

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
 SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
 APPLICATION FOR HOME PLUS FACILITIES

PART I

The undersigned hereby applies to the Kansas Department for Aging and Disability Services for a license to operate an adult care home subject to the provisions of Kansas law.

"Applicants for adult care home licenses are reminded that K.S.A 39-938 and the Physical Environment or Construction K.A.R. for each respective adult care home require compliance with rules and regulations of the secretary of aging and the state fire marshal, and any other agency of government so far as pertinent and applicable to adult care homes, their buildings, operators, staffs, facilities, maintenance, operation, conduct, and the care and treatment of residents. To check for compliance with regulations and ordinances such as local building codes and zoning requirements, the owners and operators of adult care homes may wish to seek counsel from their attorney, architect, contractor, or other appropriate professional."

REASON (mark with "X")	<input type="checkbox"/> INITIAL	<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> AMENDED
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A. Facility Name _____
 Address _____
 City _____ Zip (9-digit) _____ County _____
 Telephone No. _____ Fax No. _____
 Federal Tax ID # _____

B. Operator/Administrator Name _____
 License/Registration No: _____
 Operator/Administrator Email _____

C. Licensed Beds: Number of Beds _____ (*home plus 1-12 residents*)

D. Name and address of the owner of the building/premises. Submit copy of deed and completed Part II

 Contact Person: _____ Telephone No. _____

E. Name and address of the business entity who rents/leases building. Submit copy of lease and complete Part II.

 Contact Person: _____ Telephone No. _____

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.

Signature and Title	Print Name	Date
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The fee to operate an Adult Care Home is \$100.00 plus \$30.00 for each bed. Payment shall be made payable to The Kansas Department for Aging and Disability Services. Please return completed form and payment to: Kansas Department for Aging and Disability Services, Survey, Certification and Credentialing Commission, 612 S. Kansas Ave, Topeka, Kansas 66603.

DO NOT WRITE BELOW THIS LINE

License Effective Date _____ License Number _____
 License Status _____ Annual Report Due Date _____ Approved by _____

