



**KANSAS DEPARTMENT ON AGING
 LICENSURE, CERTIFICATION, AND EVALUATION COMMISSION
 LICENSURE AND CERTIFICATION DIVISION**

REQUEST FOR CHANGE IN USE OF REQUIRED ROOM

FACILITY (Name	Address	Phone Number)	State ID No.
Licensure category of facility or section of facility for which change is being requested:			
<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Home Plus		
<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Adult Day Care		
<input type="checkbox"/> Residential Health Care Facility	<input type="checkbox"/> Boarding Care		
Current use of room or area:			
Proposed change in use of room or area:			
If capacity of facility increases or decreases, please also submit <u>Request for Bed Change form</u>.			
NOTE: If a resident bedroom has been approved for another use and the above request is to use the room again as a resident bedroom, indicate the status of the resident call system and privacy curtains.			
Please attach a simple floor plan showing the location of the above room or area.			
SUBMITTED BY:			DATE:
_____	_____	_____	_____
Printed Name	Title	Signature	
AGENCY USE ONLY - DO NOT WRITE BELOW THIS LINE			
Approved: _____		Date: _____	
c: Facility	Facility File	KDOA Regional Manager	