

Congregate Living Health Facility Initial and Change of Ownership Application Checklist

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

Check all that apply: **Initial License** **Change of Ownership (CHOW)**

CHECKLIST AND INSTRUCTIONS- *Please submit your documents in this order*

REQUIRED DOCUMENTS FOR AN INITIAL LICENSE OR CHOW

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • License number • Facility name and address • Facility ID number (if known) • Brief description of request • Previous and proposed/new location • Contact information (name, title, phone number, and e-mail address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature

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	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION [Health and Safety Code (HSC) section 1265, 1267.5, and 1267.13(n)] [Title 22 California Code of Regulations (CCR) section 72201]</p> <p>Tips</p> <ul style="list-style-type: none"> • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN) • Page 3, section C, item 7 — When listing the names of individuals owning direct or indirect ownership of the facility in section C, provide the EIN (do not enter a social security number in this field)
		<p>A.5 - TYPE OF FACILITY [HSC section 1250(i)(2)(A), (B) and (C)]</p> <p>Under Subsection (o) specify which of the following services the applicant will be providing:</p> <ul style="list-style-type: none"> • CLHF A: Services for individuals, who are mentally alert, physically disabled individuals who may be ventilator dependent • CLHF B: Services for individuals who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness; or both • CLHF C: Services for individuals who are catastrophically and severely disabled. Services offered to a catastrophically disabled person shall include, but not be limited to speech, physical, and occupational therapy

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	Supporting Documents	<p>A.8 - BED CAPACITY [HSC sections 1250(i) and 1267.16(c)]</p> <p>For a CLHF with more than six beds for persons who are terminally ill and for persons who are catastrophically and severely disabled:</p> <ul style="list-style-type: none"> • Submit a Conditional Use Permit • The Conditional Use Permit must meet the requirements of the City or County in which it is located unless those requirements are waived by the City or County
	Supporting Documents	<p>A.11 - CONSTRUCTION [HSC section 1267.19]</p> <p>Submit evidence of compliance with local building code requirements whether or not construction occurred</p> <p>Note: CLHFs are not subject to architectural plan review by the Office of Statewide Health Planning and Development.</p>
	Supporting Documents	<p>B.2 - IRS INTERNAL REVENUE SERVICE DOCUMENTATION [HSC sections 1265 and 1267.13(n)] [22 CCR section 72201]</p> <p>Submit one of the following IRS tax documents showing entity's legal name and Tax Identification Number:</p> <ul style="list-style-type: none"> • Letter 147-C (EIN Confirmation Notification) • Form 941 (Employer's Quarterly Federal Tax Return) • Form 8109-C (Federal Tax Deposit Address Change) • Form SS-4 (Confirmation Notification)

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	Supporting Documents	<p>B.3 - ORGANIZATIONAL CHART – OWNER TYPE [HSC sections 1265, 1267.5, and 1267.13(n)] [22 CCR section 72201]</p> <p>Submit an organizational chart if the owner is a profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> • Applicant’s owners, including ownership percentages, Tax IDs/EINs and all directors, board members, corporate officers, LLC members/managers, and/or partners Note: Submit the HS 215A form for each of these individuals • Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating- see B.6
	Supporting Documents	<p>D.1 - CONTROL OF PROPERTY [HSC section 1265(h) and 1267.13(n)] [22 CCR section 72201]</p> <p>Submit a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee</p>
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [HSC section 1267.5 and 1267.13(n)(o)] [22 CCR section 72201 and 72573]</p> <p>This form must be completed for the following individuals and include original signatures:</p> <ul style="list-style-type: none"> • Administrator of the facility • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the organization and/or Management Company • Each individual having a beneficial interest of five percent or more in the organization and/or parent organization

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		<p>Tips</p> <ul style="list-style-type: none"> • Page 1, section A — The date of birth is an identifier, as several people may have the same name. This will ensure that each individual is associated with the correct facility or entity • Page 2, section D — Submit ten years of employment history, indicating the term of employment, job title, employer name and address. The applicant may submit a resume in lieu of completing section D; however, the resume must contain all required information requested in section D • Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet
	Supporting Documents	<p>FACILITY INFORMATION SHEET</p> <p>Each individual must complete and submit the Facility Information Sheet for each facility and/or agency with which the individual has a current or past relationship within the last three years. This sheet must also include any facilities licensed by the California Department of Social Services. The following must be completed for each facility and/or agency:</p> <ul style="list-style-type: none"> • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement
	Supporting Documents	<p>RESUME [HSC Section 1265(e) and 1267.13(n)] [22 CCR section 72201]</p> <p>A resume is only required for the Administrator(s) and Administrator Designee</p>

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	HS 309 1 st Page	<p>ADMINISTRATIVE ORGANIZATION [HSC sections 1265, 1267.5, and 1267.13(n)] [22 CCR section 72201]</p> <p>Along with the HS 309, the following supporting documents according to the organizational type must be submitted:</p>
	Supporting Documents	<p>CORPORATION</p> <ul style="list-style-type: none"> • Filing Statement from the Secretary of State • Articles of Incorporation • By-Laws • List of Board of Directors (only if additional space is needed to input all board of directors) <p>Tip</p> <ul style="list-style-type: none"> • Page 1, item 3 — The incorporation date is located in the top right corner of the applicant Articles of Incorporation
	Supporting Documents	<p>LIMITED LIABILITY COMPANY (LLC)</p> <ul style="list-style-type: none"> • Filing Statement from the Secretary of State • Articles of Organization • Operating Agreement • List of Managing Members (only if additional space is needed to input all managing members) and managers who are not members
	HS 309 2 nd Page	<p>ORGANIZATIONAL STRUCTURE</p> <p>Only complete fields that are applicable to applicant’s entity type</p> <p>Tip</p> <ul style="list-style-type: none"> • Page 2, item 1 — Health care districts will fill in the circle for other

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	Supporting Documents	PUBLIC AGENCY Copy of signed Resolution
	Supporting Documents	PARTNERSHIP Copy of signed Partnership Agreement
	HS 400	AFFIDAVIT REGARDING PATIENT MONEY [HSC sections 1267.13(n) and 1318] [22 CCR section 72217] <ul style="list-style-type: none"> • Mark either A or B box. If B is checked, enter the amount of patient monies managed and submit the bond required on form HS 402 • If handling \$750 or less a minimum bond of \$1,000 is required Tips <ul style="list-style-type: none"> • If you are a sole proprietor, you would enter your legal name • Even though the form allows the applicant to indicate that they will not handle any money, this is not an option if a CLHF wishes to be “Certified”. You are required to obtain a bond for at least \$1,000 • If the application is for a change of ownership, the amount handled must be the same or more than the amount of the Audit and Receipt of patient monies • If the money you are going to handle is outside the table, your bond should be \$1,000 more. For example, you will handle \$25,000, your required bond amount will be \$26,000

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	HS 402	<p>SURETY BOND VERIFICATION [HSC sections 1267.13(n) and 1318] [22 CCR section 72217]</p> <ul style="list-style-type: none"> • Is signed by the bonding agency • Possesses the embossed seal of the bonding agency • Submit an "original" bond or an "embossed" Power of Attorney <p>Tips</p> <ul style="list-style-type: none"> • Please check the upper right-hand corner of this form to ensure you are submitting the CA Department of Public Health form (not the Department of Social Services' form) • Licensee name dba Facility name is acceptable • Submit the original form with the embossed seal on all documents
	HS 602	<p>TRANSFER AGREEMENT [HSC section 1267.13(n)] [22 CCR section 72519]</p> <p>Copy of current written transfer agreement with a hospital</p> <p>Tips</p> <ul style="list-style-type: none"> • The facility administrator may sign this form • The facility may not have a provider number yet and this line may be left blank
	STD 850	<p>FIRE SAFETY INSPECTION REQUEST (not applicable for a CHOW unless there is construction) [HSC section 1267.13(a)(b)] [22 CCR section 72505]</p> <p>The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form</p>

REQUIRED DOCUMENTS FOR A CHOW ONLY

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	Supporting Documents	<p>All of the forms required for an "Initial" application listed above in addition to the documents requested below: [HSC sections 1265 and 1267.13(n)] [22 CCR sections 7220, 72529(a)(10), and 72543 (e)]</p> <ul style="list-style-type: none"> • Copy of "Purchase Agreement" or "Operating Transfer Agreement" • When applicable, written verification (with amount) by public accountant, accounting for all patient monies transferred to the custody of the new licensee. If none, need statement from current licensee that they did not handle resident monies • When applicable, copy of receipt (with amount) signed by the new licensee in exchange for such monies • A letter from the prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee