



STATE OF NEBRASKA – Department of Health and Human Services
Division of Public Health – Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

Renewal Fees:	
Capacity of 4 – 16	\$200.00
Capacity of 17 – 50	\$250.00
Capacity of 51 or above	\$300.00

Expiration Date
07/31/of each year

Adult Day Service Renewal Application

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: _____
(Area Code)

FAX NUMBER: _____
(Area Code)

E-Mail Address: _____

ADMINISTRATOR: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL LICENSED CAPACITY: _____ (Specify Number) FEE AMOUNT: _____

5. FACILITY TYPE: _____ Free Standing _____ Located in Licensed Health Care Facility
If in Health Care Facility, What type: _____

6. ARE YOU REQUESTING DEEMED STATUS FOR THIS RENEWAL PERIOD? YES NO
If yes, indicate the accrediting Agency: JCAHO CARF

OWNERSHIP INFORMATION

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

10. 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	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	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 - TYPE OR PRINT

AUTHORIZED REPRESENTATIVE

DATE

Sign Here _____
AUTHORIZED REPRESENTATIVE TYPR OR PRINT

AUTHORIZED REPRESENTATIVE

DATE