

Check one: <input type="checkbox"/> Initial License <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership

Nursing Home Licensure Application

Nursing Home Type *(Please Check One)*:
 Skilled Nursing Facility
 Nursing Facility
 Intermediate Care Facility

Initial Licensure Fees:	
1 – 50 beds	\$1,550
51 – 100 beds	\$1,750
101 or more	\$1,950
Make payment to DHHS	

FACILITY GENERIC E-MAIL:

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

IDENTIFYING INFORMATION

1. NAME OF FACILITY: _____
 PHYSICAL ADDRESS: _____
 (Street Address, City, State, Zip Code)

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

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. ADMINISTRATOR: _____ DIRECTOR OF NURSING: _____

5. PREFERRED MAILING ADDRESS: _____

6. NUMBER OF BEDS TO BE LICENSED: _____

7. PLANNED OCCUPANCY DATE: _____

8. ACCREDITATION/CERTIFICATION *(Check If Applicable)*:
 JCAHO AOA CARF Medicare or Medicaid
 Are you requesting deemed status? Yes No

9. SPECIFY ANY SPECIAL CARE AND TREATMENT TO BE PROVIDED *(Please Check If Applicable)*:
 Special Care Unit Pediatric
 Other Behavioral Needs Physical Therapy Respiratory Other *(Please Specify)*: _____

OWNERSHIP INFORMATION

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

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

12. BUSINESS ORGANIZATION *(Check One)*:
 Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Government *(If Government, Please Select One)*: State District County City or Municipal
 Other *(Please Specify)*: _____

(Check One)	
<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

- The owner, if the applicant is an individual or partnership,
- Two of its members, if the applicant is a limited liability company,
- Two of its officers, if the applicant is a corporation, or
- The head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

_____ AUTHORIZED REPRESENTATIVE – PRINTED NAME	_____ SIGNATURE	_____ DATE
_____ AUTHORIZED REPRESENTATIVE – PRINTED NAME	_____ SIGNATURE	_____ DATE