

Check one:

- ___ Initial License
___ Change of Location
___ Change of Ownership

Respite Care Service Licensure Application
IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Three blank lines for facility name and address.

Initial Licensure Fees:

Table with 2 columns: Program description and Fee amount. Includes rows for Volunteers (\$50), 8-16 capacity (\$250), 17-50 capacity (\$350), and 51 and up (\$450).

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

Blank line for mailing address.

6. TOTAL LICENSED CAPACITY: (Specify Number)

7. Planned Occupancy Date:

8. FACILITY TYPE: [] FREE STANDING [] LOCATED IN LICENSED HEALTH CARE FACILITY

If in Health Care Facility what type:

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: (Legal Name of Individual or Business Organization) (Social Security Number if Individual)

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 box with checkboxes for Profit and 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.

PRINT AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

PRINT AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE