

## **INSTRUCTIONS FOR COMPLETING INITIAL APPLICATIONS AND CHANGE OF OWNERSHIPS FOR ADULT DAY CARE 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 Capacity: Number of adult day care residents.

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 THAT MUST BE SUBMITTED WITH APPLICATION:**

1. A copy of the warranty deed to the building/property. (*For Change of ownership (CHOW) A signed sale/purchase agreement/Asset Transfer Agreement*).
2. A copy of the signed lease, sublease and/or management agreements.
3. A detailed projected budget for the first 12 months of operation, prepared in accordance with generally accepted accounting principles (G A A P) and certified by the principal officer of the applicant, accompanied by evidence of access to a sufficient amount of working capital required to operate the adult care home in accordance with the budget, in the form of cash on deposit, a line of credit, applicant's equity, or any combination thereof. (KSA 39-927)
4. A list of each current or previously licensed facility in Kansas or any other state, territory or country or the District of Columbia in which the applicant has or previously had any percentage of ownership in the operations or the real property of the facility. The list must contain the name and address of the facility, the facility type, the date acquired, and the date sold (if applicable). For each facility provide the history of compliance, history of disciplinary action, denial or revocation of any license for an adult care home, and current or past law suits related to the operation and/or the health, safety, and welfare of residents and staff. (KSA 39-927)
5. Affirmative evidence of the applicant's ability to comply with such reasonable standards and rules and regulations as are adopted under the provisions of K.S.A. 39-923 *et seq.*
6. Resumes of applicant's executives from each corporation or business entity involved with operation of the adult

care home as defined in KSA 39-923 (a)(15)

7. A copy of the Resident Fund Surety Bond and certificate of Professional Liability Insurance.
8. The Office of the State Fire Marshal requires the following items to be submitted for review and acceptance:
  - \* An 11 x 17 Code Footprint sealed, signed, and dated by Kansas Licensed Architect or Engineer. The code footprint shall be in compliance with KAR 22-1-7.

The code footprint must be submitted with C22 and C22A form.

\*The C.2.2. and C.2.2.A forms are available by selecting the document name under the PDF located at the bottom of the table where these instructions are found labeled: Office of the State Fire Marshal Requirements

\* Fire Alarm plans and battery calculations sealed, signed, and dated by Kansas Licensed Engineer (if required by code). Shall be in compliance with NFPA 72 and the Shop Drawings requirement section.

The Fire Alarm plans must be submitted with C22 form.

\* Automatic Sprinkler plans and hydraulic calculations sealed, signed, and dated by Kansas Licensed Engineer (if required by code). Shall be in compliance with NFPA 13 and the Plans and Calculations Chapter.

The Sprinkler plans must be submitted with C22 form.

\* The Kansas State Fire Marshal's office requires 30 days' notice prior to the building being occupied in order for a final inspection to be scheduled and performed.

Plan reviews by the Kansas State Fire Marshal, are cursory in nature and compliance to the appropriate standards is expected. Comments provided by other reviewing parties and by other authorities having jurisdiction shall be acknowledged.

All submissions should be in pdf format and emailed to: [prevention@ks.gov](mailto:prevention@ks.gov)

Contact information if you have any questions: 785-296-3401. For questions regarding the plans submission requirements please ask to be directed to a Fire Protection Specialist.

9. Manual with policies and procedures.

#### **Policies Required for State Licensure:**

Please submit the following policies for all new applications and change of ownership applications where the policies and procedures of the facility will change.

These policies must be approved prior to approval of the license/change of ownership.

Topic	Regulation Reference
Abuse, Neglect and Exploitation ( <i>use definitions from KSA 39-1401</i> )	26-43-101(f)
Admission, Transfer and Discharge ( <i>policies only</i> )	26-39-102(a)(f), 26-42-200
Adult Day Care ( <i>if applicable</i> )	26-43-203(b)
Advanced Medical Directives	26-39-102(b)
Disaster and Emergency Preparedness	26-43-104(b)
Infection Control	26-43-207(b)
Resident Rights	26-43-101(d)
Respite Care ( <i>if applicable</i> )	26-43-203(c)
Special Care ( <i>if applicable</i> )	26-43-203(b)

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.

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Contact Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

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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 \_\_\_\_\_

**PART II**

A. \_\_\_\_\_  
Facility Name    Address    City/Zip

B. Business Entity's Name \_\_\_\_\_

- C. Type of Entity     1. Sole Proprietorship                                   2. Partnership                                   3. Joint Venture  
 4. Corporation for profit                                   5. Corporation not-for-profit  
 6. Government – Type \_\_\_\_\_                                   7. Other (explain) \_\_\_\_\_  
 8. Limited Liability Company

D. Give the Resident Agent's name and address as filed/registered with the Secretary of State's Office for the business entity listed on Line B of this form. Contact the Secretary of State's Office at (785) 296-4564 to verify this information.

\_\_\_\_\_  
Resident Agent    Address

\_\_\_\_\_  
City    State    Zip

Complete the boxes below with the information as follows for the disclosing entity listed on Line B above.

1. List the name(s) and address(es) of each person who has any direct or indirect ownership of 5% or more in business entity listed above.
2. List each person who is the owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by such facility or any of the property or assets of such facility.
3. If the business entity is organized as a corporation, attach a list showing the names and addresses of each officer and director.
4. If the business entity is organized as a limited partnership or limited liability company, please describe each limited liability for each 5% owner and for all general partners.

5. If the business entity is a government unit, attach a list showing the names and addresses of each responsible official (i.e., county commissioner).

INDICATE WITH "X"					INDIVIDUAL NAME	ADDRESS	CITY	STATE
1. OWNER	2. MORTGAGOR	3. DIRECTR/OFFICER	4. LIMITED LIABILITY <i>Describe for each limited partnership and LLC the limited liability for each 5% owner and for all general partners.</i>	5. ELECTED OFFICIALS				

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 by the business entity.

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Signature and Title	Print Name	Date
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Address	Phone Number
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