

# Accreditation Services

## Application



### Application for the Calgary Homeless Foundation

#### Canadian Accreditation Council (CAC)

Suite 300, 10446 122<sup>th</sup> Street  
Edmonton, Alberta T5N 1M3  
Tel.: (780) 424-4498  
Fax: (780) 425-4828

Legal Name of Organization: \_\_\_\_\_

Legal Address of Organization: \_\_\_\_\_

Physical Address of Organization: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

#### CONTACTS

1. **Owner:** \_\_\_\_\_  
(If applicable)

**Email:** \_\_\_\_\_

I would like to receive the monthly CAC newsletter by email. **Yes** **No**

2. **Director:** \_\_\_\_\_  
(CEO or Executive Director)

**Email:** \_\_\_\_\_

I would like to receive the monthly CAC newsletter by email. **Yes** **No**

3. **Contact Person:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I would like to receive the monthly CAC newsletter by email. **Yes** **No**

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## ADDITIONAL INFORMATION

Type of organization: \_\_\_\_\_  
(non-profit, private, etc.)

Number of employees: \_\_\_\_\_

## ACCREDITATION

Has this organization previously undergone accreditation with CAC? **Yes** **No**

Preferred On-Site Review month: \_\_\_\_\_  
(month and year)

Please note that while CAC takes preferred on-site review dates into consideration when scheduling, we cannot guarantee any requests as there may be other scheduling conflicts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signatory's title

\_\_\_\_\_  
Date

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Exact name of program to be reviewed

### FOR OFFICE USE ONLY

Signed Agreement received:	_____
	(date)
Documents sent out from CAC:	_____
	(date)
Additional information required from the organization:	_____
	_____
	_____
	_____

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Print as many copies of this page as your organization requires.  
The program numbers have been left blank for you to fill in sequentially (i.e., 1, 2, 3, etc.).

**PROGRAM #** \_\_\_\_\_

Program Name: \_\_\_\_\_  
(name of program as it is to appear on certificate)

Program Physical Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Program's maximum client capacity  
\_\_\_\_\_ Number of clients currently in the program  
\_\_\_\_\_ Number of current staff (including supervisors, relief, and casual workers)  
\_\_\_\_\_ Number of case managers

This program has previously undergone accreditation with CAC, using CHF Case Management standards:

Yes No

**PROGRAM #** \_\_\_\_\_

Program Name: \_\_\_\_\_  
(name of program as it is to appear on certificate)

Program Physical Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Program's maximum client capacity  
\_\_\_\_\_ Number of clients currently in the program  
\_\_\_\_\_ Number of current staff (including supervisors, relief, and casual workers)  
\_\_\_\_\_ Number of case managers

This program has previously undergone accreditation with CAC, using CHF Case Management standards:

Yes No