
GENERAL INSTRUCTIONS

When to Notify the RHRA of Information Changes

In Ontario, key information about licenced retirement homes, as submitted to the RHRA on a home's licence application, is stored and publicly displayed in the RHRA's [Retirement Home Database](#). To view RHRA's Retirement Home Database, click [here](#). If any changes are to be made to this key information, then the home must notify the RHRA **in writing at least two months before** any of the changes occur (**or as soon as practicable**).

Descriptions of the types of information changes to be sent to the RHRA are provided on page two of this form.

How to Notify the RHRA of Information Changes

To notify RHRA of a change or changes in information, please complete and submit this Notice of Change Form:

- Provide the Licence Number and Retirement Home Name.
- Select the Type of Change for which you are giving notice by clicking on one of the Type of Change names provided on page two.
- Enter all information requested.
- Then, select another Type of Change or read and acknowledge the declaration, provide your name and contact details and save and submit the form.

Submit the completed form by email: licensing@rhra.ca, or by mail: Retirement Homes Regulatory Authority, 55 York Street, Suite 700 Toronto, ON M5J 1R7.

To create an email with this completed form attached, click the Submit Form button included on the last page.

While completing this form, you may view definitions by hovering your cursor over words or phrases that appear in [orange](#). Access other resources by clicking resource names that appear in [blue](#).


STEP 1: PROVIDE HOME INFORMATION

Submitted for Licence Number:

Retirement Home Name:

STEP 2: SELECT TYPE OF CHANGE AND PROVIDE ALL INFORMATION REQUESTED

Select the Type of Change by clicking on the Type of Change name. The related section will then appear for your completion.

To view definitions, click on the  button that appears beside each Type of Change name. Click again, to close the definition text box.

STEP 3: PROVIDE DECLARATION, CONTACT INFORMATION AND SUBMISSION DATE

By clicking this box, I declare that the information provided and any supporting documents/materials are, to the best of my knowledge, true and complete.

Full Name: _____

Position: _____ Phone: _____

Email: _____ Date: _____

To create an email with this completed form attached, **first SAVE the form** and then click SUBMIT FORM.

LICENSEE NAME CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

NOTE: Licensees must notify the RHRA in writing, at least two months (or as soon as practicable): any person ceases to have a controlling interest in the licensee/a person acquires a controlling interest in the licensee/any other event that would result in the termination of the licence.

For change to corporation name of the licensee/sole proprietor licensee's legal name

Current Name:

New Name:

Supporting Document and Fee Requirement: Articles of Amendment to verify the licensee corporation has changed its name must be provided to the RHRA. If a sole proprietor licensee's name change, legal documents to prove the name change must be provided to the RHRA.

An additional administrative fee may apply depending on the nature of the change. See the RHRA's [Fee Schedule](#). The RHRA will notify you of any additional administrative fees.

Reason for Change:

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

LICENSEE ADDRESS / CONTACT INFORMATION CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

Street Number:

Street Name:

City, Town, or Village:

Province:

Postal Code:

Phone Number:

Email Address:

Reason for Change:

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

PRIMARY CONTACT CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

NOTE: Only authorized personnel (i.e. Operations Manager on record, Primary Contact on record, Licensee, including officers or directors of the corporation or partners) are allowed to make this type of change.

Name of current / former Primary Contact Person

Full Name:

Name and contact information for new Primary Contact Person

First Name:

Middle Initial:

Last Name:

Preferred Salutation:

Title / Role:

Professional Qualifications:

Phone Number:

Fax Number:

Email Address:

Mailing Address for new Primary Contact Person

Street Number:

Street Name:

City, Town, Village:

Province:

Postal Code:

Reason for Change:

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

HOME NAME CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

New Home Name:

Current / Former Home Name:

NOTE: For transparent reporting to the public, both the current home name, and all of the previous names associated with a given licence number will be displayed in the Retirement Home Database, as well as the timing of the name changes. This ensures a clear linkage between the Home names and the inspection reports associated with the licence number.

New Website Address (if applicable):

New Email Address (if applicable):

Reason for Change:

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

HOME WEBSITE / EMAIL ADDRESS CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

Current Website Address:

New Website Address:

Current Email Address:

New Email Address:

Reason for Change:

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

DIRECTOR / PERSON WITH CONTROLLING INTEREST CHANGE

NOTE: If a change in Director or other person involves change in controlling interest: the RHRA must be notified by the licensee who is required to submit a signed [Notice of Change of a Controlling Interest Form](#). Under section 48 of the Act, a retirement home licence is terminated when: (a) a person ceases to have a controlling interest in the licensee (b) a person acquires a controlling interest in the licensee.

Under section 109 (1) of the Act, notification must be provided to the RHRA in writing at least two months using the [Notice of Change of a Controlling Interest Form](#) available on the RHRA website (or by clicking on the form name in blue font) – before any of the above change(s) occur or as soon as practicable.

A processing fee of the [Notice of Change of a Controlling Interest Form](#) and re-issuing of the licence of \$2,500 applies. For more information, consult section 48 of the Act for a full list of conditions that terminate a retirement home licence.

Supporting Document and Fee Requirement: Personal History Reports are required. [Personal History Report - Individual](#) must be completed by individual(s) and [Personal History Report - Corporate](#) to be completed by corporation(s) acquiring controlling interest in the licensee. These forms can be found under the “Apply for a Licence” tab at www.rhra.ca, or click the form names included in this Notice of Change Form.

The processing fee of the [Notice of Change of a Controlling Interest Form](#) and re-issuing of the licence is \$2,500. An additional administrative fee may apply depending on the nature of the change. See the RHRA’s [Fee Schedule](#). The RHRA will notify you of any additional administrative fees.

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

OFFICER / DIRECTOR OF THE CORPORATION CHANGE

Date the change will take effect: _____

To provide notice of this change, provide the following information:

Name of person(s) ceasing to be an Officer/Director, if applicable

First Name: _____

Last Name: _____

Full legal name(s) of new Officer/Director of the Corporation

First Name: _____

Middle Initial: _____

Last Name: _____

Preferred Salutation: _____

Reason for Change: _____

NOTE: If a change in Director or other person involves change in controlling interest: the RHRA must be notified by the licensee who is required to submit a signed [Notice of Change of a Controlling Interest Form](#). Under section 48 of the Act, a retirement home licence is terminated when: (a) a person ceases to have a controlling interest in the licensee (b) a person acquires a controlling interest in the licensee.

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The processing fee of the [Notice of Change of a Controlling Interest Form](#) and re-issuing of the licence is \$2,500. An additional administrative fee may apply depending on the nature of the change. See the RHRA’s [Fee Schedule](#). The RHRA will notify you of any additional administrative fees.

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

HOME MANAGEMENT CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

Full Legal Name(s) of New Home / Operations Manager:

Phone Number:

Email Address:

Full Name of Person(s) Being Replaced:

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

SPRINKLER AMOUNT CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

Current Number of Sprinklers:

New Number of Sprinklers:

Reason for Change:

Supporting Document Requirement: For this type of change, the retirement home must also provide the RHRA with verification documents of sprinkler installation/operation, including: Contractor's Material Test Certificate, Professional Engineer stamped letter, most recent fire inspection or other confirmation from the Fire Department or documentation that building permit for sprinklers has been closed.

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

SUITE COUNT CHANGE

Date the change will take effect: _____

If this change involves a reduction in suite count, indicate the reason for the change.

This change is due to:

Construction/renovation

Change in care services

Error in current suite count

Other – please explain: _____

To provide notice of this change, provide the following information:

Current **Suite** Count: _____

New Suite Count: _____

Reason for Change: _____

Supporting Document Requirement:

If this change involves an increase in suite count, the retirement home must also provide the RHRA:

- 1) Documentation from the municipality that the additional suites are ready for occupancy, and
- 2) Proof or verification from fire services as applicable. For example, if a home is increasing from resident capacity of 10 to 20, proof of communication with fire services and updated fire safety plan and proof of sprinkler requirements, as necessary.

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

SUBSIDIZED SUITE COUNT CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

Current **Subsidized Suite** Count:

New Subsidized Suite Count:

Duration of Subsidy:

Select which Act the home will be governed by or funded under:

The Developmental Services Act

The Homes for Special Care Act

The Long-Term Care Homes Act, 2007

The Ministry of Community and Social Services Act

The Private Hospitals Act

The Public Hospitals Act

The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008

The Ontario Works Act

The Home Care and Community Services Act, 1994

The Local Health System Integration Act, 2006

The Ministry of Health and Long-Term Care Act

Reason for Change:

Supporting Document Requirement:

This change requires that the home provide the RHRA with a copy of the funding agreement or a letter from the funding/governance source that states the subsidy program meets one of the **subsidized suite** exemptions.

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

HOME CAPACITY CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

Current Resident Capacity:

New Resident Capacity:

Reason for Change:

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

CARE SERVICES CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

Description of Increase or Decrease in **Care Services:**

Reason for Change:

Supporting Document Requirement: If this change involves a decrease of care services, the retirement home must also provide the RHRA with a copy of a letter sent to the residents notifying them of the reduction of care.

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.

OTHER INFORMATION CHANGE

Date the change will take effect:

To provide notice of this change, provide the following information:

Description of the information to be changed:

Reason for Change:

ADD ANOTHER TYPE OF CHANGE OR SUBMIT FORM

To select another Type of Change or to complete and submit this form, click the CONTINUE button.