



Change in Information for Care Homes

NAME OF CARE HOME: _____

Complete only the items that are changing and submit all additional documentation required with this form. All changes must be reflected in the homes' documentation as required (e.g. Statement of Purpose, contracts, information given to care recipients etc.)

1. Name of Home: _____

2. Fees (include start date): _____

3. Contact Person and title: _____

Contact information: Phone: _____ Fax: _____

E-mail: _____

Items 4 through 10 must be approved by Bermuda Health Council before changes are made by the home.

4. Type of Facility (submit transition plan including current and future levels of care, staffing levels, building and equipment requirements):

Change to: Residential Care Home (rest home)

Nursing Home

5. Services offered (indicate if specialized staff or training is required and the plan for such): _____

6. Address: _____

7. Number of Residents and Day Care attendees: _____

8. Operator (submit Change of Operator Application): _____

9. Administrator (evidence of qualifications to be submitted with form)

Name: _____

Qualifications (list degrees, certificates and experience): _____

10. Deputy Administrator: (Evidence of qualifications to be submitted with form)

Name: _____

Qualifications (list degrees, certificates and experience): _____

Signature: _____

Date: _____

Print Name: _____