NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH, LICENSURE UNIT NEBRASKA HEALTH CARE CERTIFICATE OF NEED APPLICATION FOR ADDITIONAL LONG-TERM CARE BEDS

Applicant Facility Name to be Licensed by DHHS:		
Applicant Facility Address:		
Applicant Facility City, State, Zip:		
Applicant Corporate/Entity Name:		
Applicant Contact Person:		
Contact Email Address:		
Contact Phone #:		
Applicable CON Section:		
Medical and Nursing Needs Exception - Neb. F Please attach documentation which shows: 1) care and treatment; 3) population demographic	the unmet need for comple	x or intensive medical/nursing services; 2) proposed
Occupancy Over 90% Exception - Neb. Rev. S Please attach documentation which shows: 1) to previous three reporting quarters; and 2) popul	the estimated occupancy ra	ates for facilities within a 25-mile radius for the
from the facility (summary of situation is sufficient according to Census); 3) that there are no more statement from applicant contact person is sufforganization (include copies of approved incorpance).	the number of long-term ca ent); 2) that the facility's loc e long-term care beds with ficient); 4) that the applican poration or similar docume	are beds sold or transferred more than 25 miles away ration is in a second-class city or a village (population in the corporate limits of the city/village (signed t entity is a political subdivision or nonprofit nts); and 5) that the applicant entity will not sell or ancy date (signed statement from applicant contact
Number of New Beds Requested:	Anticipated Lie	censure Date:
Project Summary:		
I certify that I am authorized to represent the application and attached documentation is true and		of my knowledge, all information on the
Signature of CON Applicant Contact Person	Title	

Please submit this form to the address shown below, with the CON application fee of \$1,000 and any relevant supporting documentation. The CON application fee is nonrefundable, and must be a check or money order.

Dan Taylor, CON Program Manager Licensure Unit, Division of Public Health NE Dept of Health and Human Services 301 Centennial Mall South P.O. Box 94669 Lincoln, NE 68509-4669

Questions? Please call 402-471-2115 or send an email to daniel.taylor@nebraska.gov or mark.luger@nebraska.gov.