

LODGING HOUSE ACCOMMODATION QUESTIONNAIRE

As per Chapter 326 of the City of Brantford Municipal Code Schedule A-4: A lodging house questionnaire, in the form approved by the Issuer of Licences, shall be provided to each new resident upon admission, completed by said resident, updated as required, and filed with the Issuer of Licences within thirty days of said resident being admitted to the lodging house.

COMPANY/FACILITY NAME

ADDRESS OF FACILITY

CONTACT NAME	OWNER NAME
ADDRESS	ADDRESS
PHONE	PHONE
TOTAL # OF BEDS IN FACILITY	TOTAL # OF FLOORS
TYPE OF ACCOMMODATION Private Semi Private Ward (3 or more) Couples Other	BATH Shared Private
TYPE OF RENT PAYMENT Per Day Per Week Per Month	Method of Billing Practice (please provide details): _____ _____ _____
SERVICES PROVIDED (Check all that apply) 3 Meals Provided Snacks Provided Special Diets Accommodated Housekeeping of Common Areas Only Housekeeping of Bedrooms and Common Area Laundry Services Provided Self-serve Laundry Only	Personal Services Provided Shaving Bathing Changing of Incontinent Products Services for Special Needs Clients Provided Mental Health Diabetic Developmentally Delayed: Mental Physical

STAFF / VOLUNTEERS / AGENTS

Physician on call	Available Hours
RN on staff	Available Hours
RPN on staff	Available Hours
Health care aide	Available Hours
Untrained staff only	Available Hours
Dietician on staff	Available Hours

Medication dispensing provided and recorded	Yes	No
Background/Police search on all staff	Yes	No
Minimum number of staff on duty_____		

ADDITIONAL SERVICES (Check all that apply)

Transportation i.e. physician's office/dental	Hair dressing service
Recreational facilities	Fitness room
Activation/physio	Foot care
Air conditioning	Lounges
Resident storage	Smoking room
Call Bell system	Wheelchair accessible

Handling finances Yes No

If yes, describe method of handling

Other Services Provided (specify)

Signature of Operator/Manager _____

Date _____