NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT

Respite Service Renewal Application

Expiration Date: 10/31/2010

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:
_____
_____
_____
_____

2. PREFERRED MAILING ADDRESS (If different from facility address) FOR THE RECEIPT OF OFFICAL NOTICES FROM THIS DEPARTMENT
_____
_____
_____

LICENSE NUMBER: _____

TELEPHONE NUMBER WITH AREA CODE: _____ FAX NUMBER WITH AREA CODE: _____

ADMINISTRATOR: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL LICENSED CAPACITY: _____(Specify Number)

5. FEE AMOUNT: _____

LICENSE FEES:

Programs that provide RCS through Volunteers	= $50.00
Programs with capacity of 8-16	= $250.00
Programs with capacity of 17-50	= $350.00
Programs with capacity of 51 or above	= $450.00

5. ARE YOU REQUESTING DEEMED STATUS FOR THIS RENEWAL PERIOD? YES ☐ NO ☐
If yes, indicate the accrediting Agency CHAP ☐ Other: _____ ☐

WNERSHIP INFORMATION

6. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)
ADDRESS: _____
(Street Address, City, State, Zip)

7. BUSINESS ORGANIZATION: (Check one)
_____ Sole Proprietorship
_____Partnership
_____ Limited Partnership
_____ Corporation
_____ Limited Liability Company
_____Governmental (_____ State, _____ District, _____County, _____ City or Municipal)
_____Other (Please Specify) _____

Financial Category
☐ Profit
☐ Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license. **PLEASE NOTE**: Neb.Rev.Stat. Section 71-433 requires **"Applications shall be signed by (1) the owner, if the applicant is an individual or partnership, (2) two of its members, if the applicant is a limited liability company, (3) two of its officers, if the applicant is a corporation, or (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit."**

Sign Here_____ _____ _____ _____
AUTHORIZED REPRESENTATIVE DATE AUTHORIZED REPRESENTATIVE DATE

Sign Here_____ _____ _____ _____
AUTHORIZED REPRESENTATIVE DATE AUTHORIZED REPRESENTATIVE DATE