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

PART B

Residential Assisted Living Facilities Program
Department of Health and Welfare
P.O. Box 83720 Boise, ID 83720-0009
Phone: (208) 334-6626
Fax: (208) 364-1888

Failure to provide all information as requested in Application Parts A and B for a license may result in the denial of the application (sections 16.03.22.110.05 and 940.02 of the rules).

PLEASE TYPE OR PRINT

I. GENERAL INFORMATION

a. Assisted Living Facility Name (*must match the name given on the Application Part A – limit 55 characters*) :		
b. Physical Street Address:	c. City (must be in Idaho):	d. Zip Code:
e. Mailing Street Address:	f. Mailing City and State:	g. Mailing Zip Code:
h. Facility Phone Number (include area code):	i. Facility Fax Number (include area code):	
j. E-mail Address for Licensing and Certification Contacts:	k. Requested Bed Capacity:	

II. ADMINISTRATOR INFORMATION

a. Name of Administrator:	b. Social Security Number or Date of Birth:
c. Current Primary Residence of Administrator:	d. ATTACH a list of all residential care or assisted living facilities in which you 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.	

III. FIRE/SAFETY INFORMATION

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

_____ _____
Signature of Local Fire Authority Date

b. The facility's electrical wiring meets current electrical codes.

_____ _____
Signature of Licensed Electrician Date

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

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

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

IV. ZONING/BUILDING/FIRE CODES

a. The facility meets local zoning codes.

_____ _____
Signature of Local Zoning Official Date

b. The facility meets local building codes.

_____ _____
Signature of Local Building Official Date

c. The facility meets local fire codes.

_____ _____
Signature of Local Fire Inspector Date

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.

_____ _____
Signature of Applicant Date

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. 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 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).

VII. POLICIES AND PROCEDURES

A complete set of policies & procedures was provided to Licensing and Certification on :
(Allow 90 days from the date Licensing and Certification receives policies) _____
Date

VIII. APPLICATION VERIFICATION

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

_____ / _____ _____
Printed Name of Applicant / Signature of Applicant Date

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