



**APPLICATION FOR APPROVAL TO OPERATE
A COMMUNITY RESIDENTIAL FACILITY**

(Pursuant to Community Residential Facilities Council)

State Form 47952 (R4 / 3-11)

Indiana State Department of Health - Division of Long Term Care

DIVISION OF LONG TERM CARE

Date Received (month, day, year): _____

Date Approved (month, day, year): _____

Approved by: _____

Please Print or Type.

SECTION I – IDENTIFYING INFORMATION

Name of applicant (<i>operator(s) of the facility/home</i>)			
Street Address			P.O. Box
City		County	ZIP Code +4
Telephone Number ()	Fax Number ()	EIN Number	Fiscal Year End Date (<i>mm/dd</i>)
Name of Executive Director			

SECTION II – TYPE OF ENTITY

For Profit

- Individual
- * Partnership
- ** Corporation
- *** Limited Liability Company
- Other (*specify*) _____

Nonprofit

- Church Related
- Individual
- * Partnership
- ** Corporation
- *** Limited Liability Company
- Other (*specify*) _____

Government

- State
- County
- City
- City/County
- Hospital District
- Federal
- Other (*specify*) _____

*If a Limited Partnership, submit a copy of the "Application For Registration" and "Certificate of Registration" signed by the Indiana Secretary of State.

**If a Corporation, submit a copy of the "Articles of Incorporation" and "Certificate of Incorporation" signed by the Indiana Secretary of State. If a foreign Corporation, submit a copy of the "Certificate to do Business in the State of Indiana" signed by the Indiana Secretary of State.

***If a Limited Liability Company, submit a copy of the "Articles of Organization" and the "Certificate of Organization" signed by the Indiana Secretary of State.

SECTION III – RESIDENTIAL FACILITY INFORMATION

A. Address

Street Address		City	
County	ZIP Code +4	Telephone Number ()	

B. Administrator

Name of Administrator
Qualifications

C. Program Director	
Name of Program Director	
Qualifications	
SECTION IV – TYPE OF PROGRAM (i.e. Licensure Category) AND CAPACITY	
Type	Capacity
SECTION VI – TYPE OF APPLICATION	
<p>Building Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment</p> <p><input type="checkbox"/> Proposed New Construction</p> <p><input type="checkbox"/> Alteration of Existing House</p> <p><input type="checkbox"/> Other (<i>Please Explain</i>): _____</p> <p>_____</p> <p>_____</p> <p>Does applicant own house? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is applicant buying house? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is applicant leasing house? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: If house is being leased, submit copy of lease.</p>	
SECTION VI – COMPLIANCE WITH RULES	
<p>Have you read, and do you understand, the Community Residential Facilities Council Rules? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(431 IAC 1.1, 431 IAC 3.1 and 431 IAC 4)</i></p> <p>Will you comply with all laws and rules of the Community Residential Facilities Council as they pertain to the operation of licensed residential facilities for the developmentally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this home agree not to discriminate based on race, color creed, or national origin as provided for in operational policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
SECTION VII – CERTIFICATION OF APPLICATION	
I swear or affirm that all statements made in this application and any attachments thereto are correct to the best of my knowledge, and that I will comply with all laws and rules governing the licensing of residential facilities for the developmentally disabled in Indiana.	
Name of authorized representative (<i>typed</i>)	Title
Signature	Date (<i>month, day, year</i>)