

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

Respite Care Services Initial Licensure Application
IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

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

2. TELEPHONE NUMBER: _____ FAX NUMBER: _____
(Area Code) (Area Code)

E-Mail Address: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(If Not Individual)

4. ADMINISTRATOR: _____

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

6. TOTAL LICENSED CAPACITY: _____ (Specify Number)

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)

ADDRESS: _____
(Street Address, City, State, Zip)

10. OWNERSHIP MAILING ADDRESS: _____
(If Different Than Above)

11. 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 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."**

AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

SIGNATURE

DATE

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SIGNATURE

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