

RESIDENTIAL ASSISTED LIVING FACILITY (RALF) APPLICATION FOR FACILITY LICENSE IN IDAHO

Residential Assisted Living Facilities Program
Division of Licensing and Certification
3232 Elder St. Boise, ID 83705
Phone: (208) 364-1962
Fax: (208) 364-1888

Failure to provide all information as requested in the Application and addendums may result in the denial of the application (sections 16.03.22.110.05 and 940.02 of the rules).

PLEASE TYPE OR PRINT THIS APPLICATION, UPLOAD IT TO THE LICENSING PORTAL AND MAIL THE ORIGINAL TO OUR OFFICE

I. GENERAL INFORMATION

a. Assisted Living Facility Name (<i>as registered with the Secretary of State – this is the DBA or ABN and is the name that will show on the license – limit 55 characters</i>)																	
b. Business Legal Name (if different from above):																	
c. Physical Street Address:	d. City (must be in Idaho):	e. Zip Code:															
f. Mailing Street Address:	g. Mailing City and State:	h. Mailing Zip Code:															
i. Facility Phone Number (include area code):	j. Facility Fax Number (include area code):																
k. Name, Phone Number and E-mail Address for Licensing & Certification Contacts:		l. Total Requested Bed Capacity:															
m. Check One: <input type="checkbox"/> New Building <input type="checkbox"/> Change of Ownership/Licensed Entity. Former Name: _____ <input type="checkbox"/> Conversion (Existing building previously used for purpose other than RALF) <input type="checkbox"/> Bed increase/decrease request. Number currently licensed for _____ <input type="checkbox"/> Name Change only (no change in ownership)	n. Building Information: If facility has multiple buildings using building numbers and/or building name, outline below. Include campus map when submitting Part A <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Bldg #</th> <th style="text-align: left; border-bottom: 1px solid black;">Building Name</th> <th style="text-align: left; border-bottom: 1px solid black;">#Beds</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Bldg #	Building Name	#Beds	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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II. FACILITY LICENSURE INFORMATION

C. Types Of Residents To Be Accepted: <input type="checkbox"/> Dementia <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Mentally Ill <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Traumatic Brain Injury
D. Adult Day Care Services: <input type="checkbox"/> None <input type="checkbox"/> Private Pay Adult Hourly Care <input type="checkbox"/> Medicaid Adult Day Care

III. DISCLOSURE OF OWNERSHIP

OWNERSHIP: Name of all Individuals, with 10% or greater ownership in the entity seeking licensure. If no individuals own 10%, then disclose the four highest ranking officers of the corporation. If facility is managed by a hierarchy of business entities, Individual owners of each of those entities must also be disclosed. Use Addendum A to provide additional disclosures for each sub-entity.

Name	Address	Phone Number	% Ownership	SSN	DOB

Use additional sheets as needed to disclose each individual.

IV. ADMINISTRATOR INFORMATION

a. Name of Administrator:	b. Social Security Number and Date of Birth:
c. Current Primary Residence of Administrator:	d. List each residential care or assisted living facility in which currently serve as a licensed administrator.
e. ATTACH copies of the administrator's current license from the Bureau of Occupational Licensing and the Criminal History and Background check.	

V. MISCELLANEOUS INFORMATION

a. Minutes to Nearest Ambulance Service:	b. Minutes to Nearest Emergency Service:
c. Minutes to Nearest Hospital:	d. Minutes to Nearest Physician Service:

VI. FACILITY FLOOR PLAN

ATTACH a copy of professionally prepared blueprints or a sketch of the floor plan (including measurements for all rooms). If the facility is new construction, consult with this office throughout the construction process to assure that the building meets all requirements.

VII. BUILDING EVALUATION

I request a building evaluation at the address identified in Section I(c-e).
The \$500 check for the building evaluation is enclosed AS REQUIRED.

Signature of Applicant

Date

VIII. BUSINESS OPERATIONS

a. UPLOAD a copy of the Articles of Organization or Certificate of Assumed Business Name from the office of the Secretary of State. The physical address of the facility must be listed on the certificate. NOTE: If the legal name of the business is not the same as that listed in Section I(a), both names will appear on the license.

b. UPLOAD a copy of the Lease Agreement, purchase agreement or Deed. CHANGE OF OWNERSHIP: if the facility is currently licensed and undergoing a change of ownership, provide an UNSIGNED copy of the Lease Agreement to the Department, or the Purchase Agreement. The change of ownership will go into effect on the date the Lease Agreement/Closing Documents are signed, and should the new owner not receive a new license on that date, the facility will be in operation without a license, which is a violation of Idaho Code, punishable by fine or jail time (39-3352).

VIII. POLICIES AND PROCEDURES

Submit a complete set of policies & procedures to Licensing and Certification in electronic format
(Allow 90 days from the date Licensing and Certification receives policies for review)

IX. APPLICATION VERIFICATION

All owners having an interest of 10% or more in the facility MUST sign this application. BY SIGNING BELOW, I ACCEPT AND ACKNOWLEDGE THE FOLLOWING:

- 1) None of the owners or any person who will have control or influence in the operation of the facility:
 - a. Have operated any health facility or residential care or assisted living facility without a license or a certified family home without a certificate (IDAPA 16.03.22.940.02.m.);
 - b. Is of poor moral and responsible character or has been convicted of a felony or defrauding the government (IDAPA 16.03.22.940.02.o.);
 - c. Has been denied a license or whose wrong-doing has caused the revocation of any license or certificate of any health facility, residential care or assisted living facility, or certified family home (IDAPA 16.03.22.940.02.1.);
 - d. Has been convicted of a criminal offense other than a minor traffic violation in the past five (5) years (IDAPA 16.03.22.940.02.p.); or

e. Has been guilty of fraud, gross negligence, abuse, assault, battery or exploitation with respect to the operation of a health facility, residential care or assisted living facility, or certified family home (IDAPA 16.03.22.940.02.h.).

- 2) I certify that the statements made in this application are true, complete, and correct;
- 3) I have read IDAPA 16.03.22, "Rules for Residential Care or Assisted Living Facilities in Idaho," and Idaho Code; Title 39, Chapter 33 "Idaho Residential or Assisted Living Act", and will comply with all provisions of each;
- 4) I have read IDAPA 16.03.22.110.01.b and acknowledge that I have not been subject to any license revocation/disciplinary action against any license held previously or currently in Idaho or any other state or jurisdiction; and
- 5) The Administrator and each member of the organization who will provide direct resident care or will directly influence the facility's operations is listed below and must sign this application in acknowledgment of items #3 and #4 above.

("Direct Influence" means participation in decision making that affects the day to day operations of the facility. Such decisions include but are not limited to those regarding the hiring, firing or training of personnel; staffing levels; finance or budgets; resident rates for room, board and amenities, resident care and facility agreements; marketing; admission and retention of residents; management of the physical plant, and policies and procedures of the facility.)

Printed Name of Applicant	Signature of Applicant	Date	Printed Name of Applicant	Signature of Applicant	Date

Send or deliver application with original signatures to Licensing and Certification