



Request for an Administrator/Operator
 To Supervise more than one Facility

KAR 28-39-163 (a) (4), KAR 28-39-240 (c), KAR 28-39-275 (c), KAR 28-39-425 (b) (c)

1. Name of Administrator/Operator _____
 License No. (if a licensed administrator) _____
 Mailing Address _____

2. Facilities Names and Address	License Nos.	Total Resident Capacities
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Name, title, address and telephone number of an individual representing the governing body of each facility.

4. Indicate the distance in miles between each facility and the usual driving time.

5. If the facilities are not owned or operated by the same entity, attach a copy of the operating agreement developed by the governing bodies of the facilities for the sharing of an administrator/operator.

6. Attach a brief description of how the administrator/operator will provide supervision to each of the above facilities.

7. A representative of the governing body of each facility must sign in the space below.

Printed Name	Title	Signature	Representing
Printed Name	Title	Signature	Representing
Printed Name	Title	Signature	Representing

In accordance with regulations for the licensure of Adult Care Homes, the licensing agency is hereby notified of a change of administrator/operator. A notification of a change in **administrator** must be accompanied by check, money order or major credit card payment authorization payable to the Kansas Department on Aging in the amount of \$15.00 as required by KSA 39-930. A change of **operator** does not require a fee.
 TOTAL PAYMENT AMOUNT (if applicable): _____

*****AGENCY USE ONLY - DO NOT WRITE BELOW THIS LINE*****

Request Approved Yes No Comments _____

 Vera VanBruggen, Director
 Long Term Care Division

 Greg L. Reser, Director
 Licensure and Certification Division