

Checklist and General Instructions

Acquisition Licence Application - Form 1

Instructions

Review the Applicant Guide before completing this form. For assistance with your application, including information regarding fees and supporting documentation, please refer to the Applicant Guide available in the Licensing section at www.rhra.ca.

Terms marked with an asterisk (*) relate to defined terms in the *Retirement Homes Act, 2010* (Act). Definitions for each term can be found in the Applicant Guide. Terms marked with a cross (†) are described in the Applicant Guide.

This application must be signed and submitted to the RHRA no later than six weeks prior to the occupancy date† of the retirement home. The RHRA may contact the Applicant to request more information or supporting documents.

Applications received **less than six weeks prior to the occupancy date†** of the retirement home must be reviewed on an expedited basis and will be subject to a fee. Failure to submit this form by the deadline may result in a delay in issuing a licence.

Use this page as a checklist to ensure that all required documents are submitted at this stage of the application form process. You must submit the following before the RHRA can process your application:

Application Form 1

- You must answer **all applicable questions of this form**. If a question does not apply, **print "N/A."**
- Attach all relevant supporting documentation (e.g. Extra Expense Insurance).

Application Fee

- Current licence application fees are set out in the RHRA's Fee Schedule, which is available in the Operator Resources section of the RHRA's website.
- Do not send cash in the mail. Make a cheque or money order payable to **"Retirement Homes Regulatory Authority."** **Do not post-date cheques or money orders.**
- All fees are non-refundable. The RHRA will not begin to process an application before receiving all application fees. A \$50 processing fee for NSF (non-sufficient funds) cheques will apply.
- The Applicant's name must be clearly legible on the cheque or money order. If the name is not pre-printed on the cheque or money order, write it on the front of the cheque.

Personal History Reports – Form 2A and 2B

- Refer to the instructions on Form 1 and in the Applicant Guide to determine the persons associated with the Applicant who must submit a Personal History Report.

Date	Received by
	Application No.

Acquisition Application - Form 1

Retirement Home Information

Name of Retirement Home being purchased:

Operating name of existing home:

Intended operating name of the retirement home (if different from above):

What is the expected closing date of the transaction? (yyyy/mm/dd):

What official language does the retirement home use for its daily operations? English French Other

If "Other", please specify:

What is the preferred language of communication with the RHRA? English French

Retirement Home Address (physical address of the home)

Street Number and Name (P.O. Box and RR# if applicable):

City, Town or Village: Province: Postal Code:

Municipality within Ontario:

Phone Number: Fax Number:

Website for the retirement home (e.g. www.rhra.ca):

Email address of the retirement home:

Applicant (Purchaser⁺) Information

Applicant's Full Legal Name:

*The person, individuals or corporation who owns or controls the business operating the home is the **Applicant**.*

Primary Contact Person for the Applicant

Please designate a Primary Contact Person for the Applicant. The Primary Contact Person will be listed on the RHRA's Public Register.

Last Name: Middle Initial: First Name:

Mr./Mrs./Ms./Dr. Title/Role:

Email Address:

Phone Number: Fax Number:

Mailing Address of the Applicant

Same as home address above. If different, complete the section below

Street Number: Street Name (P.O. Box and RR#, if applicable): Unit #

City, Town or Village: Postal Code:

Province/State: Country:

Phone Number: Fax Number:

Ownership Structure of Applicant (Purchaser)

Select only ONE ownership type (A, B or C) and complete only the section that applies.

A. Sole Proprietorship

The business is owned by one person, NOT an incorporated business.

Owner's Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
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Business Name of Sole Proprietorship, if any:

Persons with a Controlling Interest in the Applicant

List the full legal name(s) of any other person(s) (including a spouse, relative, corporation or partnership) having the ability to direct the management and policies of the Applicant. These person(s) have a "controlling interest" in the Applicant and their names will appear on the RHRA Public Register. Attach additional pages, if necessary.

Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:

NOTE: A Personal History Report (Form 2A or 2B) must be completed by the sole proprietor and all persons with a "controlling interest" in the sole proprietorship, if any.

B. Corporation

The business/not-for-profit organization is incorporated.

Not-for-profit Corporation

Name of Corporation

Name as per Articles of Incorporation or Letters Patent:

Corporation Number:

Operating Name of Corporation (if different from above):

Date of Incorporation (yyyy/mm/dd):

Jurisdiction of Incorporation

Ontario Federal Other Province Other

If 'Other' or 'Other Province', specify: _____

NOTE: For any corporation incorporated outside of Canada, submit proof of authorization under the *Extra-Provincial Corporations Act* of Ontario

Directors and Officers of Applicant Corporation

List the full legal name(s) of all Officers and Directors of the Corporation. Attach additional pages, if necessary.

Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:

Persons with a Controlling Interest in the Applicant Corporation

List the full legal name(s) of all person(s) who, either alone or with associates*, own more than 50% of voting shares of the Corporation sufficient to elect a majority of the Corporation’s Board of Directors. These person(s) have a “controlling interest” in the Applicant and their names will appear on the RHRA Public Register. Attach additional pages, if necessary.

A person is an associate of another person if (a) one person is a corporation of which another person is a director or officer; (b) one person is a corporation that is controlled directly or indirectly by another person; and (c) both persons are members of the same voting trust relating to shares of the Corporation.

Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:

Corporate Name (if applicable): _____

Corporate Name (if applicable): _____

NOTE: A Personal History Report (Form 2A or 2B) must be completed by every director and officer of the Corporation and all persons with a “controlling interest” in the Corporation.

C. Partnership[†] The business is owned by two or more partners who carry on business together.

Partners

Business Name of the Partnership (if applicable): _____

List the full legal name(s) of all partners. Attach additional pages, if necessary.

Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:

Corporate Name (if applicable): _____

Corporate Name (if applicable): _____

Persons with a Controlling Interest in the Applicant Partnership

List the full legal name(s) of any person (including a partner of the partnership, spouse, relative, corporation or partnership) having the ability to direct the management and policies of the home. These persons have a “controlling interest” in the Applicant and their names will appear on the RHRA Public Register. Attach additional pages, if necessary.

Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:
Last Name:	First Name:	Middle Initial:	Mr./Ms./Mrs./Dr.:

Corporate Name (if applicable): _____

Corporate Name (if applicable): _____

NOTE: A Personal History Report (Form 2A or 2B) must be completed by each partner, as well as all persons with a “controlling interest” in the Partnership.

Previous Retirement Home Sector Experience

Applicants must indicate their history and demonstrate their experience in the retirement home and related sectors.

Are you an existing licensee? Yes No

If yes, please provide a licence number of a retirement home under your control:

If no, please tell us your experience in the retirement home, long-term care home, health care, hospitality or human services sector in Ontario or another jurisdiction. Please attach a separate letter.

Home Administration/Management

If the Applicant will be making changes to the management of the retirement home, complete sections A, B and C below.

The Applicant will not make any changes to the management of the retirement home.

A. Who will manage the day-to-day operations or most of the operations of the home?

The name of this person or individual will be posted on the RHRA Public Register

The Applicant

A staff* member, including a contract employee of the Applicant (Complete section B)

Management Company (Complete sections B and C)

B. Contact information (for the staff member, or person at the Management Company, who will be responsible for managing the operations or most of the operations of the home)

Last Name: _____ Middle Initial: _____

First Name: _____ Mr./Mrs./Ms./Dr. _____

Role/Title: _____

Professional Qualifications, if any: _____

Email Address: _____

C. Management Company Information

Legal Name of Business: _____

Operating Name (if different from Legal Name): _____

Do you manage an existing licensee? Yes No

If yes, please provide one licence number of a retirement home that the management company currently manages:

If no, please tell us the management company's experience in the retirement home, long-term care home, health care, hospitality or human services sector in Ontario or another jurisdiction. Please attach a separate letter.

Home and Care Services* Information

Number of Living Quarters and Residents

Indicate the total number of suites used as living quarters for one or more residents, regardless of occupancy. Suites include rentable portions of suites or ward-type accommodation, but do not include common or staff member areas:

Suites are rental units, for example private or bachelor units, or one- or two-bedroom suites. Suites include portions or divisions of a unit that are rented to multiple residents, for example semi-private or ward-type accommodation.

Number of suites: _____ Number of subsidized suites (if applicable): _____

Total number of residents the home can accommodate (capacity): _____

Sprinkler Information

Please check the following fully automatic sprinklered areas in your home:

All Resident Suites: Yes No Some

How many resident suites are fully sprinklered: _____

Kitchen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Laundry Rooms:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Dining Room:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Parking Garage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Staff Areas:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Garbage Room:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Offices:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Storage Areas:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hallways:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Emergency Exits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Stairways:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Mechanical/ Electrical Rooms:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Basement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Elevator/Elevator Shaft:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Boiler Room:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Common Resident Areas (Activity Rooms, Hair Salon, etc.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Attic:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A				

Other Areas: _____

Care Services

Indicate the care services the retirement home will make available directly[†] or indirectly[†] to residents (check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Assistance with bathing | <input type="checkbox"/> Administration of a drug or another substance |
| <input type="checkbox"/> Assistance with ambulation | <input type="checkbox"/> Dementia care programs |
| <input type="checkbox"/> Continence care | <input type="checkbox"/> Any service that a member of the Ontario College of Pharmacists provides while engaging in the practice of pharmacy |
| <input type="checkbox"/> Provision of a meal | <input type="checkbox"/> Any service that a member of the College of Physicians and Surgeons provides while engaging in the practice of medicine |
| <input type="checkbox"/> Assistance with dressing | <input type="checkbox"/> Any service that a member of the College of Nurses of Ontario provides while engaging in the practice of nursing |
| <input type="checkbox"/> Assistance with feeding | |
| <input type="checkbox"/> Assistance with personal hygiene | |
| <input type="checkbox"/> Skin and wound care programs | |

Please complete this table:

Care Type	Name and Position of staff who will be overseeing / responsible for the following areas (e.g. Director of Care)	Affiliate College (e.g. College of Nurses of Ontario)
Administration of a drug and medication management (if applicable)		
Skin and wound care (if applicable)		
Dementia care program (if applicable)		
Assessment and plan of care		

Disclosure of Non-Arm’s Length Relationships

Attach additional pages, if necessary.

Non-arm’s length relationships are the following: (a) spousal or family relationships (spouse, parent, sibling, child or another relative sharing the residence of the Applicant), (b) corporate relationships (the person/Applicant is a partner, director or officer of the Applicant/ person), or (c) relationships of corporate control (the person is a parent/controlling/controlled corporation of the Applicant).

Name of care service provider	Care services provided/intended to be provided	Relationship to the Applicant

Accreditation/ Professional Affiliation

Please indicate if the retirement home is accredited or will be seeking accreditation by an organization providing accreditation.

- ORCA
- CARF
- Accreditation Canada
- Other (specify): _____

Public Health

Has the applicant been subject to any orders, tickets, or charges under the *Health Protection and Promotion Act, 1990*?

Yes No

If yes, list details:

Fire

Has the applicant been subject to any order, tickets, or charges under the *Fire Protection and Prevention Act, 1997*?

Yes No

If yes, list details:

Notice

The RHRA is collecting and using the information on this form pursuant to the *Retirement Homes Act, 2010*, including its regulations. The RHRA is gathering the information to determine eligibility for a retirement home licence and to assist the RHRA in administering the Act. To complete or verify the information, it may be necessary for the RHRA to request and receive additional information from other sources, including provincial or municipal government departments and agencies, licensing and regulatory bodies, and law enforcement agencies. The RHRA will collect, use and disclose the information in accordance with its Privacy and Access Code and the *Retirement Homes Act, 2010*, which requires the RHRA to keep confidential information it obtains in administering the *Retirement Homes Act, 2010*, unless a specific exception in the Act applies. A copy of the RHRA Privacy and Access Code is available at www.rhra.ca. If you have questions relating to the collection and disclosure of information, please contact:

RHRA's Chief Privacy Officer
160 Eglinton Avenue East, 5th Floor
Toronto, ON M4P 3B5
Telephone 1-855-ASK-RHRA (1-855-275-7472)

Applicant Signature

If the Applicant is a sole proprietor, he/she must sign below. If the Applicant is a corporation, an authorized officer of the Applicant must sign below. If the Applicant is a partnership, a partner with the authority to bind the partnership must sign below.

I have read and understand the above notice. I hereby consent on behalf of the applicant to the direct or indirect collection, use and disclosure of information by the RHRA in accordance with the *Retirement Homes Act, 2010* and as the above notice describes.

I declare that the information in this application and in the documents and materials accompanying it, to the best of my knowledge, is true and complete.

Full Name _____ Signature _____

Position Title _____ Date _____

Additional documents to be submitted with Applications

New Operation Licence Application:

1. A copy of the home's **Fire Safety Plan** (proof of the approved plan and, if unavailable at the time of application, proof of communication with the local fire department showing steps towards compliance)
2. A copy of a **Food Handling Certificate** for at least one person involved in food preparation (only if the home provides meals to the residents)
3. Evidence of **Extra Expense Insurance**
4. **Municipal Licence** (if any)
5. **Pre-opening Public Health Inspection Reports** (if any)
6. **Home Information Package** (table of contents)
7. Letter outlining **previous experience of Applicant** (if any)
8. Letter outlining **previous sector experience of Management Company** (if any)
9. **Occupancy Permit**

Acquisition Licence Application:

1. A copy of the home's **Fire Safety Plan** (proof of the approved plan and, if unavailable at the time of application, proof of communication with the local fire department showing steps towards compliance)
2. A copy of a **Food Handling Certificate** for at least one person involved in food preparation (only if the home provides meals to the residents)
3. Evidence of **Extra Expense Insurance**
4. **Municipal Licence** (if any)
5. **Three most recent Public Health Inspection Reports**
6. **Home Information Package** (table of contents)
7. Letter outlining **previous experience of Applicant** (if any)