

ADULT CARE HOME APPLICATION FOR RENEWAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at http://tennessee.gov/health/topic/hcf-professionals. Please check this website periodically for updates.

Name of the Adult Care Home Facility				
Location of the Facility:				
Street		City		
County	State		Zip	
Phone Number ()	Fax Number ()		
Twenty-four (24) Hour Emergency Phone Number ()			
E-Mail Address				
Mailing address (if different from the Facility location	on address):			
Name				
Street_				
CitySt	tate			
Name of Provider				
ManagerSul	Substitute Caregiver (if applicable)			
a. Have you (Manager) ever been convicted business management (e.g., assault, battery, robbery, er			•	
If yes, what charge(s)?				
Location of Conviction(City)	(County)	Date	2	
b. To what extent will the resident manager, so	•	· · · · ·	e used in the facility?	
c. Has a policy of informing employees of the				

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RENEWAL FEE SCHEDULE: (FEES ARE NON-REFUNDABLE) - \$1404.00

SPECIALIZED SERVICE(S) (check appropriate service) ______ Ventilator Dependent ______ Traumatic Brain Injury OWNERSHIP OF BUSINESS: 1. a. Check the type of Legal Entity: _____ Individual _____ Partnership _____ Corporation _____ Limited Liability Company Church Related _____ Government/County _____ Other b. Check One: ____For Profit ____ Non-profit c. Legal Entity checked in 1.a: Name _____ Phone Number () d. List name(s) and address(s) of individual owners, partners, directors of the corporation, or head of the governmental entity: Name Address City, State, Zip Name Address City, State, Zip (If additional space is needed, please use a separate sheet) 2. If you have a parent company please provide the following information: Name ______ Phone Number (_____) 3. a. Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states? Yes ____ No ____ b. If yes, list names and addresses of all such facilities:

- 4. Separately attach proof the adult care home's financial ability to maintain sufficient financial resources to support the operating costs of the adult care home.
- 5. Separately attach a Comprehensive Business Plan for the first two years of operation.

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6. a.	Have any owners of the disclosing entit a suspension of admissions, paid any ci facility in Tennessee or in any other sta	vil monitory penalties or other disciplin	
b.	If yes, where?	Wh	nen?
c.	For what reason?		
7. List	any unsatisfied judgments		
<u>VERIF</u>	TICATION BY APPLICANT:		
and reg	for application verifies that he or she is or ulations established by Tennessee pertains and with the rules promulgated under Te	ning to the type of facility or agency for	which application for licensure
	also verifies that a policy has been implement to report incidents of abuse or neglect.	mented to inform all employees of their	obligation under TCA §
Applica	ant Signature	Title or Position	Date

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