

# Accreditation Services

## Application for the Calgary Homeless Foundation



### Canadian Accreditation Council (CAC)

Suite 203, 9080 - 25th Avenue SW  
Edmonton, Alberta T6X 2H4  
Tel.: (780) 424-4498  
Fax: (780) 425-4828

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

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

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

### CONTACTS

1. Director: \_\_\_\_\_  
(CEO or Executive Director)

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

|   |     |    |
|---|-----|----|
| I consent to receive emails related to my business with CAC.      | Yes | No |
| I would also like to receive the monthly CAC newsletter by email. | Yes | No |

2. Contact Person: \_\_\_\_\_  
(if different from above)

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

|   |     |    |
|---|-----|----|
| I consent to receiving emails related to by business with CAC.    | Yes | No |
| I would also like to receive the monthly CAC newsletter by email. | Yes | No |

### ADDITIONAL INFORMATION

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

Number of employees: \_\_\_\_\_ Number of case managers: \_\_\_\_\_

### ACCREDITATION

Has this organization previously undergone accreditation with CAC? Yes No

Version of CHF standards to be used for this review :

2014 Edition of Standards of Practice, Case Management for Ending Homelessness

2019 Edition of Standards of Practice, Case Management for Ending Homelessness

Preferred On-Site Review date: \_\_\_\_\_

(month and year)

Accreditation body and standards

used for equivalence review: \_\_\_\_\_

Current Accreditation Certificate - Enclosed:

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| Exact name of program to be reviewed |
|--------------------------------------|
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\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY

Equivalency document received: \_\_\_\_\_  
(date)

Documents sent out from CAC: \_\_\_\_\_  
(date)

Additional information required from the organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_