HOMES FOR THE AGED
APPLICATION FOR LICENSURE

Michigan Department of Human Services
Bureau of Children and Adult Licensing

FOR DHS USE ONLY – Cashier code: 41
License Number:
Paid Amount:
Cashier:

SECTION I - FACILITY INFORMATION

TYPE OF APPLICATION:
INITIAL: ☐ NEW CONSTRUCTION ☐ EXISTING BLDG NOT CURRENTLY LICENSED AS HFA ☐ CHANGE OF OWNERSHIP
☐ APPLICATION INFORMATION UPDATE

1. Facility Name	2. Main/Public Telephone No. ( )	3. Fax Number ( )	4. E-Mail address	
5. Facility Street Address	6. City/Village/Township	7. State	8. Zip Code	9. County
10. Facility Mailing Address (if different than #5)	11. City	12. State	13. Zip Code	14. County
15. Number of Beds to be Licensed	16. Administrative/Emergency Phone No. ( )	17. Program ☐ Aged ☐ Dementia/Alzheimers		

SECTION II – APPLICANT/LICENSEE INFORMATION

18. Individual(s)/Company (that owns operation to be licensed)		19. Federal Tax I.D. Number or Social Security Number		
20. Individual(s)/Company Street Address	21. Individual(s)/Company City	22. State	23. Zip Code	24. County
25. Mailing Address (if different than #20)	26. City	27. State	28. Zip Code	29. County
30. Individual(s)/Company Telephone ( )		31. Fax Number ( )		

32. Type of ownership:
☐ Individual(s) ☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership
☐ LLC ☐ Corporation ☐ Non-Profit ☐ Government ☐ Other (specify) _____

SECTION III – CORPORATION OFFICERS/DIRECTORS/TRUSTEES/LLC MEMBERS OF #18 (if applicable)

(Attach additional pages if necessary)

NAME	TITLE	ADDRESS (City, State, Zip Code)

SECTION IV – LIST ALL PERSONS OR COMPANIES WITH OWNERSHIP INTEREST

(Attach additional pages if necessary)

NAME	ADDRESS (CITY, STATE, ZIP CODE)	OWNERSHIP IN OPERATION	OWNERSHIP IN PROPERTY
		☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO

SECTION V – LIST ANY PERSON OR COMPANY INVOLVED WITH THE OPERATION OF THE HOME THROUGH MANAGEMENT AGREEMENT (IF APPLICABLE)

NAME	ADDRESS (City, State, Zip Code)

SECTION VI – AUTHORIZED REPRESENTATIVE

An authorized representative shall be appointed and have and agree to the following authorities relative to licensure: submit applications and amendments, provide all requested information to the department, enter into agreements with the department, receive notice and service in matters relating to licensure. Use BCAL-1603 to notify the department of a subsequent change in the authorized representative.

33. Authorized Representative	34. Social Security #	35. Phone ( )
36. E-mail Address	37. Alternative Phone Number ( )	38. Fax Number ( )

SECTION VII – ADMINISTRATOR

Use BCAL-1606 to notify the department of a subsequent appointment or change in the administrator.

39. Name of Administrator (if known)	40. Social Security #	41. Phone ( )
42. E-mail Address	43. Alternative Phone Number ( )	44. Fax Number ( )

SECTION VIII – CERTIFICATION AND SIGNATURES

The applicant certifies that he/she has read 1978 PA 368, and the Administrative Rules (325.1901 through 325.1981) regulating the operation of Homes for the Aged facilities. If granted a license, I will comply with the Act and these Rules.

Failure to submit accurate and complete information in a timely manner may result in denial of licensure. An applicant who makes a false statement in this application is subject to criminal penalties under Section 20142(5) of the Public Health Code (1978 PA 368).

The applicant certifies that the information provided on this application is true, complete and accurate to the best of his/her knowledge.

The applicant certifies that, in compliance with the Administrative Rule 325.1913(2), **notification within 5 business days will be given to the Department for any changes to the information submitted on or with this application.**

45. Individual Applicant or Member of the Applicant Company or Board (Print or Type)	46. Applicant/Member Phone Number ( )

47. Applicant/Member Signature	48. Date

NOTE: The application may not be signed by the authorized representative unless also a member of the applicant company or board.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: COMPLETION: NON-COMPLETION:	1978 PA 368 of 1978 Mandatory License issuance will be denied.