



Change in Information for Care Homes

Care Home:	
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Complete only the items that are changing. Submit all documentation required with this form. All changes must be reflected in the homes Statement of Purpose and other relevant documents.

Name of Home	
Telephone	
Email	
Primary Contact – person and position	
Fees – include start date	

Check the box for the change being requested. Approval by Ageing and Disability Services must be obtained before any changes below are implemented.

<input type="checkbox"/>	Type of Facility- Submit transition plan including current and future levels of care, staffing levels, building and equipment requirements.	Change to: <input type="checkbox"/> Residential Care Home (rest home) <input type="checkbox"/> Nursing Home <input type="checkbox"/> 24hrs RN onsite <input type="checkbox"/> 10hrs/day RN onsite
<input type="checkbox"/>	Number of Residents- Submit proposal for any required staffing or building changes	Current no. approved: No. of additional beds requested:
<input type="checkbox"/>	Number of Day Care Attendees- Submit proposal for any required staffing or building changes	Current no. approved: No. of additional clients requested:
<input type="checkbox"/>	Administrator- submit evidence of qualifications	Name: Qualifications:
<input type="checkbox"/>	Deputy Administrator- submit evidence of qualifications	Name: Qualifications:
<input type="checkbox"/>	Operator	Complete Change in Operator Form found at www.gov.bm
<input type="checkbox"/>	Change in Location	Submit proposal for new location including timeframes and a transition plan.
<input type="checkbox"/>	Specialized care service	Describe:

Name:		Date:	
Signature			