



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

April 19, 2005

AFL 05-14

TO: SKILLED NURSING FACILITIES (SNF)
NURSING FACILITIES (NF)
INTERMEDIATE CARE FACILITIES (ICF)
INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY
DISABLED (ICF/DD)
INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY
DISABLED – NURSING (ICF-DDN)
INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY
DISABLED – HABILITATIVE (ICF-DDH)
PRIMARY CARE CLINIC/RUAL HEALTH CLINIC (PCC/RHC)

SUBJECT: **FORM HS 215A (10/04) – APPLICANT INFORMATION**

Attached is the new Applicant Information Form HS 215A (10/04) to be used by all facility types specified above. Please start using this form immediately for any initial and change of ownership (CHOW) applications.

Additionally, the HS 215A should be completed for disclosure purposes when changes are reported in officers, directors, purchase of stock, etc., as required by law, **even though no change of ownership is occurring.**

This form is available on the internet, the Department of Health Services (DHS), Licensing & Certification website, www.dhs.ca.gov/lnc/centapps.

If you have any questions, please contact Vivian Baker, Chief of CAU at (916) 552-8666.

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Sincerely,

**Original Signed by
Ann Ramirez**

Anna Ramirez, Chief
Field Operations Branch Coastal
Licensing & Certification Program

Enclosure