



**APPLICATION FOR ACCREDITATION**

To:

**Canadian Accreditation Council  
Of Human Services**

#203, 10446 – 122<sup>nd</sup> Street  
Edmonton, AB T5N 1M3

Phone: (780) 424-4498

Fax: (780) 425-4828

-from-

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LEGAL NAME OF ORGANIZATION

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

LEGAL ADDRESS OF ORGANIZATION

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Director: \_\_\_\_\_

Contact Person if different from above: \_\_\_\_\_

Type of Organization (Not-for-profit/Private): \_\_\_\_\_

We would like to undergo the site review in (month/year): \_\_\_\_\_

Has this organization undergone accreditation with CAC previously: Yes \_\_\_ No \_\_\_

Programs to be reviewed (Exact name as it is to appear on Certificate)

\_\_\_\_\_  
CAC Signature

\_\_\_\_\_  
Organization Signature (Director)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

**SCHEDULE 1**

**Program Information Form**

**PROGRAM # 1**

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

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**Program Physical Address**

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The maximum number of clients in this program \_\_\_\_\_

# of clients currently in the program \_\_\_\_\_

# of staff (including supervisors, relief and casual workers) \_\_\_\_\_

Has this program undergone accreditation with CAC, using CHF Case Management standards, previously: Yes \_\_\_ No \_\_\_\_\_

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**PROGRAM # 2**

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

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**Program Physical Address**

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The maximum number of clients in this program \_\_\_\_\_

# of clients currently in the program \_\_\_\_\_

# of staff (including supervisors, relief and casual workers) \_\_\_\_\_

Has this program undergone accreditation with CAC, using CHF Case Management standards, previously: Yes \_\_\_ No \_\_\_\_\_

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**PROGRAM # 3**

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

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**Program Physical Address**

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The maximum number of clients in this program \_\_\_\_\_

# of clients currently in the program \_\_\_\_\_

# of staff (including supervisors, relief and casual workers) \_\_\_\_\_

Has this program undergone accreditation with CAC, using CHF Case Management standards, previously: Yes \_\_\_ No \_\_\_\_\_

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**PROGRAM # 4**

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

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**Program Physical Address**

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The maximum number of clients in this program \_\_\_\_\_  
# of clients currently in the program \_\_\_\_\_  
# of staff (including supervisors, relief and casual workers) \_\_\_\_\_  
Has this program undergone accreditation with CAC, using CHF Case Management standards, previously: Yes \_\_\_\_ No \_\_\_\_  
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**PROGRAM # 5**

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

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**Program Physical Address**

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The maximum number of clients in this program \_\_\_\_\_  
# of clients currently in the program \_\_\_\_\_  
# of staff (including supervisors, relief and casual workers) \_\_\_\_\_  
Has this program undergone accreditation with CAC, using CHF Case Management standards, previously: Yes \_\_\_\_ No \_\_\_\_  
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**PROGRAM # 6**

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

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**Program Physical Address**

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The maximum number of clients in this program \_\_\_\_\_  
# of clients currently in the program \_\_\_\_\_  
# of staff (including supervisors, relief and casual workers) \_\_\_\_\_  
Has this program undergone accreditation with CAC, using CHF Case Management standards, previously: Yes \_\_\_\_ No \_\_\_\_