

NOTICE OF INTENT TO RELOCATE / CLOSE

Ohio Department of Mental Health

Licensure and Certification

30 E. Broad Street, Ste 742

Columbus, Ohio 43215

Dear Director:

This is to inform you that _____ located in

(Facility Name)

_____ will be:

(County)

Relocating on ____/____/____ to _____;

(Date)

(Street Address)

Closing its operation effective ____/____/____.

(Date)

I, _____ understand that this license is non-transferrable to another location; therefore, it will be surrendered to the Ohio Department of Mental Health immediately after the home ceases to operate as an adult care facility. I will no longer be allowed to provide accommodations in this home to unrelated adults, of which at least three residents require personal care services, and that, I must comply fully with section 5122-33-08 of the Ohio Administrative Code in closing this facility.

I am aware of the procedure for closing an adult care facility shall include all of the following:

- The owner shall inform the director in writing at least thirty days prior to the proposed date of closing.
- At the same time, the owner or manager shall inform each resident, his or her guardian, his or her sponsor, his or her case manager, or any organization or agency acting on behalf of the resident, of the closing of the facility and the date of the closing.
- The owner shall return their ACF license to the director with the notice of intent to close, or no later than the last day of the facility's business;
- All charges shall be prorated as of the date on which the facility closes. If payments have been made in advance, the payments for services not rendered shall be refunded to the resident or the resident's guardian not later than seven days after the closing of the facility; and
- Immediately upon the closing of a facility, the owner shall surrender the license to the director, and the license shall be canceled.
- The owner shall notify the residents at least thirty days in advance of any change in the identity of the person who has possession of the facility, unless the change is in the nature of a corporate reorganization results in the same individual or individuals having ultimate ownership interest.
- Any outstanding liability to the state, unless the buyer or transferee has agreed, as a condition of the sale or transfer, to accept the outstanding liabilities and to guarantee their payment, except that if the buyer or transferee fails to meet these obligations the seller or transferor shall remain responsible for the outstanding liability.

Facility Name: _____

I further understand that should I wish to resume operation at this or another location as an adult care facility; a new license will be required. Such license can be obtained only after re-application, compliance with regulatory requirements as an adult care facility, and inspection by department surveyors.

It is my responsibility to reapply with the Ohio Department of Mental Health should I desire, in the future, to resume operation of an adult care facility.

If your Department has any additional questions or concerns, I can be reached at:

Mailing Address:

_____ City _____ State: _____ Zip: _____

Telephone Number: () _____ - _____

Printed Name: _____

Signed: _____

Date: _____