NOTICE OF FORM CHANGE NO. 04-250

DATE
08/27/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

☒ Community Care Licensing District Offices
☐ Private and Public Adoption Agencies
☐ District Attorney
☐ Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE
LIC 200 (8/04) Application For A Community Care Facility Or Residential Care Facility For The Elderley License

ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	☒ Free ☐ Sold		☐ Yes ☒ No
☐ New ☒ Revised	DATE OF FORM 8/04	REPLACES 8/03	☐ Obsolete

REQUIRED FORM-
☒ No Change Permitted

REQUIRED FORM-
☐ Substitute Permitted With Prior DSS Approval

☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

☐ Other:

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY
☐ Use until exhausted
☒ Destroy

USE NEW FORM
☐ When supply available in DSS Warehouse
☒ Use new form effective immediately.

USE FORM IN ACCORDANCE WITH
☐ All County Letter No.
☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE
Attached is a Reproducible Copy

8-1/2" x 11" two page form.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

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 STATUS
- ☐ F. CHANGE WITHIN CORPORATION
- ☐ G. OTHER (Specify)

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

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

5. FACILITY OR AGENCY NAME

6. FACILITY STREET ADDRESS | CITY | COUNTY | ZIP CODE | AREA CODE/TELEPHONE ( )

7. FACILITY MAILING ADDRESS | CITY | STATE | ZIP CODE

8. ADMINISTRATOR OR PERSON IN CHARGE OF FACILITY | TITLE

9. TYPE OF AGENCY OR FACILITY
- ☐ ADULT RESIDENTIAL
- ☐ RESIDENTIAL FACILITY-ELDERLY
- ☐ RESIDENTIAL FACILITY-CHRONICALLY ILL
- ☐ ADULT DAY PROGRAMS
- ☐ GROUP HOME
- ☐ SMALL FAMILY HOME
- ☐ SOCIAL REHABILITATION
- ☐ FOSTER FAMILY AGENCY
- ☐ ADOPTION AGENCY
- ☐ TRANSITIONAL HOUSING PLACEMENT PROGRAM
- ☐ OTHER *(SPECIFY)*

10. TOTAL REQUESTED CAPACITY ______

10A. NUMBER OF NON-AMBULATORY (IF ANY) ______

NUMBER UNABLE TO INDEPENDENTLY TRANSFER AND/OR BEDRIDDEN (IF ANY) ______

11. FOR CHILDREN'S FACILITIES 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 COMMUNITY CARE FACILITY OR HEALTH FACILITY PREVIOUSLY OR CURRENTLY OWNED OR OPERATED BY APPLICANTS. 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 OR RENEWAL 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 NOTIFY THE LICENSING AGENCY IMMEDIATELY IF A PERSON, SUBJECT TO FINGERPRINTING REQUIREMENTS, IS CONVICTED OF A CRIME AFTER EMPLOYMENT.*
   - *F. 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. Application Filed By: Check appropriate box.

5. 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.

6. 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.

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

8. 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”.

9. 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”.

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 or bedridden clients.

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) requires 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 an ownership of 10 percent or more in any community care, child day care, residential care facility for the elderly, or health facilities (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.)