATION**

Company or Society Legal Name:		
Legal Contact:		Title:
Address:		
City / Town:	Province:	Postal Code:
Legal Phone:		Legal Fax:
Legal Email:		
Other Sites Owned / Operated:		

**BUILDING DETAILS**

TYPE	# OF UNITS	DUE RATE	TYPE OF SUITES (X)
Assisted Living Units Private:	_____	x \$21 = _____	Studio _____
Assisted Living Units Funded:	_____	x \$21 = _____	One Bedroom _____
Independent Living Units:	_____	x \$21 = _____	One Bedroom and den _____
Site under 20 units – Flat fee	_____	\$350.00 _____	Two Bedroom _____
Under Construction / Due to Open	_____	\$700.00 _____	
		<b>TOTAL DUES</b>	
		<b>PAYABLE: \$</b>	_____

**SERVICE DETAILS** *M=Mandatory, included in Basic fee / O=Optional, available for an extra fee*

	M	O		M	O		M	O
Meal Service	<input type="checkbox"/>	<input type="checkbox"/>	Linens Only	<input type="checkbox"/>	<input type="checkbox"/>	Physical Rehab	<input type="checkbox"/>	<input type="checkbox"/>
Guest Meals	<input type="checkbox"/>	<input type="checkbox"/>	Rx Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial Rehab	<input type="checkbox"/>	<input type="checkbox"/>
Special Diets	<input type="checkbox"/>	<input type="checkbox"/>	Rx Storage	<input type="checkbox"/>	<input type="checkbox"/>	Behavior Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>
Diet Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	Rx Dispensing	<input type="checkbox"/>	<input type="checkbox"/>	Comfort Funds Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care (ADL)	<input type="checkbox"/>	<input type="checkbox"/>	Recreation	<input type="checkbox"/>	<input type="checkbox"/>	Dementia Care	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	Companion Service	<input type="checkbox"/>	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	<input type="checkbox"/>
Full Laundry Service	<input type="checkbox"/>	<input type="checkbox"/>	Call Bells	<input type="checkbox"/>	<input type="checkbox"/>	RN Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Other Services:								



If Assisted Living, what two prescribed services do you offer:

**PRESENCE OF POLICIES / PROCEDURES / PRACTICES** *Check those currently in place*

<b>SAFETY</b>	✓	<b>RESIDENT SERVICES</b>	✓
Fire safety policies, including fire plans and drill		Policies and Procedures	
Missing resident policy		Regular communication between residents and management	
Occupational Health and Safety policies		Social Model Structure	
Building and grounds in good repair		<b>STAFF</b>	✓
Business license current		Employees meet industry standards qualifications	
<b>INFECTION CONTROL</b>	✓	Orientation program, Elder Abuse awareness	
Immunization policies		Ongoing in-service training	
Outbreak contingency plans		Job description	
Public Health Inspection Report Current			

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION**

1. Copy of registration for assisted living if the site offers assisted living
2. Mission Statement
3. Site brochure/printed material

Are you a member of any other senior living associations or organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

**MEMBER IN GOOD STANDING**

Are there any pending reviews underway in regards to a Health Authority, Assisted Living Registrar, BC Housing or related party with any of your organizations senior housing residences? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Upon becoming a BCSLA member should any senior housing residences come under review by the Health Authority, Assisted Living Registrar, BC Housing or related parties, BCSLA reserves the right to review the organization's membership eligibility. Final membership approval will be subject to Board approval and may be subject to a site visit.

BCSLA Communication Policy

I agree that BCSLA may share the above information with BCSLA members Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to have my company listed on the BCSLA website Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to receive emails and mail from BCSLA and its members. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_