



2006-2007 Residential Care Facilities Survey

Si vous préférez recevoir ce questionnaire en français, veuillez cocher

Confidential when completed

This annual survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada 1985, Chapter S19.

Completion of this questionnaire is a legal requirement under the Statistics Act.

Correct mailing address information if necessary using the corresponding boxes below:

513 Business Name:	
514 C/O:	
515 Mailing Address:	516 Apt.
517 City:	
518 Province:	519 Postal code:



Confidentiality:

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business without the previous written consent of that business. The data reported on this questionnaire will be treated in strict confidence, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or any other legislation.

Data Sharing Agreement:

To reduce duplication and to ensure more uniform statistics, Statistics Canada has entered into an agreement under section 12 of the Statistics Act with the Canadian Institute for Health Information (CIHI) for the sharing of information from this survey. Under section 12 of the Statistics Act you may refuse to share your information with the Canadian Institute for Health Information by writing to the Chief Statistician and returning your letter of objection along with the completed questionnaire in the enclosed return envelope.

Legal Name

The label on this questionnaire shows the Business name as currently recorded in the Statistics Canada inventory. If the Legal name and Business name are the same, please check below; if the Legal name and Business name are different, please print the **Legal name** in the space below:

021 Same as Business name OR Legal name 022

Type of organization (Check **ONE** only): Refer to page 2 of guide

031

1 <input type="radio"/> Sole proprietorship	4 <input type="radio"/> Co-operative	7 <input type="radio"/> Government
2 <input type="radio"/> Partnership	5 <input type="radio"/> Joint venture	8 <input type="radio"/> Non-profit organization
3 <input type="radio"/> Incorporated company	6 <input type="radio"/> Government business entity	

GST Number

Please report your GST Registered Account Number (BN No.)

041

Returning your questionnaire: Please complete and return your questionnaire within 30 days of receipt.

Please complete a questionnaire for the operation and location described on the label. You should only report for those facilities located in Canada. Please send the completed questionnaire in the enclosed envelope or by facsimile to 1-613-951-0709 or toll-free to 1-800-755-5514. Do you have any questions? Do you need another questionnaire? For assistance and information please call: 1-888-291-6111

Name of person completing this questionnaire: (please print)

Telephone Area Code Number

Facsimile Area Code Number

Title

Signature

Day Month Year

I certify that the information contained herein is complete and correct to the best of my knowledge.

Date completed

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Name of Facility	City, Town, etc.
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Fiscal Period

For the purpose of this survey, please report information for your 12-month fiscal period for which the final day occurred on or between April 1, 2006 and March 31, 2007. For example, if your fiscal period ended December 31, 2006, please report for the period January 1, 2006 to December 31, 2006.

011 From <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Day</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Day	Month	Year				012 To <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Day</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Day	Month	Year			
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A. Ownership - (Check one only) Refer to page 3 of guide

	Ownership 102
Proprietary	<input type="checkbox"/>
Religious	<input type="checkbox"/>
Lay (not for profit, non-profit voluntary associations, societies)	<input type="checkbox"/>
Municipal	<input type="checkbox"/>
Provincial or Territorial	<input type="checkbox"/>
Federal	<input type="checkbox"/>
Regional Health Authority, Board, District, Corporation	<input type="checkbox"/>

B. Number of beds as on the last day of the fiscal period - Refer to page 3 of guide

	Licensed or approved	Staffed and in operation (in use or vacant)
1. Number of beds (including respite beds)	121	122

C. Total days of care (by responsibility for payment) - Refer to page 4 of guide

	Days
1. Provincial Health Department or Ministry (Provincial Health Insurance Plan)	131
2. Provincial Social Services Department or Ministry (Provincial Social Services Plan)	132
3. Other Provincial Department or Ministry (specify) 520	133
4. Municipalities, regional or district administration	134
5. All other, including self-pay	135
6. Total days (sum of boxes 131 to 135)	136

D. Movement of residents - Refer to page 4 of guide

	Residents
1. In facility as of the first day of the fiscal period	151
2. Admissions during reporting period	152
3. Total under care (boxes 151 and 152)	153
4. Discharges during reporting period	154
5. Deaths during reporting period	155
6. Total separations (boxes 154 and 155)	156
7. In facility as on last day of the fiscal period (box 153 minus 156)	157 *

* Box 157 must agree with page 3, boxes 221, 240 and 272.

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Residents

E. Age and sex of residents in facility as on the last day of the fiscal period - (Count each person once only)

Age Groups	Number of persons		Age Groups	Number of persons		
	1 Male	2 Female		1 Male	2 Female	
1. Less than 10 years	201	202	6. 70 to 74 years	211	212	
2. 10 to 17 years	203	204	7. 75 to 79 years	213	214	
3. 18 to 44 years	205	206	8. 80 to 84 years	215	216	
4. 45 to 64 years	207	208	9. 85 years and over	217	218	
5. 65 to 69 years	209	210	10. Total residents (sum of lines 1 to 9)	219	220	221 *

F. Type of care - Refer to page 5 and Appendix 1 of guide

Please group all residents in facility as on the last day of the fiscal period into the following - (Count each person once only)		Number of persons
1. Room and board only		228
2. Room and board with guidance/counselling with respect to social, employment, addiction problems, or parental guidance with skilled counselling (child care homes)		229
3. Room and board with custodial care and/or special school, sheltered workshop, etc.		230
4. Type I (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)		232
5. Type II (i.e., medical and professional nursing supervision, etc.)		234
6. Type III (i.e., medical management, skilled nursing care, etc.)		236
7. Higher type		238
8. Total residents (sum of boxes 22c to 23b)		240 *

**G. Principal characteristics of residents in facility as on the last day of the fiscal period -
Refer to page 6 of guide**

(Count each person once only)		Number of persons
1. Aged (65 years of age and over)		261
2. Physically Challenged and/or Disabled		262
3. Developmentally Delayed		263
4. Psychiatrically Disabled		264
5. Emotionally Disturbed Children		265
6. Alcohol/Drug Problems		266
7. Delinquents/Young Offenders		267
8. Transients		269
9. Others (specify) ⁵²¹		271
10. Total residents (sum of boxes 261 to 271)		272 *

* Totals in boxes 157, 221, 240 and 272 should agree.

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Personnel

H. Direct care to residents - Refer to pages 6-7 of guide

	Personnel employed as on the last day of the fiscal period (excluding casuals)		Total accumulated paid hours during reporting period (including casuals)
	Full-time	Part-time	
1. Registered nurses	301	302	303 hrs.
2. Registered qualified nursing assistants/licensed practical nurses	307	308	309 hrs.
3. Physiotherapists/occupational therapists	316	317	318 hrs.
4. Other therapists (specify) 522	319	320	321 hrs.
5. Activity/recreation staff	322	323	324 hrs.
6. Other Direct care staff not included above (specify) 523	328	329	330 hrs.
7. Total Direct care staff	331	332	333 hrs.

I. General services - Refer to page 7 of guide

	Personnel employed as on the last day of the fiscal period (excluding casuals)		Total accumulated paid hours during reporting period (including casuals)
	Full-time	Part-time	
1. Administration	351	352	353 hrs.
2. Dietary (kitchen/food services)	354	355	356 hrs.
3. Housekeeping, laundry	357	358	359 hrs.
4. Plant operation, maintenance and security (janitorial services)	363	364	365 hrs.
5. Other (specify) 524	366	367	368 hrs.
6. Total General services staff	369	370	371 hrs.
7. TOTAL STAFF (lines H.7 + I.6)	381	382	383 hrs.

Hours reported should have corresponding dollar values reported in Sections J and K.

2006-2007 - Residential Care Facilities Survey - continued

Expenses - You may provide financial statements instead of completing the financial questions. *Ensure pages 2, 3 and 4 are completed.*

J. Direct care to residents - Refer to page 8 of guide

Financial information should be reported for the most recent fiscal year that ended at any time between April 1, 2006 and March 31, 2007. (Round to nearest dollar)

	1 Salaries and wages	2 All other expenses	3 Total
1. Registered nurses	401		402
2. Registered qualified nursing assistants/licensed practical nurses	405		406
3. Physiotherapists/occupational therapists	411	412	413
4. Other therapists (specify) 525	414	415	416
5. Activity/recreation staff	417	418	419
6. Other direct care staff not included above (specify) 526	423	424	425
7. Drugs		427	427
8. Medical and surgical supplies		428	429
9. Other supplies (specify) 527		430	431
10. Total - direct care expenses (lines J.1 to J.9)	432	433	434

K. General services - Refer to page 8 of guide

1. Administration (include employee benefits in line 442)	441	442	443
2. Dietary (kitchen/food services)	444	445	446
3. Housekeeping, laundry	449	450	451
4. Plant operation, maintenance and security (janitorial services)	455	456	457
5. Other (specify) 528	458	459	460
6. Total - general services expenses (lines K.1 to K.5)	461	462	463

L. Other - Refer to page 9 of guide

1. Other (includes interest, rent, taxes, overhead (head office), depreciation, etc.)		483	484
2. TOTAL EXPENSES (lines J.10 + K.6 + L.1)	495	496	497

Dollar values reported should have corresponding hours reported in Sections H and I.

NOTE: Audited data **not** required

2006-2007 - Residential Care Facilities Survey - concluded

Income - You may provide financial statements instead of completing the financial questions. *Ensure pages 2, 3 and 4 are completed.*

M. Source of earnings

Financial information should be reported for the most recent fiscal year that ended at any time between April 1, 2006 and March 31, 2007. (Round to nearest dollar)	Amount
1. Provincial Health Department or Ministry (Provincial Health Insurance Plan)	501
2. Provincial Social Services Department or Ministry (Provincial Social Services Plan)	502
3. Other Provincial Department or Ministry (specify) 529	503
4. Municipalities, regional or district administrations	504
5. All other	505
6. Residents - co-insurance or self-pay	506
7. Differential - preferred accommodation	507
8. Total earnings for accommodation (sum of boxes 501 to 507)	508
9. Sundry earnings	509
10. TOTAL INCOME (sum of boxes 508 and 509)	510
Surplus (box 510 less box 497)	511
Deficit (box 497 less box 510)	512

NOTE: Audited data **not** required.

1. How long did you spend collecting the data and completing this form? 9910 _____ hours 9909 _____ minutes

2. Comments?

We invite your help in improving our business survey program. Your comments on the following range of suggested topics along with your more general remarks would be greatly appreciated:

9920 _____

9913 _____

9914 _____

9915 _____

- | | |
|--|--|
| <ul style="list-style-type: none"> ● questionnaire content ● new questions of interest to your industry ● questionnaire language ● use of business terminology ● comprehension of questions (through definitions, examples of inclusions and exclusions, code sheets, instruction sheets, reporting guides, etc.) | <ul style="list-style-type: none"> ● order and flow of questions ● timing of receipt of questionnaire and the period given for response ● other sources of data to further reduce response burdens ● potential for electronic data reporting ● general (non-proprietary) business software packages in use. |
|--|--|

Lost the postpaid envelope?

Please call us at 1-888-291-6111 or fax us at 1-800-755-5514



Thank you for completing this questionnaire.