APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on next page)*

FOR DEPARTMENT USE ONLY

DISTRICT:_____

COUNTY: _____ FACILITY NUMBER:_____

DATE: _____ ACTION TYPE:_____

REVIEWED BY: _____ FACILITY TYPE:_____

REPLY TO:

1. APPLICANT(S) NAME(S) (PLEASE PRINT)

2. REQUESTED ACTION *(CHECK ONE)*:
- ☐ A. INITIAL APPLICATION
- ☐ B. CHANGE OF CAPACITY
- ☐ C. CHANGE OF LOCATION
- ☐ D. CHANGE OF FACILITY TYPE
- ☐ E. CHANGE OF AMB/NON-AMB BEDRIDDEN STATUS
- ☐ F. CHANGE WITHIN CORPORATION
- ☐ G. OTHER (Specify)

3. APPLICANT MAILING ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/TELEPHONE
				( )

4. TYPE OF AGENCY OR FACILITY

- ☐ ADULT RESIDENTIAL FACILITIES
- ☐ FOSTER FAMILY AGENCIES
- ☐ ADULT DAY PROGRAMS
- ☐ TRANSITIONAL HOUSING PLACEMENT PROGRAMS
- ☐ SOCIAL REHABILITATION FACILITIES
- ☐ ADOPTION AGENCIES
- ☐ GROUP HOMES
- ☐ CRISIS NURSERIES
- ☐ RESIDENTIAL FACILITIES--ELDERLY
- ☐ RESIDENTIAL FACILITIES--CHRONICALLY ILL
- ☐ SMALL FAMILY HOMES
- ☐ OTHER(SPECIFY)_____

5. **APPLICATION FILED BY:**
- ☐ A. INDIVIDUAL
- ☐ B. PARTNERSHIP
- ☐ C. NON PROFIT CORP.
- ☐ D. PROFIT CORP
- ☐ E. COUNTY
- ☐ F. OTHER PUBLIC AGENCY
- ☐ G. LIMITED LIABILITY CORPORATION

6. FACILITY OR AGENCY NAME	EMAIL ADDRESS (NOT REQUIRED)	AREA CODE/TELEPHONE
		( )

7. FACILITY STREET ADDRESS	CITY	COUNTY	ZIP CODE	ALTERNATIVE PUBLIC TELEPHONE
				( )

8. FACILITY MAILING ADDRESS	CITY	STATE	ZIP CODE

9. ADMINISTRATOR OR PERSON IN CHARGE OF FACILITY	TITLE

10. TOTAL REQUESTED CAPACITY	10A. NUMBER OF NON-AMBULATORY (IF ANY)	10B. NUMBER OF BEDRIDDEN UNABLE TO TURN OR REPOSITION IN BED (IF ANY)

11. FOR CHILDREN'S FACILITY ONLY:

NUMBER OF INFANTS (AGES 0 THROUGH 2) _____ CHILDREN (AGES 3 THROUGH 17) _____

12. DAYS AND HOURS OF OPERATION:	13. PROPERTY OWNERSHIP: ☐ OWN ☐ RENT ☐ OTHER (SPECIFY) _____

13A. NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF RENTING OR LEASING:

14. WAS FACILITY PREVIOUSLY LICENSED? ☐ YES ☐ NO	IF YES, FACILITY NAME AND NUMBER:	LICENSING AGENCY NAME:

15. IS MAJOR CONSTRUCTION REQUIRED? ☐ YES ☐ NO	DATE CONSTRUCTION TO BEGIN: _____ DATE TO BE COMPLETED: _____	16. SOURCE OF WATER FOR HUMAN CONSUMPTION ☐ PUBLIC ☐ PRIVATE

17. ENTER THE INFORMATION BELOW FOR ANY RESIDENTIAL CARE OR HEALTH CARE FACILITY PREVIOUSLY OR CURRENTLY OPERATED. REFER TO INSTRUCTIONS.
FACILITY NAME AND NUMBER LICENSING AGENCY NAME

A. _____

B. _____

18. *APPLICANT(S)/LICENSEE(S) RESPONSIBILITIES:*

A. IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODES AND REGULATIONS APPLICABLE TO LICENSING AND FIRE SAFETY, I/WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS, WHICH ARE NOT ENFORCED BY THIS AGENCY, THAT MAY NEED TO BE MET SUCH AS: ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS.

B. I/WE HAVE READ AND UNDERSTAND THE STATUTES AND REGULATIONS WHICH PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OF MY/OUR LICENSE.

C. I/WE SHALL ENSURE THAT ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL HAVE A DEPARTMENT OF JUSTICE CLEARANCE OR A CRIMINAL RECORD EXEMPTION PRIOR TO EMPLOYMENT, RESIDENCE OR INITIAL PRESENCE IN THE FACILITY AS REQUIRED.

D. IF I/WE OPERATE A FACILITY WHICH PROVIDES CARE AND SUPERVISION TO CHILDREN. I/WE SHALL ENSURE THAT A CHILD ABUSE INDEX CHECK FORM FOR EACH PERSON SUBJECT TO FINGERPRINT REQUIREMENTS IS SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.

E. I/WE SHALL OBTAIN APPROVAL FROM THE LICENSING AGENCY PRIOR TO MAKING ANY CHANGE(S) THAT AFFECT THE TERMS OF THE LICENSE.

19. I/WE UNDERSTAND THAT I/WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.

20. I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

21. I/WE AM/ARE AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE NAMED APPLICANT.

SIGNED _____ TITLE _____ COUNTY WHERE SIGNED _____ DATE _____

SIGNED _____ TITLE _____ COUNTY WHERE SIGNED _____ DATE _____

INSTRUCTIONS FOR APPLICATION FOR FACILITY LICENSE

Type or print clearly. Prepare application in duplicate. Return original and maintain a copy for your records. Attach to this application form, a copy of all requested forms and documents including those underlined below.

1. Applicant(s): Enter the names of the person(s) or organization legally responsible for the facility. Enter full names. Individuals enter first, middle and last name. If joint application, all applicants must sign this application. Individuals, each general partner, and chief executive officer or authorized representative of a firm, association, corporation, county, city, public agency or governmental entity must complete Applicant Information (LIC 215). Corporations and other organizations also complete Administrative Organization, (LIC 309).

2. Requested Action: Check appropriate box.

3. Applicant Mailing Address: Enter legal home mailing address of individual(s) and headquarters mailing address of corporations. Major partner enters principal business mailing address. Other partner(s) enter principal business mailing address(es) on Applicant Information (LIC 215). Enter area code with telephone number.

4. Type of Agency or Facility: Check the appropriate box for type of facility as defined in California Code of Regulations, Title 22. If unknown, enter the name commonly used to identify such a facility in space marked “other”.

5. Application Filed By: Check appropriate box.

6. Facility or Agency Name: Enter the name used to designate the single facility under application. If an agency, fill in the name of the agency which provides the services.

7. Facility Street Address: Enter the physical location of the facility. If applicant has more than one facility, a separate application must be completed for each facility. Enter area code with telephone number.

8. Facility Mailing Address: Enter the address where all mail for the facility from the department/licensing agency should be sent.

9. Administrator or Person in Charge of Facility: Enter the name and title of person who will directly supervise the facility. If not yet employed enter “unknown”.

10. Total Requested Capacity: Enter the total number of persons for whom care will be provided in any 24 hour period.

10A. If applicable, enter the number of beds available for non-ambulatory, unable to independently transfer but who do not need assistance in turning and repositioning in bed.

10B. If applicable, enter the number of beds available for bedridden, unable to independently turn or reposition in bed.

11. For Children’s Facilities Only: Applicants for children’s residential facilities enter the number of infants and the number of children to be served.

12. Days and Hours of Operation: Enter days and hours of facility operation.

13. Property Ownership: Check the appropriate box.

13a. Control of Property: If applicant(s) is leasing or renting, enter name, address and phone number of owner of facility premises.

14. Was Facility Previously Licensed?: Check YES or NO. If yes, enter facility name, number and name of agency that issued license(s).

15. Is Major Construction Required?: Indicate whether or not the facility is to be constructed or requires major structural improvements. If yes, enter dates construction is to begin and be completed.

16. Source of Water for Human Consumption?: Check *PUBLIC* or *PRIVATE* water source.

17. Other Facilities: H & S Code Section 1520(d), 1568.04(b) and 1569.15(d) require that an applicant disclose, prior or present service as an administrator, general partner,corporate officer or director of, or as a person who has held or holds a beneficial ownership of 10 percent or more in any community care, residential care facility for chronically ill, residential care facility for the elderly, or health care facility (attach separate sheet of paper for additional facilities).

18., 19, and 20. Statement of applicant(s)/licensee(s) responsibilities of compliance with all applicable laws and regulations.

21. SIGNATURES OF ALL APPLICANTS OR AUTHORIZED PERSON(S) (I.E., GENERAL PARTNERS OF A PARTNERSHIP AND CHIEF EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE FOR ALL CORPORATIONS, PUBLIC AGENCIES, ETC.)