

2008-2009 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). Refer to page 2 of guide

031 1 Sole proprietorship 4 Co-operative 7 Government
 2 Partnership 5 Joint venture 8 Non-profit organization
 3 Incorporated company 6 Government business entity

GST Number / Business Number:

Does your business have a GST Registration Account Number or a Business Number (BN)?

040 1 Yes → If yes, please report your GST number or Business Number 041
 2 No

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:

Date:

Day Month Year

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

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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, 2008 and March 31, 2009**. For example, if your fiscal period ended December 31, 2008, please report for the period January 1, 2008 to December 31, 2008.

011	Day	Month	Year		012	Day	Month	Year
From					To			

A. Ownership - (Check one only) Refer to page 3 of guide

	Ownership 102
Proprietary	<input type="checkbox"/>
Religious	<input type="checkbox"/>
Lay (i.e., 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 of 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 (i.e., Provincial Health Insurance Plan, Regional Health Authority)	131
2. Provincial Social Services Department or Ministry (i.e., 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 federal government and self-pay by residents	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 on the first day of the fiscal period	151
2. Admissions during reporting period	152
3. Total under care (box 151 plus 152)	153
4. Discharges during reporting period	154
5. Deaths during reporting period	155
6. Total separations (box 154 plus 155)	156
7. In facility on the last day of the fiscal period (box 153 minus 156)	157 * *

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

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Characteristics of Residents						
E. Age and sex of residents in facility 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 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 (i.e., 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 228 to 239)					240 *	
G. Principal characteristics of residents in facility 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					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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**H. Personnel - Do not include contract staff or professionals paid by an outside source.
Refer to page 7 of guide.**

	Personnel employed on the last day of the fiscal period (excluding casuals)		Total accumulated paid hours during reporting period (including casuals)
	Full-time	Part-time	
1. Direct Care Services	331	332	333 hrs.
2. General Services (see definitions)	369	370	371 hrs.
3. Total (sum of lines 1 & 2)	381	382	383 hrs.

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

I. Expenses - Refer to page 8 of guide. You may provide financial statements instead of completing the financial questions. Ensure pages 1, 2 and 3 are completed.

Financial information should be reported for the most recent fiscal year that ended at any time between April 1, 2008 and March 31, 2009. (Round to nearest dollar)	Salaries and wages	All other expenses	Total
1. Direct Care Services	432	433	434
2. General Services (include all employee benefits in box 462)	461	462	463
3. Other expenses (includes interest, rent, taxes, overhead (head office), depreciation, etc.)		483	484
4. Total Expenses (sum of lines 1, 2 & 3)	495	496	497

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

J. Revenue - Refer to page 9 of guide. You may provide financial statements instead of completing the financial questions. Ensure pages 1, 2 and 3 are completed.

Financial information should be reported for the most recent fiscal year that ended at any time between April 1, 2008 and March 31, 2009. (Round to nearest dollar)	Amount
Accommodations	
1. Provincial Health Department or Ministry (i.e., Provincial Health Insurance Plan, Regional Health Authority)	501
2. Provincial Social Services Department or Ministry (i.e., Provincial Social Services Plan)	502
3. Other Provincial Department or Ministry (specify) 529	503
4. Municipalities, regional or district administrations	504
5. All other (i.e., federal government and W.C.B.)	505
6. Residents - co-insurance or self-pay	506
7. Differential - preferred accommodation	507
8. Total revenue from accommodation (sum of boxes 501 to 507)	508
9. Other Sundry earnings	509
10. TOTAL REVENUE (sum of boxes 508 and 509)	510
Surplus (box 510 minus box 497)	511
Deficit (box 497 minus box 510)	512

NOTE: Audited data not required

