Ohio Mental Health and Addition Services
Adult Care Facility
Change of Manager Form

License No.: _____

Adult Care Facility Information

Facility Name:

Facility Address:

City | Zip Code | County

Facility Phone Number w/area code | E-Mail Address

5122-33-13 (G) The facility's manager shall meet the requirements of paragraphs (H) to (J) of this rule, shall provide not fewer than sixteen hours of service in the facility during each calendar week, and shall be responsible for the daily operation of the facility, as required by rule 5122-33-12 of the Administrative Code.

Manager Information

Name: | Age | Telephone Number

Work Schedule

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Does the manager live on premises? ◯ Yes ◯ No Core work hours ____ until ____

What special type of training and educational background related to the care of adults does the manager have?

1 Course Title | School Name/Trainer

Address/City/State | Dates

2 Course Title | School Name/Trainer

Address/City/State | Dates

3 Course Title | School Name/Trainer

Address/City/State | Dates

Facility Name: _____

Manager Information (continued)

What type of work experience related to the care of adults does the manager have?

1 Employer | Address/City/State/Zip

Duties | Dates

2 Employer | Address/City /State/Zip

Duties | Dates

3 Employer | Address/City/State/Zip

Duties | Dates

Within the last 5 years prior to the date of this application, has the manager been affiliated through ownership or employment in any adult facility or any residential or housing facility type? ◯ Yes ◯ No

License/Provider Number	Facility Type:	Licensure/Certification held by

Additional Comment

Facility Name: _____

If the owner and the manager are not the same persons, answer all of the following questions for both the owner and manager. If the owner is also the manager, answer all of the following questions for the owner.

	Owner	Manager
Have you ever been convicted or adjudicated of any crime other than a traffic violation?	◯ Yes ◯ No	◯ Yes ◯ No
Are there any pending criminal prosecutions against you?	◯ Yes ◯ No	◯ Yes ◯ No
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?	◯ Yes ◯ No	◯ Yes ◯ No
Have you ever been involved as a defendant or respondent in a civil or administrative investigation or action, involving the provision of care or misappropriation of resident funds in any home, facility or institution caring for people?	◯ Yes ◯ No	◯ Yes ◯ No
Have you ever had a license or certificate withdrawn or approval to care for unrelated dependent children or adults, or had any such approval withdrawn?	◯ Yes ◯ No	◯ Yes ◯ No
Have you ever had a professional license denied, suspended or revoked?	◯ Yes ◯ No	◯ Yes ◯ No
Have you ever been convicted or adjudicated of any crime involving financial or business management, theft, fraud or embezzlement?	◯ Yes ◯ No	◯ Yes ◯ No
Have you ever been convicted or adjudicated of any crime related to the provision of care?	◯ Yes ◯ No	◯ Yes ◯ No
Have you ever been convicted or adjudicated of any crime or civil offense relating to assault, battery, abuse, neglect or any other violent crime against an individual?	◯ Yes ◯ No	◯ Yes ◯ No

If the answer to any of the above questions is "Yes", attach a separate letter of explanation with a full clarification of each answer stating the charge(s), date(s), and outcome for each incident.

Manager

I, _____ hereby sign this statement of attestation, certifying that I am in compliance
Print Manager's Name
with the Ohio Administrative Code and the questions have been answered to the best of my knowledge and belief.

_____ _____
Manager Signature Date

Owner / Representative

I certify that, to the best of my knowledge, the information in the application and any accompanying material is true and accurate and that to the best of my knowledge and belief, all persons in ownership or employment are of good moral character, and that the ownership of the adult care facility possesses sufficient funds to operate this facility in a satisfactory manner.

I understand that the Ohio Administrative Code requires the owner to inform the Director, in writing, of any changes in the information contained in the statement of ownership, not later than 10 days after the change occurs.

I have read the licensure rules for Adult Care Family Homes and Adult Care Group Homes and declare that, to the best of my knowledge, the facility for which this license is requested is in compliance with the rules therein.

_____ _____ _____
Owner/Representative Name Owner/Representative Signature Date

If a representative of the owner is signing this application, please submit documentation that you are an authorized representative of the owner.