

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF LICENSING & CERTIFICATION
BUREAU OF FACILITY STANDARDS
3232 Elder Street | PO Box 83720
Boise, ID 83720-0009

APPLICATION FOR SKILLED NURSING FACILITY LICENSE

The undersigned hereby makes application for a license to operate a nursing home, subject to the provisions of the *Idaho State Code*, Section 39-1301 to 1314, as amended, and to the *Idaho Administrative Code* 16.03.02 rules, regulations, and standards adopted thereunder by the Board of Health and Welfare.

I. CLASSIFICATION

A. Identification

Facility Name _____
Address _____
City _____ State _____ Zip Code _____

B. Ownership (check only **ONE**). Check the entity which has legal responsibility for operation of the facility.

PROFIT Individual Partnership Corporation LLC
NONPROFIT Church Related NonProfit Corp Other NonProfit
STATE OR LOCAL GOVERNMENT State County City/County Hospital District

Plase list the names, addresses, and phone numbers of those persons with ownership interests of ten percent or more (use separate sheet if necessary):

If facility is a corporate facility, give legal corporation name, phone number, and mailing address:

C. Administration

Administrator _____ NHA# _____

Email address: _____

Director of Nursing _____ RN License # _____

DO NOT FAX

Original Signatures Required

DO NOT EMAIL

D. Officers of the Governing Board

President _____ Phone # _____
 Mailing Address _____ Email Address: _____

 Vice-President _____ Phone # _____
 Mailing Address _____ Email Address: _____

 Secretary _____ Phone # _____
 Mailing Address _____ Email Address: _____

II. BEDS – Licensed Bed Capacity Requested

Medicare/Medicaid SNF _____ Medicare Only SNF _____
 Distinct Part Medicare _____ Licensed Only SNF _____

III. EFFECTIVE DATE

A. Change of Ownership (CHOW) –

Indicate the date that change of ownership occurs..... _____

Application must be submitted at least thirty (30) days prior to the proposed opening date (16.03.02.003.07).

B. New Facility –

Indicate the date the facility will begin admitting patients/residents _____

Application must be submitted at least three (3) months prior to the proposed opening date (16.03.02.003.02).

IV. POLICIES and PROCEDURES (P&Ps)

A. For CHOWs, will the facility continue to use the previous operator's P&Ps? YES NO

B. If no, and for all new facility applications, please submit an electronic copy of your P&Ps with this application.

I certify that the information herein submitted is true, complete, and correct to the best of my knowledge and belief.

SIGNATURE _____
Authorized Representative

TITLE _____

DATE _____