



Health Resources
Development Service

Oklahoma State
Department of Health

Health Facility Systems
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RESIDENTIAL CARE HOME LICENSE APPLICATION

1. This application is submitted for the following type of review (check one).

Probationary license Renewal license Modification to license

2. Home License Number (Leave blank if applying for a new/probationary license.) _____

3. Name of Home _____

4. Name of Licensee _____

5. Provide the Home's physical location and telephone number.

Street City State Zip

Home's Telephone Number (____) _____

6. Provide the name, address, telephone number, fax number, and e-mail address of the Home's contact person.
(This is the individual with whom the Department should communicate.)

Name Telephone Number

E-mail Address Fax Number

Mailing Address City State Zip

7. Name of Administrator _____

8. Total number of beds to be licensed _____

9. Does your home contract with the ODMHSAS? Yes No

10. Does the home advertise, market, or otherwise promote itself as providing care or treatment to persons with a diagnosis of Alzheimer's disease or related disorders in a special care unit or under a special program?
 Yes No

If "yes," complete and attach the *Alzheimer's Disease or Related Disorders Special Care Disclosure Form* (ODH Form 613).

AFFIDAVIT

Notice to Applicant

I agree to notify the Department if there is any change in the information required to be included in the statement of ownership thirty (30) days in advance of such change (ODH Form 953-B, ODH 953-C). I agree to provide notice to the Department thirty (30) days prior to finalizing any transfer of ownership and operation and shall remain responsible for the operation until such time as a probationary license is issued to the transferee.

63 O.S. Section 1-832.A(6)(7) No person shall willfully file any false, incomplete or intentionally misleading information required to be filed pursuant to the provisions of the Residential Care Act or willfully fail or refuse to file any information required by the Department pursuant to the provisions of the Residential Care Act or open or operate a home without a license. Operation of a residential care home without a license is a public health emergency warranting action pursuant to the provisions of Section 1-830 of this title.

63 O.S. Section 1-832.C Any person who violates any of the provisions of the Residential Care Act, upon conviction, shall be guilty of a misdemeanor. Each day upon which such violation occurs shall constitute a separate violation.

OAC 310:680-3-3(g) If the applicant is a firm, partnership or corporation, the application shall include an attested statement from each member of the firm or partnership and from each officer and major stockholder of the corporation.

I attest that I have not been convicted of a felony in connection with the operation or management of a home, or facility as defined in Title 63 O.S. Section 1-1902 in Section 1-1902 of Title 63 of the Oklahoma Statutes or the care and treatment of the residents of a home, or facility as defined in Section 1-1902 of Title 63 of the Oklahoma Statute [63:1-822.D].

I certify the information provided in this application and attachments are true and complete to the best of my knowledge and belief.

Typed or Printed Name of Person Signing for Applicant

Signature of Applicant

Name of Corporation, Partnership or Association

Official Title or Position

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____

Name(s) of person(s) making statement.

Seal or Stamp

Signature of Notary Public

My Commission Expires: _____ / _____ / _____

My Commission Number is: _____

INSTRUCTIONS for ODH FORM 728

A. Complete and attach the following: ODH Form 728, *Residential Care Home License Application*; ODH Form 953-B, *Disclosure Statement of Owners, Lessee and Manager for a Long-Term Care Facility*; ODH Form 953-C, *Detail Attachment to the Disclosure Statement*; and ODH Form 953-E, *Staffing Projection and Professional Certification for a Nursing or Long-Term Care Facility*, items 1 and 2 to include page 2 certification by applicant. **Note: The Affidavit on page 2 of ODH Form 728 must be completed by all parties to the applicant (licensee) listed on ODH Form 953-C.**

B. Include the appropriate fee with the application.

<u>Application Type</u>	<u>Fee</u>
Probationary License	\$50.00 (120 day license)
Renewal License	\$50.00
Modification to License	\$20.00

C. Make check or money order payable to the Oklahoma State Department of Health or OSDH. Submit completed application and fee to:

Oklahoma State Department of Health
Health Facility Systems
P.O. Box 268823
Oklahoma City, OK 73126-8823

D. Complete the application as follows:

1. Check the application type of license review for which you are applying.
2. Enter the home license number assigned by OSDH. Leave blank if applying for a new/probationary license.
3. Enter the name of the home.
4. Enter the name of the licensee.
5. Provide the home's physical location and telephone number.
6. Provide the name, address, telephone number, fax number, and e-mail address of the Home's contact person.
7. Enter the name of the administrator.
8. Enter the total number of beds to be licensed.
9. Enter 'Yes' or 'No', does your home contract with the ODMHSAS (Oklahoma Department of Mental Health and Substance Abuse Services)?
10. Enter 'Yes' or 'No', does the home advertise, market, or otherwise promote itself as providing care or treatment to persons with a diagnosis of Alzheimer's disease or related disorders in a special care unit or under a special program? If the answer is 'Yes', complete and attach the ODH Form 613, *Alzheimer's Disease or Related Disorders Special Care Disclosure Form*.

E. Complete the appropriate part below for the type of license in which you are applying.

1. Part I – Probationary License Application

If the applicant has not been previously licensed, or the home is not in operation, complete and submit the following:

- a. Attach a statement from city or local zoning authority that states that the address of the home's location is zoned appropriately for licensure as a residential care home. The letter must include the home's maximum bed capacity.
- b. Attach drawing of floor plan of the home. (One time only unless changes are made to the facility.)
- c. Attach current physician's agreement to provide emergency medical services and consultation (required annually).

- d. Attach licensed plumber or building inspection report (required annually).
- e. Attach licensed electrician or municipal inspector's report (required annually).
- f. Attach pharmacist or registered nurse consultant agreement (if medications are administered, required annually).
- g. Attach Registered Dietician Consultant Agreement. (If you have residents who are on special diets, required annually.)
- h. Attach a complete list by name, title, education, experience, qualification, and copies of licenses of all employees.
- i. Attach description of applicant's qualifications to include a list of names and address of all long term care homes or facilities in which the applicant has a full or partial interest.
- j. Attach applicant's financial statement and facility's projected budget of revenues and expenses for first month of operation.
- k. If home is leased, provide notarized copy of lease agreement.
- l. Attach copy of administrator's certificate and annual continuing education certificates.
- m. Attach documentation of the inspection and approval by the State Fire Marshal or the State Fire Marshal's representative.
- n. Attach copy of resident contract, which must include resident's rights, description of services provided, rates charged for those services, and items for which residents may be separately charged.

2. Part II – Renewal License Application

Complete and submit the following with your application.

- a. Attach current physician's agreement to provide emergency medical services and consultation (required annually).
- b. Attach licensed plumber or building inspection report (required annually).
- c. Attach licensed electrician or municipal inspector's report (required annually).
- d. Attach pharmacist or registered nurse consultant agreement (if medications are administered, required annually).
- e. Attach Registered Dietician Consultant Agreement. (If you have residents who are on special diets, required annually.)
- f. Attach copy of administrator's certificate and annual continuing education certificates.
- g. Attach documentation of the inspection and approval by the State Fire Marshal or the State Fire Marshal's representative.

3. Part III – Modification To License Application

For bed additions, complete and submit the following with your application.

- a. Attach a statement from city or local zoning authority that states that the address of the home's location is zoned appropriately for licensure as a residential care home. The letter must include the home's maximum bed capacity.
- b. Attach drawing of floor plan of the home. (One time only unless changes are made to the facility.)
- c. Attach documentation of the inspection and approval by the State Fire Marshal or the State Fire Marshal's representative