



# 2005 - 2006 Residential Care Facilities Survey - Short Form

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):

- 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

## 2005-2006 - Residential Care Facilities Survey

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, 2005 and March 31, 2006. For example, if your fiscal period ended December 31, 2005, please report for the period January 1, 2005 to December 31, 2005. **Throughout the questionnaire, March 31, 2006 is used to indicate information is requested as at end of the fiscal period.**

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;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 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;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	Day	Month	Year			
Day	Month	Year											
Day	Month	Year											

**A. Ownership (check one only)**

	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. Beds (as at March 31, 2006)**

	Approved complement	Staffed and in operation
1. Number of beds (including respite beds)	121	122

**C. Total days of care during reporting period by responsibility for payment**

	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
<b>6. Total days (sum of boxes 131 to 135)</b>	<b>136</b>

**D. Movement of residents**

	Residents
1. In facility as at April 1, 2005	151
2. Admissions during reporting period	152
<b>3. Total under care (boxes 151 and 152)</b>	<b>153</b>
4. Discharges during reporting period	154
5. Deaths during reporting period	155
<b>6. Total separations (boxes 154 and 155)</b>	<b>156</b>
<b>7. In facility as at March 31, 2006 (box 153 minus 156)</b>	<b>157</b> *

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

**2005-2006 - Residential Care Facilities Survey - continued**

**E. Age and sex of residents in facility as at March 31, 2006 (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. <b>Total residents</b> (sum of lines 1 to 9)	219	220	221 *

**F. Type of care (refer to Instructions & Definitions)**

Please group all residents in facility as at March 31, 2006 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. <b>Total residents</b> (sum of boxes 228 to 238)	240 *

**G. Principal characteristics of residents in facility as at March 31, 2006 (count each person once only)**

	Number of persons
1. Aged	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. <b>Total residents</b> (sum of boxes 261 to 271)	272 *

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

**2005-2006 - Residential Care Facilities Survey - continued**

**H. Personnel**

	Personnel employed as at March 31, 2006		Total accumulated paid hours during reporting period
	Full-time	Part-time	
1. Direct Care Services	331	332	333
2. General Services (see definitions)	369	370	371
3. <b>Total</b> (sum of lines 1 & 2)	381	382	383

**Hours reported should have corresponding dollar values reported in Section I.**

**I. Expenses - You may provide financial statements instead of completing the financial questions.**

For the 12 months ended March 31, 2006 (round to nearest dollar)	Salaries and wages	All other expenses	Total
1. Direct Care Services	432	433	434
2. General Services (see definitions)	461	462	463
3. Other expenses (includes interest, rent, taxes, overhead (head office), depreciation, etc.)		483	484
4. <b>Total Expenses</b> (sum of lines 1, 2 & 3)	495	496	497

**Dollar values reported should have corresponding hours reported in Section H.**

**J. Income - You may provide financial statements instead of completing the financial questions.**

For the 12 months ended March 31, 2006 (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. <b>Total earnings for accommodation</b> (sum of boxes 501 to 507)	508
9. Sundry earnings	509
10. <b>Total income</b> (sum of boxes 508 and 509)	510
<b>Surplus</b> (box 510 less box 497)	511
<b>Deficit</b> (box 497 less box 510)	512

**NOTE:** Audited data **not** required.

INSURE PAGES 2 AND 3 ARE COMPLETED.

1. How long did you spend collecting the data and completing this form? <sup>9910</sup> \_\_\_\_\_ hours <sup>9909</sup> \_\_\_\_\_ 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:

- 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.)
- order and flow of questions
- timing of receipt of questionnaire and the period given for response
- other sources of data to further reduce response burden
- potential for electronic data reporting
- general (non-proprietary) business software packages in use.

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FOR INFORMATION ONLY



**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.**