


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 \$25 = _____ | Studio _____ |
| Assisted Living Units Funded: | _____ | x \$25 = _____ | One Bedroom _____ |
| Independent Living Units: | _____ | x \$25 = _____ | One Bedroom and den _____ |
| Licensed Care | _____ | ----- | Two Bedroom _____ |
| Site under 20 units – Flat fee | _____ | \$350.00 | |
| Under Construction / Due to Open | _____ | \$700.00 | |
| | | TOTAL DUES | |
| | | PAYABLE: \$ | |

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*

| SAFETY | | RESIDENT SERVICES | |
|--|--|--|--|
| 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 | | STAFF | |
| Business license current | | Employees meet industry standards qualifications | |
| INFECTION CONTROL | | 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: _____

Please make cheque payable to BC Seniors Living Association and mail with your completed application form to the address below. If you prefer to complete an Electronic Funds Transfer please contact Khadija Hirji at khadija@bcsla.ca or at 604.689.5949 ext.1.

FOR OFFICE USE ONLY

| PAID BY | CHEQUE # | AMOUNT | DATE RECEIVED | FOLIO # |
|---------|----------|--------|---------------|---------|
| | | | | |