

INSTRUCTIONS FOR COMPLETING INITIAL APPLICATIONS AND CHANGE OF OWNERSHIPs FOR HOME PLUS FACILITIES

PART I

Reason: Place an "x" in the appropriate box to indicate the reason for the application.

Line A – Identification: Full legal name, physical address, city, zip code, county, telephone number and fax number.

Line B – Operator/Administrator: Name, license/registration number and email address. (*"Administrator" means a Kansas licensed adult care home administrator. "Operator" means an individual registered as an operator in Kansas.*)

Line C – Licensed Beds: Number of home plus beds to be licensed.

Line D – Owner of Building: Name and address of the person, organization or business entity that owns the building as it appears on the warranty deed. Part II of the application must be completed.

Line E – Lessee: Name of person or business entity who received the use and possession of lease property in exchange for a payment of funds (*also known as tenant and has a lease agreement with the landlord*). Part II of the application must be completed.

PART II (*Each licensee appearing on Part I, Lines D and E must complete and sign Part II*)

Line A – Identification: *Full legal name, address, city and zip code.*

Line B – Business Entity: Name of organization or entity established as a separate existence for the purpose of taxes (*corporations, limited liability companies, sole proprietorships, etc.*).

Line C – Type of Entity: Place an "x" in the appropriate box to indicate type of entity.

Line D – Resident Agent: -- Name and address of the resident agent. (*Business entities are required to register with the Secretary of State and designate the resident agent*). Complete the boxes listed below with the business entity listed on Line B.

ADDITIONAL DOCUMENTS TO SUBMIT:

1. A copy of the warranty deed to the building (*also, a signed purchase agreement if the application is marked "Change of Ownership"*).
2. A signed lease or rental agreement.
3. A financial statement projecting the first month's operating income and expense for the facility.
4. A balance sheet showing a minimum of one month's operating expense in cash and/or owner's equity. (*This is for the business entity, i.e., corporation, limited liability companies, sole proprietorship, etc.*).
5. A drawing of the proposed facility which includes identification and dimension of rooms or areas.
6. Manual with policies and procedures.
7. Contact the Kansas State Fire Marshal's office at www.ksfm.ks.gov for forms and regulation. Telephone number (785) 296-3401.

POLICIES AND PROCEDURES:

Policies and procedures must be provided for:

Topic	Regulation Reference
Abuse, Neglect and Exploitation (<i>use definitions from KSA 39-1401</i>)	26-42-101(f)
Admission, Transfer and Discharge (<i>policies only</i>)	26-39-102(a)(f), 26-42-200
Adult Day Care (<i>if applicable</i>)	26-42-203(b)
Advanced Medical Directives	26-39-102(b)
Disaster and Emergency Preparedness	26-42-104(b)
Infection Control	26-42-207(b)
Resident Rights	26-42-101(d)
Respite Care (<i>if applicable</i>)	26-42-203(c)

Policies are a statement that reflects the “rules” for practice. Policies should be written in clear, concise simple language and address what is the rule rather than how to implement the rule.

Procedures are a series of steps taken to implement a policy. Procedures are tied to policies; they list steps to follow in order to comply with the policy and should be written so all users can easily follow what needs to be done.