

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR AGING AND INDEPENDENT LIVING

DAIL-ADC-903 APPLICATION FOR PRIVATE PAY ADULT DAY-CARE CENTER CERTIFICATION

<p>1. PROVIDER IDENTIFICATION</p> <p>Facility Name _____ Facility Number _____</p> <p>Street Address _____ Telephone _____</p> <p>City _____ County _____ Zip _____</p> <p>Facility Director _____</p>
<p>2. DIRECTIONS TO YOUR FACILITY:</p>
<p>3. HOURS OF OPERATION, SERVICE AREA:</p> <p>Check days of operation</p> <p><input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday</p> <p>Hours From: _____ to _____ Time Zone: _____</p> <p>Area Served: _____</p>
<p>4. OWNERSHIP: Name and address of individual owner, partners or cooperation.</p> <p>_____</p> <p>_____</p>
<p>5. STATEMENT OF PROVIDER</p> <p>This is a true and accurate description of _____ On this date.</p> <p>(Facility name)</p> <p>I understand that the Department for Aging and Independent Living staff shall have the authority to inspect the facility, and records required by 910 KAR 1:150. Inspections shall be unannounced.</p> <p>I have read and understand the adult day care center certification requirements as specified in 910 KAR 1:150.</p> <p>I understand that any change in the application that affects my certification status will be reported to the Department for Aging and Independent Living and a new application will be completed at that time.</p> <p>I agree that this service and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency certification personnel.</p> <p>I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of certification.</p> <p>_____ Signature of authorized representative Title Date</p>