RESIDENTIAL CARE/ASSISTED LIVING FACILITY
APPLICATION FOR FACILITY LICENSE IN IDAHO
PART B

Print Form

Bureau of Facility Standards
Department of Health and Welfare
PO Box 83720, Boise, ID 83720-0036
Phone: (208) 334-6626
Fax: (208) 364-1888

Failure to provide all information as requested in Application Parts A and B for an initial license shall result in the denial of the application (section 16.03.22.102.04 of the rules).

PLEASE TYPE OR PRINT

I. GENERAL FACILITY INFORMATION

a. Proposed Facility Name:

b. Physical Address c. City d. Zip Code

e. Mailing Address f. City State

h. Phone Number i. Fax Number g. Zip Code

j. Facility E-Mail k. Requested Bed Capacity:

II. ADMINISTRATOR INFORMATION

a. Administrator's Name: b. SSN or Date of Birth

c. Administrator's Current Primary Address

d. **ATTACH** a listing of all residential care or assisted living facilities in which the administrator serves as the licensed administrator.

e. **ATTACH** a copy of the Administrator's License from the Idaho Bureau of Occupational Licensing.

III. FIRE/SAFETY INFORMATION

a. The facility is located in a local fire district, or the lawfully constitued fire authority will respond to a fire at the facility.

Date _____

_____
Signature of Local Fire Authority

b. The facility's electrical wiring meets all local codes.

Date _____

_____
Signature of Licensed Electrician

c. If the facility has a private water and/or sewage system, the Department must receive a statement from the local environmental agency healthstating the water supply and/or sewage disposal system(s) meet the Department's requirements.

ATTACH a copy of the last Health Department Laboratory Water Test, if the facility has a private water supply.

ATTACH documentation stating the Health Department has checked the sewage system, if the faciity has a private sewage system.

IV. ZONING/BUILDING/FIRE CODES

a. The facility meets local zoning codes

Date _____

_____
Signature of Local Zoning Official

b. The facility meets local building codes.

Date _____

_____
Signature of Local Building Official

c. The facility meets local fire codes.

Date _____

_____
Signature of Local Fire Inspector

V. FINAL BUILDING EVALUATION

I request a final building evaluation at the address identified in Section I (c-e).
I have enclosed all statements and signatures as required, and all fire/safety corrective actions have been made.

Date

_____
Signature of Applicant

VI. BUSINESS OPERATIONS

a. **ATTACH** 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 and it must be in Idaho. 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. **ATTACH** a copy of the Lease 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 temporary 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 (IC 39-3352).

VII. POLICIES AND PROCEDURES

A complete set of policies & procedures was provied to the Bureau of Facility Standards on: Date

VIII. APPLICATION VERIFICATION

I certify the statements made in this application are true,
complete, and correct to the best of my knowledge.

Date

_____
Signature of Applicant

_____
PRINTED *Name of Applicant*