

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF MEDICAID
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
APPLICATION FOR SKILLED NURSING FACILITY LICENSE

The undersigned hereby makes application for a license (or renewal of license) to operate a nursing home, subject to the provisions of the Idaho State Code, Section 39-1301 to 1317, as amended, and to the rules, regulations and standards adopted thereunder by the Board of Health and Welfare.

I Classification

A Identification

Facility _____
Address _____
City _____ State _____ Zip Code _____
County _____ Phone Number _____
Fax Number _____ eMail _____

B Ownership Type (Select only ONE) Select the entity which has legal responsibility for facility operation.

Profit: _____ Individual _____ Partnership _____ Corporation _____
Nonprofit: _____ Religious _____ Non-Profit Corp. _____ Other Non-prof _____
Government: _____ State _____ County _____ City/County _____ Hosp. District _____

If "for profit" please list the names and addresses of those persons with ten percent (10%), or greater, ownership interest. Use separate sheet if necessary.

If facility is a corporate facility, give legal corporation name:

C Fiscal Year Fiscal year end date (MM/DD format) _____

D Administration

Administrator _____ NHA Number _____
Director of Nursing _____ RN Number _____

OFFICERS OF THE GOVERNING BOARD

President _____ Phone Number _____
Vice-President _____ Phone Number _____
Secretary _____ Phone Number _____

