

**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
Documentation for Limited License**

Name/Agency Name _____

Date approved:	<input type="checkbox"/> Day <input type="checkbox"/> Residential
	30-63-12 (a): Completed application form
	30-63-12 (c) (1) Description of the preexisting relationship with the one or two persons proposed to be provided services
	30-63-12 (c) (2) documentation that the individual who will be chiefly responsible for providing services is qualified as evidenced by: <ol style="list-style-type: none"> 1. At least 1 yr experience providing services to the person (evidenced by documentation of service provided) and completion of the curriculum of studies designated by the commission and accessed through the web site: <p style="text-align: center;">OR</p> 2. by qualifications specified in 30-63-12 (b)(1): <ul style="list-style-type: none"> o bachelor's or higher degree in a field of Human services awarded by an accredited college or university. <ul style="list-style-type: none"> - Evidenced by: Human Services field transcript <p style="text-align: center;">OR</p> o Work Experience in human services of 1,040 hours of paid work experience substituted for higher education 15 undergraduate credit hours/ at least 8 full time semesters of satisfactory education/work experience <ul style="list-style-type: none"> - Evidenced by: Documentation of employer, time worked and job duties and/or documentation of college credit
	30-63-12 (c) (3): Evidence of background check for director of services: <u>Information Memorandum January 24, 2017 (http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies)</u> Background Check policy and Attachment A.) <ol style="list-style-type: none"> a. DCF – APS Registry b. DCF – CPS Registry c. KNAR- Kansas Nurse Aid Registry (non-licensed/certified and/or licensed/certified) d. HOC-KBI Criminal history record check (including juvenile record) e. KDOR- MVR: Motor Vehicle Record for transportation f. OIG: Office of the Inspector General g. If applicable, professional license
	30-63-12 (c) (4) Written plan that shows how the applicant intends to comply with the requirements of the regulations applicable to the specific circumstances of the one or two persons to whom services are proposed to be provided
	30-63-12 (c) (5) -written business plan including marketing, accommodation of growth, response to risk factors - financial plan to keep operation fiscally solvent during the next 3 years Documents required for evaluation of fiscal solvency include <ol style="list-style-type: none"> 1. Three most recent bank statements and/or line of credit from a financial institution; 2. current income statement; current account payable journal and current balance sheet (or projected versions of income statement, account payable journal and balance sheet)
	Application approved by: