

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 :

2020 Edition of Standards of Practice, Case Management for Ending Homelessness

Preferred On-Site Review date: _____
(month and year)

Below only applies to organizations accredited by a separate accreditation body, other than CAC.

Accreditation body and standards
used for equivalence review:

Current Accreditation Certificate - Enclosed:

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Exact name of program to be reviewed

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: _____
