GENERAL INSTRUCTIONS

REFERENCE GUIDE AND DEFINITIONS

To assist you with your application, please review the **Application Guide** before completing this form.

The guide contains helpful information about fees and identifies the supporting documents that must be submitted with this form. Definitions of terms used in this form are provided in the **Application Guide**.

To help you complete and understand this form :

1. Some words or phrases are marked with a dashed underline to indicate that definitions are available in the Glossary at the end of this form.
2. Access other resources by clicking resource names that appear in **blue**

REQUIRED INFORMATION AND SUPPORTING DOCUMENTS

All fields in this form are mandatory and relevant information must be provided.

Additional supporting documents required with this application are listed in this form. If required documents, such as an occupancy permit, approved fire safety plan, municipal licence or contractor's material test certificate, are not currently available, the Applicant can still submit the application and advise the RHRA of the anticipated date(s) of submission.

The RHRA may contact the Applicant to request more information or other supporting documents.

APPLICATION PROCESSING

The standard licence application processing time is six to eight weeks following the submission of a complete application.

Expedited application fees can be paid in addition to the licence application fee if an Applicant requires priority consideration for an application to be processed within two or four weeks ahead of the standard licence application processing time. If an expedited service is requested, an expedited application fee must be submitted concurrently with the licence application fee.

APPLICATION SUBMISSION AND FEES

Once completed, please save and email this Acquisition Licence Application Form and all supporting documents no later than six weeks prior to the occupancy date of the Retirement Home. Failure to submit this form by the deadline may result in a delay in issuing a licence.

Applications received less than six weeks prior to the occupancy date of the Retirement Home may be reviewed on an expedited basis and are subject to a fee.

The RHRA will not begin to process an application before receiving all application fees. Current licence application fees are set out in the RHRA's **Fee Schedule**. All fees are non-refundable.

RHRA RETIREMENT HOME DATABASE

The RHRA requires information related to the management and operation of the home.
This information will be posted on the RHRA's **Retirement Home Database** and must be kept current.
Retirement Home Database is a database of all Retirement Homes that includes:

- Retirement home's name and address
- Care services provided in each home
- Occupancy capacity of each home
- Summaries of each home's inspection reports
- Any orders imposed on licensed homes under the Act

RHRA must be notified regarding any information changes via email at **licensing@rhra.ca** or by completing a **Notice of Change** Form.

CONFIDENTIALITY

RHRA publishes information on licence applications received on its Retirement Home Database. If you would like to request that this information be kept confidential, please select yes and an RHRA representative will reach out to discuss your request. For the sake of transparency and access to information for the public, RHRA reserves the right to refuse your confidentiality request.

◯ Yes ◯ No

HOW TO SUBMIT THIS FORM

THE COMPLETED FORM MAY BE MAILED/FAXED OR EMAILED TO:

Retirement Homes Regulatory Authority

Attention: Licensing Intake
55 York Street, Suite 700
Toronto, ON M5J 1R7
Fax: 1-855-631-0170
Email: **licensing@rhra.ca**

After completing the form, please save it to your computer. You can then choose to mail, fax, or email it to **licensing@rhra.ca**.

RETIREMENT HOME INFORMATION

WHAT OFFICIAL LANGUAGE WILL THE RETIREMENT HOME USE FOR ITS DAILY OPERATION?

◯ English ◯ French If other, specify: _____

Existing operating name: _____

Intended operating name: (if different from above) _____

Expected closing date: _____

Website address: _____

Email address: _____

Phone number: _____ Fax number: _____

Preferred language of communication with the RHRA: ◯ English ◯ French

Preferred communication method with the RHRA: ◯ Email ◯ Phone

Business Identification Number (BIN): _____

Physical Address of the Retirement Home

Street Number/Name: (P.O. Box and RR#, if applicable) _____

City, Town, or Village: _____ Postal Code: _____

Is this address the Applicant's mailing address? ◯ Yes ◯ No (Provide below)

Mailing Address of the Applicant

Street Number/Name: (P.O. Box and RR#, if applicable) _____

City, Town, or Village: _____

Province: _____ Postal Code: _____

APPLICANT / BUSINESS INFORMATION

WHAT IS THE OWNERSHIP STRUCTURE OF THE APPLICANT APPLYING FOR THIS RETIREMENT HOME LICENCE – SOLE PROPRIETORSHIP, CORPORATION OR PARTNERSHIP?

Complete the applicable section.

◯ Sole Proprietorship

Full legal name of Business Owner

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Business Name of Sole Proprietorship, if any: _____

Full legal name(s) who have a controlling interest in the Sole Proprietorship.

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

If additional controlling interests need to be included, please submit a separate document listing their information along with this application form.

◯ Corporation

Name of Corporation as per Articles of Incorporation or Letters Patent

Corporation Number: _____ Date of Incorporation: _____

Operating Name of Corporation: _____

Jurisdiction of Incorporation:

◯ Ontario

◯ Federal

◯ Other Province/Territory Please specify: _____

◯ Outside Canada Please specify: _____

NOTE: For any corporation incorporated outside of Canada, submit proof of authorization under the Extra-Provincial Corporations Act of Ontario is required.

Full legal name(s) of all Officers and Directors of the Corporation

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

If second Officer or Director

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Full legal name(s) of all person(s) who have a controlling interest in the Corporation.

Names of all person(s) with a controlling interest will appear on the RHRA Retirement Home Database

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Corporate Name: (if applicable) _____

If second person

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Corporate Name: (if applicable) _____

Not for Profit Corporation

◯ Yes ◯ No

If additional officers, directors, or controlling interests need to be included, please submit a separate document listing their information along with this application form.

◯ Partnership

Details of the Partnership

Partnership Name: _____

Full legal name(s) of all Partners

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Corporate Name: (if applicable) _____

If second Partner

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Corporate Name: (if applicable) _____

If third Partner

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Corporate Name: (if applicable) _____

Is this a Limited Partnership? ◯ Yes ◯ No

Full legal name(s) of all person(s) who have a controlling interest in the Partnership.

Names of all person(s) with a controlling interest will appear on the RHRA Retirement Home Database

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Corporate Name: (if applicable) _____

If second person

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Corporate Name: (if applicable) _____

If additional officers, directors, or controlling interests need to be included, please submit a separate document listing their information along with this application form.

PRIMARY CONTACT

Designated **Primary Contact Person** for the **Applicant**.

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Title / Role: _____

Professional Qualifications, if any: _____

Email address: _____

Phone number: _____ Fax number: _____

Personal History Reports are required as follows:

Sole Proprietorship:

1. **Personal History Report – Individual**: **The business owner** must complete and sign this form.
   To access this form, click **here**.

Partnership / Corporation:

1. **Personal History Report – Individual**: All officers and directors of a corporation, and all individuals with a controlling interest must complete and sign this form.
   To access this form, click **here**.
2. **Personal History Report – Corporate**: Each Applicant Corporation and each Corporation with a controlling interest in the Applicant must complete this form.
   To access this form, click **here.**

RETIREMENT HOME SECTOR EXPERIENCE

The RHRA requires information related to the Applicant's experience in the Retirement Home and/or related sectors. Does the Applicant have an existing licence for a Retirement Home(s) in Ontario?

◯ Yes ◯ No

If yes, what is the licence number of a Retirement Home under the Applicant's control?

HOME ADMINISTRATION / MANAGEMENT

The RHRA requires information related to the management and operation of the home. This information is posted on the RHRA's Retirement Home Database and must be kept current.

Who has the primary responsibility for managing the day-to-day operations or most of the operations of the home – primary contact person, staff member (including a contract employee) or management company?

Complete the applicable section

◯ **Primary Contact**

Designated Primary Contact Person for the Applicant.

First Name: Middle Initial:

Last Name: Preferred Salutation:

Title / Role:

Professional Qualifications, if any:

Email address:

Phone number: Fax number:

Personal History Reports are required as follows:

1. Personal History Report – Individual: All officers and directors of a corporation, and all individuals with a controlling interest must complete and sign this form.
   To access this form, click **here**.
2. Personal History Report – Corporate: Each Applicant Corporation and each Corporation with a controlling interest in the Applicant must complete this form.
   To access this form, click **here.**

Staff Member Information (Including a contract employee)

For the staff member who is responsible for managing the operations or most of the operations of the home:

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Title / Role: _____

Professional Qualifications, if any: _____

Email address: _____

Phone number: _____ Fax number: _____

Management Company Information

Management Company's Legal Business Name: _____

Operating Name: (if different than above) _____

Does the Management Company manage an existing licensed Retirement Home?

Yes No

Management Company Contact

Contact Information (for the person at the Management Company, who is responsible for managing the operations or most of the operations of the home)

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Title / Role: _____

Professional Qualifications, if any: _____

Email address: _____

Phone number: _____ Fax number: _____

HOME INFORMATION – NUMBER OF SUITES

How many **suites** are in the home?

Estimate the number of total suites if the final figure is still unknown. Note: The Acquisition Licence Application fee is, in part, based on the number of suites in the home.

What is the total number of residents that the home will be able to accommodate?

Consider how many suites are double occupancies and factor that in when providing the resident capacity number.

Will the home have **subsidized suites**?

◯ Yes ◯ No

If yes, number of subsidized suites:

Note: Subsidized suites are not included when calculating the Acquisition Licence Application fee.

Select the Act the home will be governed by or funded under:

- ◯ The Developmental Services Act
- ◯ The Homes for Special Care Act
- ◯ The Long-Term Care Homes Act, 2007
- ◯ The Ministry of Community and Social Services Act
- ◯ The Private Hospitals Act
- ◯ The Public Hospitals Act
- ◯ The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008
- ◯ The Ontario Works Act
- ◯ The Home Care and Community Services Act, 1994
- ◯ The Ministry of Health and Long-Term Care Act
- ◯ None Apply

SPRINKLER INFORMATION WITHIN THE RETIREMENT HOME

Do all residential units/suites have fully **automatic sprinklers**?

◯ Yes ◯ No

If you responded No, please provide an explanation:

CARE SERVICES OFFERED WITHIN THE RETIREMENT HOME AND MANAGEMENT

Who has primary responsibility for managing the staff member(s) overseeing the home's care services?

First Name: _____ Middle Initial: _____

Last Name: _____ Preferred Salutation: _____

Title / Role: _____

Professional Qualifications, if any: _____

Email address: _____ Phone number: _____

Who is overseeing/responsible for the home's assessment and plan of care activity?

Name: _____ Position: _____

Affiliate College[1]: _____ Registration Number: _____

Email address: _____

What care services will the Retirement Home make available to residents? Select all that apply.

- ☐ Assistance with bathing
- ☐ Assistance with ambulation
- ☐ Continence care
- ☐ Provision of a meal
- ☐ Assistance with dressing
- ☐ Assistance with feeding
- ☐ Assistance with personal hygiene
- ☐ Skin and wound care programs

If available, who is overseeing/responsible for the home's skin and wound care programs?

Name: _____ Position: _____

Affiliate College[2]: _____ Registration Number: _____

Email address: _____

- ☐ Administration of drugs or another substance

If available, who is overseeing/responsible for the administration of drugs or another substance?

Name: _____ Position: _____

Affiliate College[3]: _____ Registration Number: _____

Email address: _____

CARE SERVICES OFFERED WITHIN THE RETIREMENT HOME AND MANAGEMENT - CONT.

☐ Dementia care program

If available, who is overseeing/responsible for the home's dementia care program?

Name: _____ Position: _____

Affiliate College[4]: _____ Registration Number: _____

Email address: _____

☐ Any service a member of the College of Physicians and Surgeons provides while engaging in the practice of medicine

If available, who will be overseeing/responsible?

Name: _____ Position: _____

Affiliate College[5]: _____ Registration Number: _____

Email address: _____

☐ Any service a member of the Ontario College of Pharmacists provides while engaging in the practice of pharmacy

If available, who will be overseeing/responsible?

Name: _____ Position: _____

Affiliate College[6]: _____ Registration Number: _____

Email address: _____

☐ Any service a member of the College of Nurses of Ontario provides while engaging in the practice of nursing

If available, who will be overseeing/responsible?

Name: _____ Position: _____

Affiliate College[7]: _____ Registration Number: _____

Email address: _____

DISCLOSURE OF NON-ARM'S LENGTH RELATIONSHIPS WITH CARE SERVICE PROVIDERS

Does the Applicant have any non-arm's length relationships with care service providers?

◯ Yes ◯ No

If yes, what non-arm's length relationships apply or will apply to the Applicant?

Provide information for all that apply

Spousal or family relationships (spouse, parent, sibling, child or another relative sharing the residence of the Applicant)

Name of Spousal or Family care service provider:

Care services provided / intended to be provided:

Relationship to Applicant:

If second care service provider

Name of care service provider:

Care services provided / intended to be provided:

Relationship to Applicant:

Corporate relationships (the person is a partner, director or officer of the Applicant)

Name of Corporate Relationship care service provider:

Care services provided / intended to be provided:

Relationship to Applicant:

If second care service provider

Name of care service provider:

Care services provided / intended to be provided:

Relationship to Applicant:

Relationships of corporate control (the person is a parent/controlling/controlled corporation of the Applicant)

Name of Relationship of Corporate Control care service provider:

Care services provided / intended to be provided:

Relationship to Applicant:

If second care service provider

Name of care service provider:

Care services provided / intended to be provided:

Relationship to Applicant:

SAFETY AND MANDATORY POLICIES

Public Health: Has the Applicant been subject to any orders, tickets, or charges under the Health Protection and Prevention Act, 1990?

◯ Yes ◯ No

Describe the orders, tickets, or charges. (Provide specific details)

What is the current status of the orders, tickets, or charges? (Provide specific details)

Fire: Has the Applicant been subject to any orders, tickets, or charges under the Fire Protection and Prevention Act, 1997?

◯ Yes ◯ No

Describe the orders, tickets, or charges. (Provide specific details)

What is the current status of the orders, tickets, or charges? (Provide specific details)

Provide copies of the orders, tickets, or charges. (Attach files to application email.)

PRIVACY NOTICE

The RHRA is collecting and using the information on this form pursuant to the **Retirement Homes Act**, 2010, including its regulations. The RHRA is gathering the information to determine eligibility for a retirement home licence and to assist the RHRA in administering the Act.

To complete or verify the information, it may be necessary for the RHRA to request and receive additional information from other sources, including provincial or municipal government departments and agencies, licensing and regulatory bodies, and law enforcement agencies.

The RHRA will collect, use and disclose the information in accordance with its Privacy and Access Code and the Retirement Homes Act, 2010, which requires the RHRA to keep confidential information it obtains in administering the Retirement Homes Act, 2010, unless a specific exception in the Act applies.

A copy of the RHRA Privacy and Access Code is available at **www.rhra.ca**. If you have questions relating to the collection and disclosure of information, please contact: RHRA's Chief Privacy Officer, 55 York Street, Suite 700, Toronto, ON M5J 1R7 / Telephone 1-855-ASK-RHRA (1-855-275-7472).

REQUIRED SUPPORTING DOCUMENTS

Additional documents to be submitted with an Acquisition Licence Application Form are listed below. If any of the required documents are not currently available, the Applicant can still submit the application and provide the anticipated date(s) of submission in the space provided.

Click 'Yes' for documents that will be submitted at the same time as this application. For any 'No' response, provide the status or the anticipated date of submission.

The RHRA may request additional documentation/information as part of the application process.

1. A copy of the home's most recent Fire Safety Plan and proof that the plan has been approved by the local fire department

   ◯ Yes ◯ No If proof of approved plan is not available, submit the draft fire safety plan and proof of submission from the local fire dept.

2. Latest Sprinkler Inspection Certificate

   ◯ Yes ◯ No Status/Anticipated Date of Submission:

3. A copy of a Food Handling Certificate for at least one person involved in food preparation, if the home provides meals to the residents

   ◯ Yes ◯ No Status/Anticipated Date of Submission:

4. Municipal Licence (if required by municipality)

   ◯ Yes ◯ No Status/Anticipated Date of Submission:

5. Three most recent Public Health Inspection Reports

   ◯ Yes ◯ No Status/Anticipated Date of Submission:

6. The Home's full Information Package as required under s. 54 of the Retirement Homes Act ("the Act") [1]

   ◯ Yes ◯ No Status/Anticipated Date of Submission:

7. The Home's Procedure for Complaints as required under s.73 of the Act [1]

   ◯ Yes ◯ No Status/Anticipated Date of Submission:

8. The Home's Emergency Plan as required under s. 60 (4) 1 of the Act [1]

   ◯ Yes ◯ No Status/Anticipated Date of Submission:

REQUIRED SUPPORTING DOCUMENTS – CONT.

9. The Home's Policy to Promote Zero Tolerance of Abuse and Neglect as required under s. 67(4) of the Act [1]

◯ Yes ◯ No Status/Anticipated Date of Submission:

10. Letter and/or CV/Resume outlining previous experience of Applicant

◯ Yes ◯ No Status/Anticipated Date of Submission:

11. Letter outlining previous sector experience of Management Company (if any)

◯ Yes ◯ No Status/Anticipated Date of Submission:

12. Evidence of Extra Expense Insurance (EEI), including broker name, policy number, date received and policy expiration date

◯ Yes ◯ No Status/Anticipated Date of Submission:

13. Required Personal History Report(s) (Individual and/or Corporate)

◯ Yes ◯ No Status/Anticipated Date of Submission:

14. Corporate Profile (if Corporation Applicant)

◯ Yes ◯ No Status/Anticipated Date of Submission:

[1] If the applicant home intends on using policies that were previously submitted with an RHRA licensing application and deemed sufficient by the RHRA, the applicant does not need to submit the policies with any subsequent applications. If you are unsure whether you need to submit your policies, please contact the RHRA.

APPLICATION SUBMISSION AND FEES

The standard licence application processing time is six to eight weeks. Expedited application fees can be paid in addition to the licence application fee if an applicant requires priority consideration for applications to be processed within two or four weeks ahead of the standard licence application processing time. If an expedited service is requested, an expedited application fee must be submitted concurrently with the licence application fee.

Current licence application fees are set out in the RHRA's **Fee Schedule**.

- Do not send cash by mail. Make a cheque or money order payable to **Retirement Homes Regulatory Authority**. Do not post-date cheques or money orders.
- All fees are non-refundable. The RHRA will not begin to process an application before receiving all application fees. A $50 processing fee for NSF (non-sufficient funds) cheques will apply.
- The Applicant's name must be clearly legible on the cheque or money order. If the name is not pre-printed on the cheque or money order, write it on the front of the cheque.

How would you like to submit the application?

◯ Standard (Applications processed in approximately six to eight weeks)

◯ Expedited - 4 weeks (Application may be processed in four weeks - Extra fees apply)

◯ Expedited - 2 weeks (Application may be processed in two weeks - Extra fees apply)

To view RHRA's Fee Schedule, click **here**.

Is fee payment being submitted with this application?

◯ Yes ◯ No

If yes, what is the method of payment?

◯ Cheque

◯ Pre-authorized debit

◯ e-transfer

If yes, what is the amount of payment being submitted?

APPLICATION SUBMISSION AND FEES - CONT.

RHRA Fees

All licensees must pay annual fees to cover the cost of core RHRA operations and functions related to administering the Act. These annual fees are determined for each fiscal year (April 1 to March 31). Licensees have the choice of three payment methods: by cheque, through Electronic Funds Transfer (EFT), or via pre-authorized debit (PAD). If you select the PAD option, you can either pay the full annual fee upfront or choose to make quarterly payments. For additional information, please consult the current **Fee Schedule**.

Preferred Payment Method

◯ Cheque ◯ EFT ◯ PAD Quarterly ◯ PAD Full

CONSENT, DECLARATION, AND APPLICANT SIGNATURE

If the Applicant is a sole proprietor, he/she must sign below. If the Applicant is a corporation, an authorized officer of the Applicant must sign below. If the Applicant is a partnership, a partner with the authority to bind the partnership must sign below.

I have read and understand the above notice. I hereby consent on behalf of the Applicant to the direct or indirect collection, use and/or disclosure of information by the RHRA, in accordance with the Retirement Homes Act, 2010 and as the above notice describes, for the purposes of both licensure issuance and ongoing determinations related to licensure eligibility. I further agree that the RHRA may use this consent as the basis for its requests for information from third parties with information relevant to the eligibility for a licence.

☐ By clicking this box, I declare that the information provided and any supporting documents/materials are, to the best of my knowledge, true and complete.

Full Name: _____

Signature: _____

Position: _____ Date: _____

After completing the form, please save it to your computer. You can then choose to mail, fax, or email it to **licensing@rhra.ca**.

SAVE FORM

If you have any questions about RHRA's reporting process or would like to contact us, please call 1-855-ASK-RHRA or email **licensing@rhra.ca**.

GLOSSARY

Standard licence application: The standard licence application processing time is 6 weeks - this may vary depending on the completeness of the application and/or the presence of factors that could call into question the applicant's suitability to meet the licensing criteria. See the Fee Schedule for current Standard Application fees.

Expedited application fees: Expedited application fees can be paid in addition to the licence application fee if an applicant requires priority consideration for applications to be processed within two or four weeks ahead of the standard licence application processing time. If an expedited service is requested,an expedited application fee must be submitted concurrently with the licence application fee. See the Fee Schedule for current Expedited Application fees.

Retirement Home Database: RHRA maintains a database of all retirement homes that includes: every retirement home's name and address, care services provided in each home, the occupancy capacity of each home, summaries of each home's inspection reports and any orders imposed on licensed homes under the Act. RHRA must be notified regarding any information changes by completing a Notice of Change form.

Business Identification Number (BIN): The 9 digit number on the Master Business Licence that is used by the Ministry of Government Services to identify provincial business registration. For most business, this number can be found on the Master Business Licence issued to the employer after they registered their business name in Ontario. Partnership-based businesses will receive a copy of their application with a validation showing the Business Identification Number on it.

Sole Proprietorship: Business is owned and operated by one individual and is not registered as a corporation or partnership

Controlling Interest: Controlling interest belongs to those individuals who have an ownership interest in an applicant or licensee and who have the authority to direct the operations, management, and policies of the applicant or licensee for the operation of the retirement home.

Corporate applicant or licensee: In the case of a corporate applicant or licensee, controlling interest is held by one or more persons who hold(s) a majority (51% or more) of a company's voting shares, sufficient to elect the corporation's Board of Directors. Where there are multiple shareholders who together exercise the authority to elect the corporation's Board of Directors and direct the applicant or licensee's operations, all of the shareholders may hold a controlling interest in the applicant or licensee. Corporations may hold a controlling interest in the applicant or licensee. Where a controlling interest is itself a corporation, the RHRA will assess whether the directors and officers of that controlling interest meet the licensing requirements set out in section 35 of the Act.

If the applicant is a not-for-profit corporation, the person(s) with controlling interest section may be left blank. The RHRA may request information about your board of directors.

Non-corporate applicant or licensee: A person has a controlling interest in a non-corporate applicant or licensee if the person has an ownership interest in the applicant or licensee and has right and authority to direct the operations, management and policies of the applicant or licensee.As with a corporate applicant or licensee, more than one person can have a controlling interest in a non-corporate applicant or licensee.

In the case of sole proprietorships, the controlling interest will generally be the individual owner. In some instances, such as when an immediate relative of the sole proprietor shares a residence with the sole proprietor and has the factual authority and responsibility to direct the management and policies of the entity, that individual will also have a controlling interest in the applicant or licensee.

Corporation: Business is incorporated as a legal entity.

Partnership: Two or more individuals, corporations, trusts or partnerships join together to run a business.

Primary Contact Person: The Applicant must designate a Primary Contact Person to be listed on the RHRA's Retirement Home Database. If licensed, the Primary Contact Person is the main point of contact with the RHRA and will receive RHRA correspondence including, for example, fee invoices, inspection reports and any notices and reports required under the Retirement Homes Act, 2010.

Applicant: The individual(s) or corporation applying for a retirement home licence.

Personal History Report – Individual: Personal History Reports are part of the Licence Application and may be downloaded from the RHRA website, or accessed by clicking on the report names in this Application. Use Individual form for individuals (sole proprietor, officers and directors any anyone with a controlling interest in the corporation or partnership). Use Corporate form for corporations or where the relevant person is a corporation.

There may be multiple Personal History Reports related to one Application. See the Application Guide for more information regarding Personal History Report requirements.

Personal History Report – Corporate: Personal History Reports are part of the Licence Application and may be downloaded from the RHRA website, or accessed by clicking on the report names in this Application. Use Individual form for individuals (sole proprietor, officers and directors any anyone with a controlling interest in the corporation or partnership). Use Corporate form for corporations or where the relevant person is a corporation.

There may be multiple Personal History Reports related to one Application. See the Application Guide for more information regarding Personal History Report requirements.

Suites: Units ordinarily available for occupancy. For example, private or bachelor units, or one or two bedroom suites; Suites include portions or divisions of a unit that are separately occupied by multiple non-related residents, for example semi-private or ward-type accommodation, each of these areas is considered a suite/ living quarter.

Examples of a residential unit include a:

- Bachelor suite
- One-bedroom suite
- Two-bedroom suite
- Portion of a semi-private unit
- Unit/portion within a ward accommodation arrangement

Subsidized suites:

A. Premises or parts of premises that are governed by or funded under one of the following:

   - The Developmental Services Act
   - The Homes for Special Care Act
   - The Long-Term Care Homes Act, 2007
   - The Ministry of Community and Social Services Act
   - The Private Hospitals Act
   - The Public Hospitals Act
   - The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008

B. Premises at which emergency hostel services are provided under the Ontario Works Act, 1997.

C. Premises or parts of premises at which a supportive housing program or a residential treatment program is provided and funded under one of the following:

- The Home Care and Community Services Act, 1994
- The Ministry of Health and Long-Term Care Act

D. Premises or parts of premises funded under the Community Homelessness Prevention Initiative of the Ministry of Municipal Affairs and Housing.

NOTE: With d., homes which receive subsidies through the Community Homelessness Prevention Initiative will receive an annual self-declaration form in January to reconcile the number of subsidized suites. For this reason, the home is not required to submit a Notice of Change form, unless the home has not previously receive the self-declaration form and this is a new agreement.

Automatic sprinklers: Under the Ontario Fire Code, all licensed retirement homes are required to be equipped with automatic fire sprinklers by January 1, 2019. If the home you are purchasing is not equipped with sprinklers, we strongly encourage applicants to explore the cost of installing sprinklers prior to submitting a licence application.

Affiliate College[1]: Must be either the College of Nurses of Ontario or the College of Physicians and Surgeons of Ontario

Affiliate College[2]: Is a member of a College, as defined in the Regulated Health Professions Act, 1991, who has adequate training in skin and wound care

Affiliate College[3, 5, 6, 7]: Is a member of a College, as defined in the Regulated Health Professions Act, 1991

Affiliate College[4]: A member of a College, as defined in the Regulated Health Professions Act, 1991, with specific training in dementia care and care of older adults

Non-arm's length relationships: Non-arm's length relationships occur when the Applicant and the Care Service Provider have an existing personal or professional relationship, including spouse, family members, friends, business partners, controlling interest, etc.

Applications processed:

- Standard: The standard licence application processing time is six to eight weeks – this may vary depending on the completeness of the application and/or the presence of factors that could call into question the applicant's suitability to meet the licensing criteria. See the Fee Schedule for current Standard Application Fees.
- Expedited - 4 weeks: Expedited application fees can be paid in addition to the licence application fee if an applicant requires priority consideration for applications to be processed within two or four weeks ahead of the standard licence application processing time. If an expedited service is requested, an expedited application fee must be submitted concurrently with the licence application fee. See the Fee Schedule for current Expedited Application fees.
- Expedited - 2 weeks: Expedited application fees can be paid in addition to the licence application fee if an applicant requires priority consideration for applications to be processed within two or four weeks ahead of the standard licence application processing time. If an expedited service is requested, an expedited application fee must be submitted concurrently with the licence application fee. See the Fee Schedule for current Expedited Application fees.