

Adult Care Facility

Licensure Application

Application type

License No.:

- Renewal Change of Ownership New Manager

Type of license - check one only

- Adult Family Home (3-5 Residents)
Renewal Fee \$25 Adult Group Home (6-16 Residents)
Renewal Fee \$50 Requested Capacity:

Adult Care Facility Information

Facility Name:		
<input type="text"/>		
Previous Facility Name, if applicable:		
<input type="text"/>		
Facility Address:		
<input type="text"/>		
City	Zip Code	County
<input type="text"/>	<input type="text"/>	<input type="text"/>
Facility Phone Number w/area code	E-Mail Address	
<input type="text"/>	<input type="text"/>	

Mailing Address if Different from above

Name:		
<input type="text"/>		
Address:		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Resident Demographics:

How many residents are currently in this home?	<input type="text"/>
Are there any RSS (Residential State Supplement) residents in this home?	<input type="radio"/> No <input type="radio"/> Yes, how many? <input type="text"/>
Are there any residents with mental illness in this home?	<input type="radio"/> No <input type="radio"/> Yes, how many? <input type="text"/>
Does this home plan to admit persons referred by or persons who receive services from ADAMHS board or a mental health agency?	<input type="radio"/> No <input type="radio"/> Yes, how many? <input type="text"/>

Facility Name:

Individual

First Name:		Middle Initial	Last Name
<input type="text"/>		<input type="text"/>	<input type="text"/>
Home Address:		City:	
<input type="text"/>		<input type="text"/>	
State	Zip Code	Home Phone Number:	E-mail Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address:		City:	
<input type="text"/>		<input type="text"/>	
State	Zip Code	Business Phone Number:	E-Mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Association **Corporation** **Limited Liability** **Partnership**

Business Name:			
<input type="text"/>			
Address:		City:	
<input type="text"/>		<input type="text"/>	
State	Zip Code	Phone Number:	E-mail Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website:	Charter/Registration No.:	Date Incorporated	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Name of each person who owns 5% or more this adult care facility business.

1	<input type="text"/>	2	<input type="text"/>
3	<input type="text"/>	4	<input type="text"/>
5	<input type="text"/>	6	<input type="text"/>

Name of each person who owns 5% or more of this building which will house this adult care facility.

1	<input type="text"/>	2	<input type="text"/>
3	<input type="text"/>	4	<input type="text"/>
5	<input type="text"/>	6	<input type="text"/>

Facility Name:

Does the operator of this adult care facility currently hold or has the operator ever held a license or certificate from any of the following.

		Facility Type:	Expiration Date:
Ohio Department of Job and Family Services	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
County Department of Job and Family Services	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Ohio Department of Mental Health Addiction	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Ohio Department of Developmental Disabilities	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Ohio Department of Health	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

Does the owner have 5% or more ownership interest in ANY adult care facility or any facility listed in rule? Yes No

License/Provider Number	Facility Type:	Licensure/Certification held by
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Within the last five years prior, has the owner been affiliated through ownership or employment in any adult care facility or any residential or housing facility type? Yes No

License/Provider Number	Facility Type:	Licensure/Certification held by
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility Name:

Names, ages, and work hours of staff members.

	Name:	Age	Work Hours
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>

Manager Information

Name:	Age	Work Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Course Title	School Name/Trainer
<input type="text"/>	<input type="text"/>
Address/City/State	Dates
<input type="text"/>	<input type="text"/>

Course Title	School Name/Trainer
<input type="text"/>	<input type="text"/>
Address/City/State	Dates
<input type="text"/>	<input type="text"/>

Course Title	School Name/Trainer
<input type="text"/>	<input type="text"/>
Address/City/State	Dates
<input type="text"/>	<input type="text"/>

Facility Name:

Manager Information (continued)

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

Employer

Address/City/State/Zip

Duties

Dates

Employer

Address/City /State/Zip

Duties

Dates

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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are there any pending criminal prosecutions against you?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have you ever had a professional license denied, suspended or revoked?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been convicted or adjudicated of any crime involving financial or business management, theft, fraud or embezzlement?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been convicted or adjudicated of any crime related to the provision of care?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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 with the Ohio Administrative Code and the questions have been answered to the best of my knowledge and belief.

Print Manager's Name

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.

Adult Care Facility

Reference Form for an Owner/Manager

Please make a copy of this reference form to provide for three references for the owner, and the manager, unless they are one of the same. All references shall be not be employed by or associated in business with the owner who will provide information about the character, reputation, and competence of the owner and the manager and the financial responsibility of the owner;

License No.:

Facility Name:

Address:

City

Zip Code

County

This reference form is being completed for

Owner

Manager Name:

1 Are you employed by or associated in business with the owner/manager of this facility?	<input type="radio"/> Yes <input type="radio"/> No
2 Are you in any way related to the owner/manager of this facility?	<input type="radio"/> Yes <input type="radio"/> No
3 In your opinion, does the owner/manager have the mental and physical ability to provide personal care services and supervision to residents in this facility?	<input type="radio"/> Yes <input type="radio"/> No
4 Do you consider this owner/manager to be capable of budgeting his/her money to operate a facility?	<input type="radio"/> Yes <input type="radio"/> No
5 Do you know if the owner/manager has been arrested for or convicted of a criminal offense related to the provision of care to others?	<input type="radio"/> Yes <input type="radio"/> No
6 Would you trust this owner/manager to take care of someone close to you?	<input type="radio"/> Yes <input type="radio"/> No
7 Do you know of any reasons why this owner/manager should not be an owner/manager of a facility?	<input type="radio"/> Yes <input type="radio"/> No
8 How long have you known the owner/manager?	<input style="width: 100px; height: 20px;" type="text"/>
9 How do you know the owner/manager?	<input style="width: 100%; height: 25px;" type="text"/>

If you answered "YES" to questions 5 and 7, please explain fully, indicating the number to which question(s) you are responding on the reverse side of this form.

First Name:

Middle Initial

Last Name

Home Address:

City:

State

Zip Code

Day time Phone Number:

E-mail Address:

Signature

Date

Please return this form directly to:

Ohio Mental Health and Addiction Services
Licensure and Certification
30 E Broad Street, Suite 742
Columbus, Ohio 43215

Instructions for Completing the Asset and Liability Statement

For us for an ADULT GROUP HOME (6-16 Residents) only

INTRODUCTION

The adult group home (AGH) Asset and Liability Statement identifies the assets which will be available as of the date of this form is completed for use in operating an AGH and the current liabilities which represent claims of creditors against these assets.

You may use the attached form to submit the required information or as a guideline to submit the information on forms used by your business.

INSTRUCTIONS

Because this form has been designed to accommodate the spectrum of AGHs from individual businesses to corporations, not all of the blanks will be applicable to all AGHs. As a result, it is anticipated that in many cases, several additional lines will need to be added under the "other" categories.

If you need assistance with completing this form, it is suggested that you contact an accountant or a financial person. Filling in the applicable blanks of the current and fixed asset category and totaling completes the left hand or asset side of the form as indicated. Similarly, current liabilities, other liabilities and stockholders' or owners' equity should be totaled to obtain total equities for the right hand or liability and equity side of the balance sheet. Total assets must equal total equity. Definitions of the individual components of the balance sheet are below.

ASSETS

- **Current assets** - These are assets which can be converted to cash quickly; and are therefore, reserved as ready sources of cash to meet immediate requirements.
- **Cash** - Enter the total of all forms of cash you have available which will be used to support the operation of the AGH. Items to be used to compute this value include currency, cash in checking accounts and in passbook savings accounts. The amount shown must be available to support the operations of the AGH.
- **Accounts Receivable** - Any monies owed to the applicant, which are due within one year and would be used as they materialize, if necessary, in support of the AGH operations.
- **Other** - Any other assets such as prepaid expenses, which could be converted into cash within the operating year and used for operation of the AGH.
- **Fixed Assets** - These are tangible, relatively long-lived resources. If they have been acquired in the last year, they must be listed at the actual measurable money amount they were acquired for. If they have been owned form more than one year, such a person who is converting a home into an AGH, they should be listed at their fair market value. Although this method of determining value is needed to adequately analyze an AGH's ability to operate, operators are cautioned that generally accepted accounting principles require that assets be listed at the dollar amount actually paid for them. As a result, this statement may not be appropriate for other uses by the AGH such as income tax preparation
- **Land** - Enter the amount paid for the land or fair market value as applicable.
- **Buildings** - Enter the amount paid for the building or fair market value as applicable.
- **Equipment** - Enter the amount paid for the equipment or the fair market value as applicable.

LIABILITIES

- Liabilities are claims of outsiders against the AGH. Liabilities are reported, as the amount owned as of the asset and liability statement date, including interest accumulated to the date. Interest that will be owed subsequent to the asset and liability statement date is excluded.
- **Current liabilities** - These are existing liabilities which must be paid within the next 12 months.
- **Accounts payable** - The amount entered here should include the sum of the total unpaid salaries and payments of all unpaid bills and financial obligations which fall due within the next 12 months with the exception of mortgage payments and installment loans. Examples include: utility bills, unpaid wages to current employees, if any, charge accounts and credit cards such as VISA, MasterCard, American Express, etc.
- **Other** - This amount should include any other existing obligations, which are due the next 12 months. It includes payments of obligations, which are in arrears such as income taxes, property taxes, insurance, etc. Each item in this category must be itemized separately.
- **Mortgage Payable** - These include all first, second and other mortgages owed. Includes the unpaid balance of mortgage owed on land, building, equipment or other assets.

Asset and Liability Statement
Adult Group Home Use Only

Asset and Liability Statement as of:

License No.:

Facility Name:

Owner's Name:

Current Assets

Cash	<input style="width: 120px; height: 20px;" type="text"/>
Monetary Investment	<input style="width: 120px; height: 20px;" type="text"/>
Accounts Receivable	<input style="width: 120px; height: 20px;" type="text"/>
Total Current Assets	<input style="width: 120px; height: 20px;" type="text"/>

Fixed Assets

Land	<input style="width: 120px; height: 20px;" type="text"/>
Buildings	<input style="width: 120px; height: 20px;" type="text"/>
Equipment	<input style="width: 120px; height: 20px;" type="text"/>
Equipment	<input style="width: 120px; height: 20px;" type="text"/>
Other - Itemize	<input style="width: 120px; height: 20px;" type="text"/>
Total Fixed Assets	<input style="width: 120px; height: 20px;" type="text"/>

Total Assets (Current + Fixed)

Current Assets

Accounts Payable	<input style="width: 120px; height: 20px;" type="text"/>
Other - Itemize	<input style="width: 120px; height: 20px;" type="text"/>
Other - Itemize	<input style="width: 120px; height: 20px;" type="text"/>
Total Current Liabilities	<input style="width: 120px; height: 20px;" type="text"/>

Other Liabilities

Mortgage Payable	<input style="width: 120px; height: 20px;" type="text"/>
Other - Itemize	<input style="width: 120px; height: 20px;" type="text"/>
Other - Itemize	<input style="width: 120px; height: 20px;" type="text"/>
Other - Itemize	<input style="width: 120px; height: 20px;" type="text"/>
Other - Itemize	<input style="width: 120px; height: 20px;" type="text"/>
Total Other Liabilities	<input style="width: 120px; height: 20px;" type="text"/>

Total Liabilities & Equity (Current + Other)

Instructions for Completing the Statement of Projected Revenues and Expenses

Introductions

The Statement of Projected Revenues and Expenses provides financial information regarding anticipated revenue (income) to the Adult Group Home (AGH) as well as anticipated operating expenses for the first 12 months of operation from the date of the application for a license.

You may use the attached forms to submit the required information or as a guideline to submit the information on forms used by your business.

Instructions

The Statement of Projected Revenues and Expenses has been designed to accommodate the spectrum of AGHs from small individual owners to corporations. As a result, in some cases many of the lines will not be applicable and should be left blank. In other cases, additional items will need to be added to the "other" categories. Amounts entered are to be based on valid sources of revenue and a realistic determination of anticipated expenses. The requested data is critical to the evaluation of the AGH's capacity to operate effectively and meet essential financial obligations during the first 12 months of operation. When completing this form, do not include any revenue or expenses, which are not directly associated with the operations of the AGH.

To predict the success or failure of the AGH as accurately as possible, the revenue and expenses are to be displayed monthly for the first 12 months of operation. In this matter, it can be demonstrated when probable early losses become profits. At the option of the AGH operator, additional months may be projected.

Definitions

1. Private Pay Residents - Indicate the anticipated number of private pay residents in the AGH the last day of each month.
2. Number of SSI Residents - Indicate the anticipated number of SSI residents on the last day of each month.
3. Number of RSS Residents - Indicate the anticipated number of RSS residents on the last day of each month.
4. Resident Fee - Private Pay - Indicate the proposed fee to be charged each private pay resident. If variable rates are charged, list the average fee.
5. Average Resident Fee - SSI - Indicate the current SSI rate.
6. Average Resident Fee - RSS - Indicate the current RSS rate.

Anticipated Revenue (Income)

This section should reflect anticipated monthly income from valid sources to the AGH. It should not include the personal income of the applicant(s) unless this income is to be used for operating the AGH. Amounts shown should be as accurate as possible and supported by confirming documentation to the maximum extent feasible.

7. Fees for Residents - The anticipated revenue, which will be received each month as, fees or payments for residents' care should be entered here. This figure can be obtained by multiplying the number of residents by the applicable monthly resident fees.
8. Endowments/Trust Funds - Enter the revenue to be received for the next 12 months from any endowments or trust funds, which currently exist and would provide income to be used to support the AGH operations.
9. Donations/Solicitations - Enter income to be received from such sources as religious or fraternal organizations, United Way, fund drives and solicitations and any other fund-raising activity.
10. Income from Investments - Enter income to support AGH operations which will be provided by any existing investments.
11. Other (Specify) - Enter the amount of income to be received from any other source(s) which will be used to operate the AGH. Specify each source and the amount.
12. Total Revenue - Add lines 1 through 11.

Instructions for Completing the Statement of Projected Revenues and Expenses (continued)

13. Food/Groceries - The amount to be entered here is the anticipated cost to be used in the AGH. It includes the food required for three meals each day, and the cost of snacks, which are required to be available on a daily basis. This amount should not include the cost of food that is provided for the staff.
14. Salaries of Wages - The cost of salaries and wages for all staff.
15. Utilities - The cost of gas, electric, heating oil, water and sewage should be listed here.
16. Maintenance and Repairs - This entry should reflect the cost of all items used to maintain and carry out necessary repairs on the home. This would include such items as paint, lumber, nails, roofing materials and grass seeds.
17. Rent or Mortgage - The cost of AGH rent or mortgage should be entered here.
18. Taxes - Enter the amount of all taxes that must be paid by the home. This would include employer's FICA (Social Security) taxes and Federal Unemployment taxes which must be paid on employees' salaries and wages, as well as business licenses taxes, property taxes and real estate taxes (if not included as part of the mortgage payment, etc.)
19. Laundry and Linens - This item would reflect the cost of soap, detergents, etc., required for laundry of table linens, bed linens, etc. used by the AGH and the cost, if any, for outside laundry services.
20. Transportation - Include here all expenses related to the maintenance, operation and insurance costs of cars, vans, trucks, etc. owned by the AGH and/or used in support of the operation of the AGH.
21. Insurance - The cost of all insurance for the physical plant, such as fire and liability insurance, is shown here, as well as interest payments on any outstanding long-term debts not included in the rent or mortgage payments.
22. Other - Include the cost of any items of expenses not included in the above items. Specify each item of expense included here and the expense amount.
23. License Fee - Cost of license fees, e.g. AGH, food service.
24. Total Expense - Include the total of all the expenses listed in lines 13 through 23.
25. Net Income (Loss) - Subtract the total expense line (line 24) from the total revenue line (line #12) to get the net income (loss).

Statement of Projected Revenues and Expenses Adult Group Home Use Only

Facility Name:

License No.:

Number and amount on last date of the month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	
1. Number of Private Pay Residents	<input type="text"/>	Census and Charges												
2. Resident Fee- Private Pay	<input type="text"/>													
3. Number of SSI residents	<input type="text"/>													
4. Resident Fee - SSI	<input type="text"/>													
5. Number of RSS Residents	<input type="text"/>													
6. Resident Fee - RSS	<input type="text"/>													
7. Fees from Resident	<input type="text"/>	Anticipated Revenues												
8. Endowment/Trust Funds	<input type="text"/>													
9. Donations/Solicitations	<input type="text"/>													
10. Investment Income	<input type="text"/>													
11. Other	<input type="text"/>													
12. Total Revenue	<input type="text"/>													
13. Food/Groceries	<input type="text"/>	Anticipated Expenses												
14. Salaries/Wages	<input type="text"/>													
15. Utilities	<input type="text"/>													
16. Maintenance and Repairs	<input type="text"/>													
17. Rent or Mortgage	<input type="text"/>													
18. Taxes (property,sales etc)	<input type="text"/>													
19. Laundry/Linens	<input type="text"/>													
20. Transportation	<input type="text"/>													
21. Insurance Premiums	<input type="text"/>													
22. Other	<input type="text"/>													
23. License Fees	<input type="text"/>													
24. Total Expenses	<input type="text"/>													
25. Net Income	<input type="text"/>													