

1998-99 Residential Care Facilities Survey - Short Form

Si vous préférez r	ecevoir	ce question	onnaire 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 $\mathop{\rm Act}\nolimits.$

Correct pre-printed label information if necessary using the corresponding boxes below:

Statistics Canada is prohibited by law from publishing any statistics which would plugle-information obtained from this survey that relates to any dentifiable business without the previous written consent of that business. This, data, reported on this questionnaire will be treated in strict profidence, 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 Fase entered into an agreement under section 12 of the Statistics Act with the Canadian Institute for Health Information (CIHI) for the spacing of Information from this survey. Under section 12 of the Statistics Act ow may refuse to share your information with the Canadian Institute for Health Information by writing to the Chief Statistician and returning your stetler 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 before if the Legal name and Business name are different, please print the Legal name in the space eleve: 21		Business Name:		
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Please report your GST Registered Account Number (BN No.) Returning your questionnaire: Please complete and return your questionnaire by May 14, 1999. 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: Telephone Area Code Number Day Month Year L Certify that the information contained herein is complete Date completed	Same as			
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		lete Date completed		

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Statistics Statistique Canada Canada



1998-99 - Residential Care Facilities Survey

Name o	of Facility City, Town, etc.			
Please i	Fiscal Period Please record the start and end dates of the 12 month fiscal period your business uses. Report all data for the 12 month fiscal period which ended on or between April 1, 1998 and March 31, 1999. For example, if your fiscal period ended December 31, 1998, please report for the period January 1, 1998 to December 31, 1998.			
011 F	Day Month Year Day Month Year Year To			
A. Ov	vnership (check one only)			
		Ownership 102		
Pro	pprietary			
Re	ligious			
La	y (not for profit, non-profit voluntary associations, societies)			
Μι	nicipal			
Pro	ovincial or Territorial			
Fe	deral			
Re	gional Health Authority, Board, District, Corporation			
B. Be	ds (as at March 31, 1999)			
	Approved	Staffed and		
	complement	in operation		
1.	Number of beds	122		
C. To	tal 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 of Ministry (Provincial Social Services Plan)	132		
3.	Other Provincial Department of Ministry (specify)	133		
4.	Municipalities, regional or district administration	134		
5.	All other, including self-pay	135		
6.	Total days (sum of poxes 131 to 135)	136		
D. Mo	evement of residents			
		Residents		
1.	In facility as at April 1, 1998	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 at March 31, 1999 (box 153 minus 156)	157 *		
L				

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

1998-99 - Residential Care Facilities Survey - continued

E. Age and sex of residents in facility as at March 31, 1999 (count each person once only) Number of persons Number of persons **Age Groups** Male Female **Age Groups** Male Female 202 211 212 201 1. Less than 10 years 70 to 74 years 203 204 213 214 2. 10 to 17 years 75 to 79 years 205 206 215 216 3. 18 to 44 years 80 to 84 years 207 208 217 218 4. 45 to 64 years 85 years and over 209 210 219 221 220 **Total residents** (sum of lines 1 to 9) 5. 65 to 69 years F. Type of care (refer to Instructions & Definitions) Please group all residents in facility as at March 31, 1999 into the following (count each person once only) Number of persons 228 Room and board only 1. Room and board with guidance/counselling with respect to social, employment, addiction problems, or 229 parental guidance with skilled counselling (child care homes) 230 Room and board with custodial care and/or special school, sheltered workshop, etc. 3. 232 Type I (i.e., supervision and/or assistance with daily living and meeting psycho-social needs) 234 Type II (i.e., medical and professional nursing supervision, etc.) 5. 236 Type III (i.e., medical management, skilled nursing care, etc.) 6. 238 Higher type 7. 240 Total residents (sum of boxes 228 to 238) Principal characteristics of residents in facility as at March 31, 1999 (count each person once only) Number of persons 261 Aged 1. 262 Physically Challenged and/or Disabled 2. 263 Developmentally Delayed 3. 264 4. Psychiatrically Disabled 265 5. **Emotionally Disturbed Children** 265 Alcohol/Drug Problems 6. 267

Delinquents/Young Offenders

10. Total residents (sum of boxes 261 to 271)

7.

8.

Transients

Others (specify)

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269

271

272

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

1998-99 - Residential Care Facilities Survey - continued

Н.	Per	rsonnel			
			Personnel		Total accumulated
			as at Marc		paid hours during reporting
			Full-time	Part-time	period
	1.	Direct Care Services	331	332	333
	2	Concret Convince (and definitions)	369	370	371
	2.	General Services (see definitions)	381	382	383
	3.	Total (sum of lines 1 & 2)			
		Hours reported should have corresponding dollar vi	alues reported in	Section I.	\
I.	Ex	penses			
		the 12 months ended March 31, 1999 und 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 depreciation, etc.)	d office),	483	484
	4.	Total Expenses (sum of lines 1, 2 & 3)	495	496	497
		Dollar values reported should have corresponding	ours reported in	Section H.	
J.	Inc	ome			
		For the 12 months ended March 31, 1999 (ound to hearest dollar) Amount			Amount
	1. Provincial Health Department or Ministry (Provincial Health Insurance Plan)		501		
	Provincial Social Services Department or Ministry (Provincial Social Services Plan)		502		
	Other Provincial Department or Ministry (specify)			503	
	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.			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.

You may provide financial statements instead of completing the financial questions.

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	610
1. How long did you spend collecting the data and completing this form?	hours
2. Comments? 620	
We invite your help in improving our business survey pro- along with your more general remarks would be greatly app	gram. Your comments on the following range of suggested topics reciated:
 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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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.

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