

INSTRUCTIONS FOR COMPLETING APPLICATION FOR ADULT DAY CARE FACILITY LICENSE

REASON:

An **initial application** shall be filed by an applicant seeking a license for an adult day care facility or when the facility is sold. The current licensee shall notify the department of any anticipated change of ownership sixty(60) days in advance of the proposed effective date of the change

An **annual report** is filed with the licensing agency at the time prescribed by the licensing agency.

An **amended application** is filed when changes in existing licensee occur (e.g. Lessee).

A. IDENTIFICATION

A. Provide the full legal name and physical address of the facility. Please include the nine-digit zip code, telephone number and fax number, if appropriate.

B. Provide the operator's name. "Operator" means an individual who is responsible for and operates an adult day care facility and has taken the "Operator's Course" on principles of assisted living approved by KDOA.

C. Provide the maximum number of adult day care residents that care will be provided for at any one time.

D. Provide the full legal name and address of the Owner(s) of the premises/building.
Complete a Part II if incorporated.

E. Provide the name and address of the entity who is leasing or renting the building.
Complete a Part II if incorporated.

The form shall be signed and dated by the operator of the facility.



Kansas Department on Aging
Licensure & Certification Division

APPLICATION FOR **ADULT DAY CARE FACILITY LICENSE**

Part I

The undersigned hereby applies to the Kansas Department on Aging for a license to operate an adult care home subject to the provisions of Kansas Law.

REASON (Mark with "X") <input type="checkbox"/>	INITIAL <input type="checkbox"/>	ANNUAL REPORT <input type="checkbox"/>	AMENDED <input type="checkbox"/>
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A.. Facility name _____

Address _____ County _____

City _____ Zip (9 digit) _____

Telephone No. _____ Fax No. _____

B. Operator's name _____

(Individual who operates the adult day care facility daily.) **Submit certificate received upon completion of operator's course.**

C. Number of adult day care residents: _____

D. Give name and address of the owner(s) of Premises/Building. **(Submit copy of deed, if this is initial application.)** If business is incorporated, complete a Part II.

E. Name and address of entity who leases/rents building. **(Submit copy of lease if this is initial application.)** If business is incorporated, complete a Part II.

The following is the legal signature and title of the individual authorized to represent the governing body, corporation, partnership, joint venture, individual, or organization in the operation of the facility.

Operator Name _____ Date _____

_____ **DO NOT WRITE BELOW THIS LINE** _____

License Effective Date _____ License Number _____

License Status _____ Annual Report Due Date _____ Approved by _____

The fee to operate an Adult Care home is \$50.00 plus \$15.00 for each bed. Payment shall be made payable to the Kansas Department on Aging. Return to Kansas Department on Aging, Licensure and Certification Division, 503 S. Kansas Avenue, Topeka KS 66603-3404, (785) 296-4986.

(OVER)



PART II For Adult Day Care Facilities

A. Facility Name Street Address City

B. Disclosing Entity's Name

C. Type of Entity 1. Sole Proprietorship 2. Partnership 3. Joint Venture 4. Corporation for profit 5. Corporation not for profit 6. Government - Type 7. Other (Explain) 8. Limited Liability Company

D. Give the Resident Agent's name and address as filed/registered with the Secretary of State's office for the disclosing entity listed on Line B of this form. Contact Secretary of State's office to verify this information - telephone number is (785) 296-4564.

Resident Agent Address City State Zip

COMPLETE THE BOXES BELOW WITH THE INFORMATION AS FOLLOWS FOR THE DISCLOSING ENTITY LISTED ON LINE B ABOVE.

- 1. List the name (s) and address(es) of each person who has any direct or indirect ownership of 5 percent or more in entity listed above.
2. List each person who is the owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by such facility or any of the property or assets of such facility.
3. If the disclosing entity is organized as a corporation, attach a list showing the names and address of each officer and director.
4. If the disclosing entity is organized as a limited partnership or limited liability company, please describe each limited liability for each 5 percent owner, and for all general partners.
5. If the disclosing entity is a governmental unit, attach a list showing the names and addresses of each responsible official (i.e., county commissioner).

Table with 5 columns: INDICATE WITH "X", INDIVIDUAL NAME, ADDRESS, CITY, STATE. Rows include categories like OWNER, MORTGAGOR, LIMITED LIABILITY, and ELECTED OFFICIALS.

The following is the legal signature and title of the individual authorized to represent the governing body, corporation, partnership, joint venture, individual, or organization in the operation of the facility by the disclosing entity.

Signature and Title

Print Name

Address

Telephone Number Date