

# Appendix C



## APPLICATION FOR LICENSING AS AN APPROVED HOME

(Subject to the Provisions of *The Mental Health Services Act* and The Mental Health Services Regulations)

(1) \_\_\_\_\_  
Name of Applicant Telephone Number

\_\_\_\_\_  
Address of building or premises for which approval is being sought Postal Code

Is this your principle residence? Yes \_\_\_\_ No \_\_\_\_\_. If no, where is your principle residence?  
\_\_\_\_\_

(2) Others living in the home:

Name/Relationship/Age	Name/Relationship/Age

(3) Number of residents that you wish to accommodate: \_\_\_\_\_

Preferences: Male \_\_\_\_\_ Female \_\_\_\_\_ Couples \_\_\_\_\_ Ages \_\_\_\_\_ Smokers \_\_\_\_\_ Non-Smokers \_\_\_\_\_

(4) References (list three people not related to you who may be contacted regarding your application)

Name	Address	Telephone	Occupation

(5) Reasons for wanting to operate an Approved Home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(6) What qualities, skills and experiences do you have that will enable you to provide care to residents in your home?

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(7) Explain what experience and knowledge you have had regarding mental illness:

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(8) Have you been licensed or approved to provide care under another Act? Yes \_\_\_\_\_ No \_\_\_\_\_ ? If yes, please complete the Authorization to Receive Confidential Information form (this will be reviewed should you be selected for an interview).