

GENERAL INSTRUCTIONS

Reference Guide

To assist you with your application, please review the **Application Guide** before completing this form.

The guide contains helpful information about fees and identifies the supporting documents that must be submitted with this form. Definitions of terms used in this form are provided in the **Application Guide**.

While completing this form, you may:

- 1. View definitions by clicking words or phrases that appear in orange
- 2. Access other resources by clicking resource names that appear in blue

Required Information and Supporting Documents

All fields in this form are mandatory and relevant information must be provided.

Additional supporting documents required with this application are listed in this form. If required documents, such as an occupancy permit, approved fire safety plan, municipal licence or contractor's material test certificate, are not currently available, the Applicant can still submit the application and advise the RHRA of the anticipated date(s) of submission.

The RHRA may contact the Applicant to request more information or other supporting documents.

Application Processing

The <u>standard</u> licence application processing time is six to eight weeks following the submission of a complete application.

<u>Expedited</u> application fees can be paid in addition to the licence application fee if an Applicant requires priority consideration for an application to be processed within two or four weeks ahead of the standard licence application processing time. If an expedited service is requested, an expedited application fee must be submitted concurrently with the licence application fee.

Application Submission and Fees

Once completed, please save and email this New Operation Licence Application Form and all supporting documents no later than six weeks prior to the occupancy date of the Retirement Home. Failure to submit this form by the deadline may result in a delay in issuing a licence.

Applications received less than six weeks prior to the occupancy date of the Retirement Home may be reviewed on an expedited basis and are subject to a fee.

The RHRA will not begin to process an application before receiving all application fees. Current licence application fees are set out in the RHRA's **Fee Schedule**. All fees are non-refundable.

RHRA Retirement Homes Regulatory Authority

NEW OPERATION LICENCE APPLICATION FORM

RHRA Retirement Home Database

The RHRA requires information related to the management and operation of the home.

This information will be posted on the RHRA's **Retirement Home Database** and must be kept current. **Retirement Home Database** is a database of all Retirement Homes that includes:

- · Retirement home's name and address
- Care services provided in each home
- Occupancy capacity of each home
- Summaries of each home's inspection reports
- Any orders imposed on licensed homes under the Act

RHRA must be notified regarding any information changes via email at licensing@rhra.ca or by completing a Notice of Change Form.

Confidentiality

RHRA publishes information on licence applications received on its Retirement Home Database. If you would like to request that this information be kept confidential, please select yes and an RHRA representative will reach out to discuss your request. For the sake of transparency and access to information for the public, RHRA reserves the right to refuse your confidentiality request.

Yes No

HOW TO SUBMIT THIS FORM

The completed form may be mailed/faxed or emailed to:

Retirement Homes Regulatory Authority

Attention: Licensing Intake 55 York Street, Suite 700 Toronto, ON M5J 1R7 Fax: 1-855-631-0170

Email: licensing@rhra.ca

To create an email with this completed form attached, you may click the Submit Form button included at the end of this form.



RETIREMENT HOME INFORMATION

What official la	nguage wi	II the Retirement Home	use for its da	ily operation?	
English	French	If other, specify:			
Operating name	of the Retire	ement Home:			
Website address:					
Email address:					
Phone number:			Fax number:		
Preferred language of communication with the RHRA:			English	French	
Preferred communication method with the RHRA:			Email	Phone	
Expected occupa	ncy date, wl	nen residents will move into	the new Retire	ment Home:	
Business Identifi	cation Num	ber (BIN):		_	
Physical Addre	ss of the R	etirement Home			
Street Number/N	lame: (P.O. Bo	ox and RR#, if applicable)			
City, Town, or Vill	age:			Postal Code:	
Is this address th	e Applicant'	s mailing address?	Yes	No	





APPLICANT / BUSINESS INFORMATION

What is the ownership structure of the Applicant applying for this Retirement Home licence?

Sole Proprietorship

Corporation

Partnership



Primary Contact

Designated Primary Contact Person for the Applicant.

First Name:

Last Name:

Preferred Salutation:

Title / Role:

Professional Qualifications, if any:

Email address:

Fax number:

Personal History Reports are required as follows:

Sole Proprietorship:

Phone number:

Personal History Report - Individual: <u>The business owner</u> must complete and sign this form.
 To access this form, click <u>here</u>.

Partnership / Corporation:

- Personal History Report Individual: All officers and directors of a corporation, and all individuals with a
 controlling interest must complete and sign this form.
 To access this form, click here.
- Personal History Report Corporate: Each Applicant Corporation and each Corporation with a controlling interest in the Applicant must complete this form.
 To access this form, click here.



RETIREMENT HOME SECTOR EXPERIENCE

The RHRA requires information related to the Applicant's experience in the Retirement Home and/or related sectors. Does the Applicant have an existing licence for a Retirement Home(s) in Ontario?

Yes No

If yes, what is the licence number of a Retirement Home under the Applicant's control?

HOME ADMINISTRATION / MANAGEMENT

The RHRA requires information related to the management and operation of the home. This information is posted on the RHRA's **Retirement Home Database** and must be kept current.

Who will have the primary responsibility for managing the day-to-day operations or most of the operations of the home?

Primary Contact Person

Staff Member (Including a contract employee)

Management Company



HOME INFORMATION - NUMBER OF SUITES

Number of suites will be in the home? unknown

Estimate the number of total suites if the final figure is still unknown. Note: The New Operation Licence Application fee is, in part, based on the number of suites in the home.

What is the total number of residents that the home will be able to accommodate?

Consider how many suites are double occupancies and factor that in when providing the resident capacity number.

Will the home have subsidized suites?

Yes

No

SPRINKLER INFORMATION WITHIN THE RETIREMENT HOME

Do all residential units/suites have fully automatic sprinklers?

Yes

No

If you responded No, please provide an explanation:



CARE SERVICES OFFERED WITHIN THE RETIREMENT HOME AND MANAGEMENT

Who has primary responsibility for	managing the staff member(s)	overseeing the home's care services?	
First Name:	Middle Initial:		
Last Name:	Preferred Sal	Preferred Salutation:	
Title / Role:			
Professional Qualifications, if any:			
Email address:	Phone number	er:	
Who will be overseeing/responsi	ble for the home's assessmen	t and plan of care activity?	
Name:	Position:		
Affiliate College ¹ :	Registration N	Registration Number:	
Email address:			
What care services will the Retire	ement Home make available t	o residents? Select all that apply.	
Assistance with bathing	Assistance with ambulation	Continence care	
Provision of a meal	Assistance with dressing	Assistance with feeding	
Assistance with personal hygie	ene		
Skin and wound care programs	3		
If available, who will be overseeing	g/responsible for the home's skin and	d wound care programs?	
Name:	Position:		
Affiliate College ² :	Registration N	Number:	
Email address:			
Administration of drugs or another substance			
•	g/responsible for the administration of	of drugs or another substance?	
Name:	Position:		
Affiliate College ³ :	Registration N	Number:	
Email address:			



CARE SERVICES OFFERED WITHIN THE RETIREMENT HOME AND MANAGEMENT - CONT.

Dementia care program	
If available, who will be overseeing/responsible for the	e home's dementia care program?
Name:	Position:
Affiliate College ⁴ :	Registration Number:
Email address:	
of medicine	ns and Surgeons provides while engaging in the practice
If available, who will be overseeing/responsible?	
Name:	Position:
Affiliate College ⁵ :	Registration Number:
Email address:	
Any service a member of the Ontario College of I pharmacy If available, who will be overseeing/responsible? Name:	Pharmacists provides while engaging in the practice of Position:
Affiliate College ⁶ :	Registration Number:
Email address:	registration ramber.
Any service a member of the College of Nurses on nursing	f Ontario provides while engaging in the practice of
If available, who will be overseeing/responsible?	
Name:	Position:
Affiliate College ⁷ :	Registration Number:
Email address:	



DISCLOSURE OF NON-ARM'S LENGTH RELATIONSHIPS WITH CARE SERVICE PROVIDERS

Does the Applicant have any **non-arm's length relationships** with care service providers?

Yes

No



SAFETY AND MANDATORY POLICIES

Public Health: Has the Applicant been subject to any orders, tickets, or charges under the Health
Protection and Prevention Act, 1990?

	Yes	No
Descr	ibe the orders	, tickets, or charges. (Provide specific details)
What	is the current	status of the orders, tickets, or charges? (Provide specific details)
	Has the App Prevention A	licant been subject to any orders, tickets, or charges under the Fire Protection
	-ievelition A	ct, 1997:
	Yes	No No
	Yes	
	Yes	No
	Yes	No
	Yes	No
Descr	Yes ibe the orders	No
Descr	Yes ibe the orders	No , tickets, or charges. (Provide specific details)
Descr	Yes ibe the orders	No , tickets, or charges. (Provide specific details)
Descr	Yes ibe the orders	No , tickets, or charges. (Provide specific details)

Provide copies of the orders, tickets, or charges. (Attach files to application email.)





Privacy 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, 55 York Street, Suite 700, Toronto, ON M5J 1R7 / Telephone 1-855-ASK-RHRA (1-855-275-7472).





REQUIRED SUPPORTING DOCUMENTS

Additional documents to be submitted with a New Operation Licence Application Form are listed below. If any of the required documents are not currently available, the Applicant can still submit the application and provide the anticipated date(s) of submission in the space provided.

Click 'Yes' for documents that will be submitted at the same time as this application. For any 'No' response, provide the status or the anticipated date of submission.

The RHRA may request additional documentation/information as part of the application process.

1.		's approved Fire Safety Plan No
2.		firming that sprinklers are installed and operational i.e. Contractor's Material Test Certificate
3.	provides meals to th	andling Certificate for at least one person involved in food preparation, if the home ne residents
4.	·	f required by municipality) No
5.		Health Inspection Report No
6.		rmation Package as required under s. 54 of the Retirement Homes Act ("the Act") ¹
7.		ure for Complaints as required under s.73 of the Act ¹
8.	·	ncy Plan as required under s. 60 (4) 1 of the Act ¹





REQUIRED SUPPORTING DOCUMENTS - CONT.

9.	The Home's Policy	to Promote Zero Tolerance of Abuse and Neglect as required under s. 67(4) of the ${\rm Act}{}^{\scriptscriptstyle 1}$
	Yes	No
10.	Letter and/or CV/F	Resume outlining previous experience of Applicant
	Yes	No
11.	Letter outlining pre	evious sector experience of Management Company (if any)
	Yes	No
12.	Occupancy Permit	
	Yes	No
13.	Zoning Confirmation retirement home	on: documentation confirming that the home is zoned in an area that permits the use of a
	Yes	No
14.	Evidence of Extra E expiration date	Expense Insurance (EEI), including broker name, policy number, date received and policy
	Yes	No
15.	Required Personal	History Report(s) (Individual and/or Corporate)
	Yes	No

¹ If the applicant home intends on using policies that were previously submitted with an RHRA licensing application and deemed sufficient by the RHRA, the applicant does not need to submit the policies with any subsequent applications. If you are unsure whether you need to submit your policies, please contact the RHRA.



APPLICATION SUBMISSION AND FEES

The standard licence application processing time is six to eight weeks. Expedited application fees can be paid in addition to the licence application fee if an applicant requires priority consideration for applications to be processed within two or four weeks ahead of the standard licence application processing time. If an expedited service is requested, an expedited application fee must be submitted concurrently with the licence application fee.

Current licence application fees are set out in the RHRA's Fee Schedule.

- Do not send cash by 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.

How would you like to submit the application?

Standard (Applications processed in approximately six to eight weeks)

Expedited - 4 weeks (Application may be processed in four weeks - Extra fees apply)

Expedited - 2 weeks (Application may be processed in two weeks - Extra fees apply)

To view RHRA's Fee Schedule, click here.

Is fee payment being submitted with this application?

Yes No



APPLICATION SUBMISSION AND FEES - CONT.

RHRA Fees

All licensees must pay annual fees to cover the cost of core RHRA operations and functions related to administering the Act. These annual fees are determined for each fiscal year (April 1 to March 31). Licensees have the choice of three payment methods: by cheque, through Electronic Funds Transfer (EFT), or via pre-authorized debit (PAD). If you select the PAD option, you can either pay the full annual fee upfront or choose to make quarterly payments. For additional information, please consult the current **Fee Schedule**.

Preferred Payment Method

Cheque	EFT	PAD Quarterly	PAD Full



CONSENT, DECLARATION, AND 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/or disclosure of information by the RHRA, in accordance with the Retirement Homes Act, 2010 and as the above notice describes, for the purposes of both licensure issuance and ongoing determinations related to licensure eligibility. I further agree that the RHRA may use this consent as the basis for its requests for information from third parties with information relevant to the eligibility for a licence.

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:	
Signature:	
Position:	Date:

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