



Personal Care Assistance Program Vendor Application

This form must be completed in full in order to process the application.

Please send the completed form to Supplier Programs at: BIProviderapp@icbc.com

NOTE: If your business has more than one office/location, please submit a separate application for each office/location

Primary Office Information

LEGAL BUSINESS NAME IN BC	DOING BUSINESS AS (DBA) (if not applicable, state N/A)
BUSINESS ADDRESS	
MAILING ADDRESS (if different from Business Address)	
BUSINESS PHONE NUMBER(S)	BUSINESS EMAIL ADDRESS
PRIMARY CONTACT NAME	PRIMARY CONTACT POSITION
PRIMARY CONTACT EMAIL ADDRESS	PRIMARY CONTACT PHONE NUMBER
ICBC VENDOR NUMBER (if applicable)	GST REGISTRATION NUMBER (if applicable)

Personal Care Assistance Services

Homemaker (HM) Services

Minimum offered Homemaker services: general household cleaning including dusting, sweeping and garbage disposal; overall upkeep and tidying of the house; vacuuming; laundry; ironing; dish washing; bed making; grocery shopping; meal preparation

Attendant Care (AC) Services

Minimum offered Attendant Care services: washing and bathing; grooming and skin care; help with dressing and eating; medication assistance; routine ostomy care; bathroom attendance and toileting; lifts, transfers and mobility assistance; monitoring overall health; companionship for community outings; other personal or hygiene needs.

Service Location (select all applicable locations and services offered)

Lower Mainland		Victoria Region	
City	Services Offered (HM, AC, Both)	City	Services Offered (HM, AC, Both)
<input type="checkbox"/> Abbotsford		<input type="checkbox"/> Saanich	
<input type="checkbox"/> Burnaby		<input type="checkbox"/> Sidney	
<input type="checkbox"/> Chilliwack		<input type="checkbox"/> Sooke	
<input type="checkbox"/> Clearbrook		<input type="checkbox"/> Victoria	
<input type="checkbox"/> Coquitlam			
<input type="checkbox"/> Delta			
<input type="checkbox"/> Hope			
<input type="checkbox"/> Langley			
<input type="checkbox"/> Maple Ridge			
<input type="checkbox"/> Mission			
<input type="checkbox"/> New Westminster			
<input type="checkbox"/> North Vancouver			
<input type="checkbox"/> Pemberton			
<input type="checkbox"/> Pitt Meadows			
<input type="checkbox"/> Port Coquitlam			
<input type="checkbox"/> Port Moody			
<input type="checkbox"/> Richmond			
<input type="checkbox"/> Squamish			
<input type="checkbox"/> Surrey			
<input type="checkbox"/> Vancouver			
<input type="checkbox"/> West Vancouver			
<input type="checkbox"/> Whistler			
<input type="checkbox"/> White Rock			

Upper Island Region	
City	Services Offered (HM, AC, Both)
<input type="checkbox"/> Campbell River	
<input type="checkbox"/> Comox	
<input type="checkbox"/> Courtenay	
<input type="checkbox"/> Duncan	
<input type="checkbox"/> Fanny Bay	
<input type="checkbox"/> Ladysmith	
<input type="checkbox"/> Nanaimo	
<input type="checkbox"/> Port Alberni	
<input type="checkbox"/> Port Hardy	
<input type="checkbox"/> Powell River	
<input type="checkbox"/> Sechelt	

Okanagan Region

City	Services Offered (HM, AC, Both)
<input type="checkbox"/> Kamloops	
<input type="checkbox"/> Kelowna	
<input type="checkbox"/> Osoyoos	
<input type="checkbox"/> Penticton	
<input type="checkbox"/> Salmon Arm	
<input type="checkbox"/> Summerland	
<input type="checkbox"/> Vernon	

Prince Rupert Region

City	Services Offered (HM, AC, Both)
<input type="checkbox"/> Mackenzie	
<input type="checkbox"/> Prince George	
<input type="checkbox"/> Prince Rupert	
<input type="checkbox"/> Smithers	
<input type="checkbox"/> Terrace	
<input type="checkbox"/> Vanderhoof	

Cariboo Region

City	Services Offered (HM, AC, Both)
<input type="checkbox"/> Lillooet	
<input type="checkbox"/> Quesnel	
<input type="checkbox"/> Williams Lake	

Kootenays Region

City	Services Offered (HM, AC, Both)
<input type="checkbox"/> Castlegar	
<input type="checkbox"/> Cranbrook	
<input type="checkbox"/> Fernie	
<input type="checkbox"/> Golden	
<input type="checkbox"/> Nelson	
<input type="checkbox"/> Revelstoke	
<input type="checkbox"/> Rossland	
<input type="checkbox"/> Trail	

Peace River Region

City	Services Offered (HM, AC, Both)
<input type="checkbox"/> Chetwynd	
<input type="checkbox"/> Dawson Creek	
<input type="checkbox"/> Fort St. John	

Personal Care Assistance Services Program Acknowledgments

- ☐ I have read and understand the terms of ICBC's Code of Ethics and will ensure all Team Members as defined in the Personal Care Assistance Services Program Guide providing Homemaking and/or Attendant Care services will have read and understood the ICBC Code of Ethics.
- ☐ I have read, understand, and will comply with the Health Care Services Terms.
- ☐ I have read, understood, and will comply with the Recovery Network Requirements as laid out in the Personal Care Assistance Services Program Guide including, but not limited to Qualification requirements, Criminal Record Check Requirements, Insurance requirements, Documentation and Record Keeping Standards, and minimum hours of operation.

Required Additional ICBC Forms – to be provided with your application

- ☐ CL580 Criminal Record Check Compliance Certification
- ☐ CL174M Vendor Program Privacy Checklist
- ☐ ACG364 Authorization for Direct Bank Deposit form (or void cheque)

Required Additional Documentation – to be provided with your application

- ☐ Copy of valid business license or equivalent, specific to the business type operated for **each** area in which the Personal Care Assistance services are provided
- ☐ Proof of WorkSafeBC registration in the legal business name of the applicant, or proof from WorkSafeBC that registration is not required
- ☐ Copy of General Liability Insurance in the legal business name of the applicant that meets program requirements as outlined in the Personal Care Assistance Services Program Guide

Personal Information on this form is collected by the Insurance Corporation of British Columbia (ICBC) pursuant to section 26 of the Freedom of Information and Protection of Privacy Act (BC) and is used for the purpose(s) of processing applicant information. ICBC collects, uses and discloses information in accordance with the Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection of information, please contact us by email at biprovderapp@icbc.com.

By signing this form requesting or updating an ICBC Vendor Number, you hereby authorize ICBC to use and disclose your personal information from the following records: all ICBC claims and collections records, and the records of ICBC's Special Investigation Unit to ICBC's Supplier Programs & Administration department, only for the purpose of determining if there are any matters known to ICBC impacting the suitability of the applicant to be an ICBC vendor, and you agree to comply with all terms, requirements, policies and procedures set out in the applicable application forms, Claims Procedures, Performance Standards and corresponding vendor checklists. You acknowledge that all employees have read and understand the terms of ICBC's Code of Ethics.

SUBMITTER NAME/POSITION	SUBMITTER PHONE NUMBER	SUBMISSION DATE (ddmmmyyyy)
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