New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404

Kansas
Department for Aging
and Disability Services

Phone: (785) 296-4986
Fax: (785) 296-0256
kdads.wwwmail@ks.gov
www.kdads.ks.gov

Laura Howard, Secretary

Laura Kelly, Governor

CONTINUING CARE PROVIDER
ANNUAL DISCLOSURE STATEMENT

Pursuant to KS.A. 40-2232, this Disclosure Statement must be delivered to all prospective residents. This Disclosure Statement must be made available to current residents upon request.

PART I – GENERAL DISCLOSURES

Continuing Care Provider Legal Name:

_____

DBA Name (*if applicable*): _____

Continuing Care Facility
Physical Address_____

City_____State_____Zip_____

Telephone No._____Fiscal Year End Date_____

Administrative Office/
Corporate Address _____

City_____State_____Zip_____

Telephone No._____

Chief Executive Officer / Executive Director / Comparable Official:

Name_____

Title _____

Telephone No._____

Type of Provider:

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

Fees:

Entrance fee: $_____

Periodic fee: $ _____ per _____

PART II – ITEMIZED DISCLOSURES

A. If provider is individually owned, attach as "Exhibit A" the name(s) of any individual(s) who constitutes the provider.

☐ Provider is not individually owned.

B. If provider is a corporation, partnership, or other legal entity, attach as "Exhibit B" the names of the officers, directors, trustees, managing or general partners of the provider.

☐ Provider is not a corporation, partnership, or other legal entity.

C. If provider is a corporation, attach as "Exhibit C" the name(s) of any individual(s) who owns 10% or more of the sock in such corporation.

☐ Provider is not a corporation.

☐ Provider is a corporation; however, no individual owns 10% or more stock in such corporation.

D. If any officer, director, and/or owner of provider has been convicted of any crime or has been a party to any civil action claiming fraud, embezzlement, fraudulent conversion or misappropriation of property, which resulted in a judgment against such person(s), attach as "Exhibit D" the name(s) of such person(s).

☐ No convictions or judgments against officials, directors, and/or owners.

E. Attach as "Exhibit E" the name(s) of any person(s) who has/have had any state or federal license or permit related to care and housing suspended or revoked.

☐ No suspensions or revocations.

F. Attach as "Exhibit F" a statement of the years of experience of the provider and/or manager in the operation of homes providing continuing care.

☐ No experience.

G. If provider is operated on a for-profit basis, attach as "Exhibit G" the name(s) and address(es) of any individual(s) having any ownership or beneficial interest in the provider and a description of such interest in or occupation with the provider.

☐ Provider is not for-profit.

H. Attach as "Exhibit H" a statement identifying any religion, charitable or not-for-profit organization with which the provider is affiliated and the extent of that affiliation. Include in the exhibit any information regarding the extent to which an affiliated organization will be responsible for the financial and contractual obligations of the provider.

☐ Provider is unaffiliated.

I. Provider and/or its affiliates (if any) is/are exempt from the payment of Federal income tax under Section _____ of the Internal Revenue Code.

☐ Provider is not exempt.

☐ Affiliate(s) not exempt.

☐ Provider is exempt from local property tax.

☐ Provider is not exempt from local property tax.

PART III – ANNUAL AUDIT

The continuing care provider is required to have any annual certified audit prepared by a certified public accountant.

A COPY OF THIS AUDIT MUST BE MADE AVAILABLE TO ANY RESIDENT OR PROSPECTIVE RESIDENT UPON REQUEST.

This disclosure statement and the information contained herein and attached hereto are true and correct to the best of my knowledge.

Date	Signature of Chief Executive Officer, Executive Director, or Comparable Official