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Laura Howard, Secretary

Laura Kelly, Governor

## CONTINUING CARE PROVIDER APPLICATION FOR CERTIFICATE OF REGISTRATION

The undersigned hereby applies to the Secretary of the Kansas Department for Aging and Disability Services for a CERTIFICATE OF REGISTRATION pursuant to K.S.A. 40-2231 through 40-2238.

Application Type:	NEW (\$50)	RENEWAL (\$25)	AMENDED
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**Continuing Care Provider Legal Name:**

\_\_\_\_\_

DBA Name (*if applicable*): \_\_\_\_\_

Continuing Care Facility

Physical Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fiscal Year End Date \_\_\_\_\_

Administrative Office/

Corporate Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Levels of Care CCP Offers:

Associated State ID Number(s):  
(*if applicable*)

Independent Living

Assisted Living

Residential Healthcare

Home Plus

Skilled Nursing Care

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chief Executive Officer / Executive Director / Comparable Official:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

**Pursuant to K.S.A. 40-2237, if there is a change of ownership, or management of the provider or home, the new owners must file all required documents within 90 days of change.**

Email application and the following supporting documentation to [KDADS.CCRCRegistrations@ks.gov](mailto:KDADS.CCRCRegistrations@ks.gov):

- CPA certified annual audit of most recent fiscal year. The CPA audit must be filed with the Secretary within 4 months of completion of such provider’s fiscal year.
- Annual Disclosure Statement Certification
- Copies of any continuing care contract form entered into, to include contracts between the provider and any resident, which shall contain or have attached thereto:
  - A description of all fees and or charges required of residents, a description of all services to be provided or committed to providing in the future in compliance with the definitions in K.S.A. 39-923, and amendments thereto, and a description of any services for which an extra charge is made over and above entrance fees and periodic charges that are provided for in the contract;
  - A listing of the terms and conditions under which the agreement may be cancelled by either party to the agreement or by which any or all of the entrance fee or transfer of assets would be refunded, less the value of any services received; and
  - A statement describing health and financial conditions required to continue as a resident, including any changes in either health or financial conditions of the resident.
- Provide most recent floor plans for every place or facility that encompasses the continuum of aging care needs within this CCRC.
- Submit appropriate application fee by check or money order made payable to “Kansas Department for Aging and Disability Services” or “KDADS” and mail to:  
KDADS  
Attn: Patty Purdon  
503 S Kansas Ave  
Topeka, KS 66603

[Signature Page Follows]

Undersigned hereby submits this application and supporting documents for a CERTIFICATE OF REGISTRATION pursuant to K.S.A. 40-2231 through K.S.A. 40-2238, authorizing the above-named continuing care provider to operate or continue to operate in the State of Kansas until such certificate is suspended, revoked, or terminated by the Secretary for Aging and Disability Services. Undersigned hereby certifies the continuing care provider making this application is in compliance with the requirements of K.S.A. 40-2231 through K.S.A. 40-2238 and qualifies as a Continuing Care Retirement Community as it is defined at K.S.A. 39-923(a)(9).

I have read the contents of this application. My signature legally and financially binds the above-named continuing care provider to the laws, regulations, and program instructions of the State of Kansas. By my signature, I certify that I am a duly appointed representative of the above-named provider, that I am authorized to execute and file this application, that the information contained herein and attached hereto is true, correct, and complete, and I authorize the State of Kansas to verify this information.

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Signature and Title

Print Name

Date