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## Group Care Facilities

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### What is a Group Care Facility?

A Group Care Facility is a supervised residential dwelling unit, licensed or approved under provincial statute, for the accommodation of persons, excluding staff, referred by hospitals, courts, government agencies or recognized social service agencies or health professionals.

There are three types of Group Care Facilities:

**1. Supportive Living Home (SLH)**

A facility licensed or approved either under provincial or municipal regulations that provides long-term residential social and personal care, including accommodation, meals, supervision or assistance for no more than ten persons, including children who have some limits on ability for self-care, and are unrelated to the operator or owner. The number of persons may exceed ten if the home was established prior to October 1, 1991 and has been in continuous operation since that time and/or is licensed for a higher number under *The Personal Care Homes Act*. Professional medical or rehabilitative services needed by the residents are normally provided away from the living facility.

**2. Individual and Family Social Services Home (IFSSH)**

An agency or government operated home providing on-site accommodation and one or more of a variety of on-site individual and family social, counselling, welfare, or referral services, including halfway houses and refugee, disaster and temporary relief services. These facilities are intended to provide only short-term accommodation for a period of six months or less.

**3. Special Care Home (SCH)**

An institutionalized home providing care for persons requiring nursing care.

### General Regulations

Each Group Care Facility must comply with the following regulations:

**1. Number of Residents Per Block Face**

No more than 30 Group Care Facility residents shall be allowed in a single block face in a residential zone or an MX (Mixed Residential Business) zone.

**2. Number of Facilities Per Block Face**

No more than:

- a) two IFSSH;
- b) two SCH; or
- c) four SLH

shall be allowed in a single block face in a residential zone.

**3. Number of Facilities Per District**

No more than 15 Group Care Facilities shall be allowed in any district<sup>1</sup>.

## Application Requirements

The following is required in order to make application:

- (a) a completed application form (attached);
- (b) a complete site plan (please see attached sample); and
- (c) a complete floor plan (please see attached sample).

Submit the attached form and required documents to:

City of Regina  
Urban Planning Division  
9<sup>th</sup> Floor, City Hall  
Box 1790  
Regina, Saskatchewan  
S4P 3C8

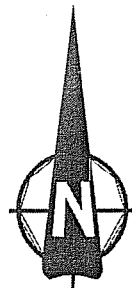
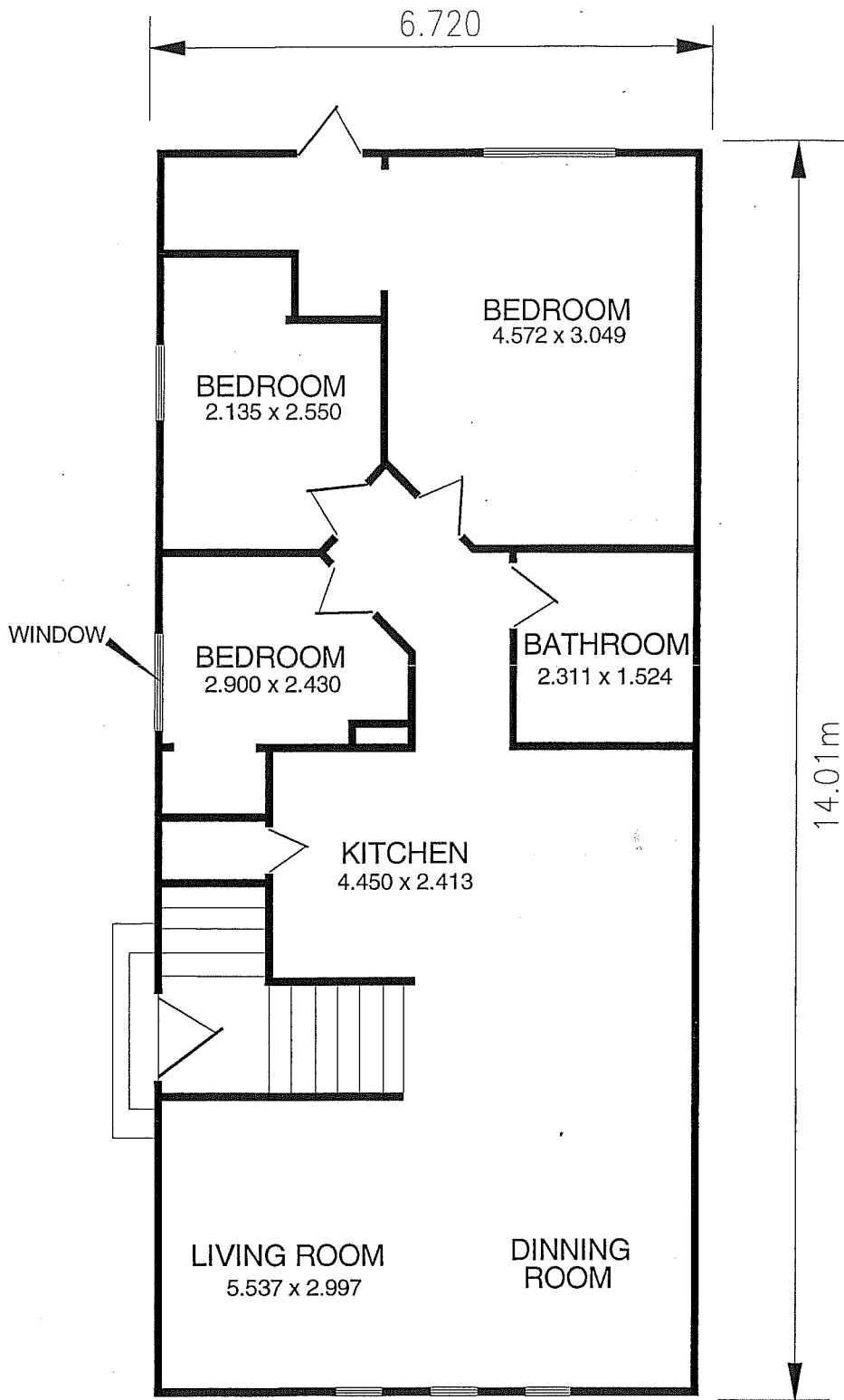
For more information, please contact the **Urban Planning Division** at **777-7551**.

**Note: Accuracy of information provided on the application form is critical to a legal and binding decision. Be as accurate as possible.**

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January 2003

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<sup>1</sup> Please contact the Urban Planning Division to determine which district you are located in.



# ***HOUSE FLOOR PLAN***

**STREET**

17.374

6.0

13.444

1.94

1.99

14.94

**HOUSE**

14.94

13.444

**HOUSE**

**VACANT LOT**

Property Line 38.10

Property Line 38.10

9.66

**FENCE**

**Paved Parking**

6.0

1.5

17.374

**LANE**



Measurements are in metres and decimals thereof

FOR OFFICE USE ONLY

Application #: \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

# Group Care Facility Application Form

(Detach and Submit)



## Applicant Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Present Owner (if different from Applicant)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Care Home Name: \_\_\_\_\_

## Proposed Location of Group Care Facility

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Plan No: \_\_\_\_\_

## Proposed Number of

Employees: \_\_\_\_\_ Business Vehicles: \_\_\_\_\_ Residents: \_\_\_\_\_

## Describe the Nature of Care Being Provided and the Type of Individuals Receiving Care at the Home

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

Signature of Owner (if different from applicant)

Name (printed)

Name (printed)

Date

Date