

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
 SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
 APPLICATION FOR ADULT DAY CARE
 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. _____

B. Operator/Administrator Name _____

License/Registration No: _____

Operator/Administrator Email _____

C. Licensed Capacity: Number of Adult Day Care 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 entity who rents/leases building. Submit copy of lease and completed 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

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 _____

