



Assisted Living/Continuum of Care Facility Renewal Application Checklist

Additional forms can be obtained on the Department's website at: <http://hfs.health.ok.gov>.

- ❑ Submit fee of \$10.00 per licensed bed. The number of licensed beds is preprinted as item 7 on page 2 of the ODH Form 624, *License Application for Assisted Living Center or Continuum of Care Facility License*. Applications are **not** considered filed until the fee is received. Make checks payable to the Oklahoma State Department of Health or OSDH.
- ❑ Review and complete the preprinted **ODH Form 624**.
 - Make corrections to all pre-filled information that is not accurate or complete.
 - If administrator information has changed, submit a copy of the administrator's current certificate or license, a copy of document(s) verifying the continuing education units were met, a letter indicating their first date of employment with the facility and the previous administrator's date of termination.
 - If the facility advertises a specialized unit or program for Alzheimer's patients, submit ODH Form 613, *Alzheimer's Disease or Related Disorders Special Care Disclosure Form*, as an attachment to the application.
 - The person or entity responsible for providing resident care is considered the applicant and must sign all forms. Generally, the signature of a shareholder, partner, member, trustee or officer of the applicant entity is acceptable for the application form. The signature of an employee of the applicant is **not** sufficient.
- ❑ For your reference, the Owner Information sheet included with your application summarizes the ownership information as it currently appears in the Department's database. If there has been a change on the information provided or it is incorrect, submit the ODH Forms: 953-B, *Disclosure Statement of Owner, Lessee and Manager for a Long-Term Care Facility*; 953-C, *Detail Attachment to the Disclosure Statement*; and 953-D, *Affirmation Attachment to the Disclosure Statement* as attachments to the application.
- ❑ Complete and submit **ODH Form 953-E**, *Staff Projection and Professional Certification for a Nursing or Long-Term Care Facility*, items 1 & 2, and the certification on page 2. Items 3- 6 are required only if a change is made to the previous submittal.

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Page 2 of 2

- ❑ Submit State Fire Marshal Form 7A or their designee's report for the most recent annual inspection.
- ❑ If your facility's "**Resident Needs Chart**" has changed since your last filing, you must submit a Resident Needs Chart with your application.
- ❑ Attach a copy of the administrator's current license or certificate. For a residential care home administrator's certificate, attach a copy of the continuing education hours to verify the annual renewal requirements of the certification program have been met.
- ❑ Attach a summary of the resident grievance and dispute resolution activities for the previous twelve months. To ensure resident confidentiality the names of the residents must be redacted.
- ❑ Attach a copy of the applicant's (licensee) statement of assets and liabilities for the current year. Provide an audited statement, if possible.
- ❑ Is the applicant (licensee and/or manager) in good standing with the Secretary of State?
- ❑ **Have all forms requesting notarization been notarized?**