

**DAIL-ALC-1 ASSISTED-LIVING COMMUNITY CERTIFICATION APPLICATION**  
CABINET FOR HEALTH AND FAMILY SERVICES – DEPARTMENT FOR AGING AND INDEPENDENT LIVING

Edition 7/10

Check one: Initial Cert. \_\_\_\_\_; Annual Cert. \_\_\_\_\_; Cert. # \_\_\_\_\_ Other or Change of information \_\_\_\_\_

1. Legal Name of the Assisted-Living Community (ALC): _____
2. Physical address: _____ County _____
3. Mailing address of ALC: _____
4. E-mail Address: _____ Phone #: _____; Fax # _____
5. Person and mailing address to receive correspondence regarding the assisted living: Name: _____ Address: _____ E-mail: _____
6. Number of Living Units for which certification is sought: _____
7. Estimated Number of adult persons for which services will be provided: _____
8. Opening date of ALC: _____
9. Beginning construction date of ALC: _____
10. Is a current copy of all required building and life safety code certificates or permits enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____
11. Name and business address of owner of ALC _____ Name and business address of manager of ALC _____

**Required Enclosures**

Nonrefundable certification fee of twenty dollars (\$20) per living unit (a minimum of \$300; a maximum of \$1,600) check made payable to Kentucky State Treasurer and mailed to The Department for Aging and Independent Living, 275 East Main St. 3E-E, Frankfort, KY 40621\*

Floor plan of ALC that identifies living units, central dining, laundry facility and central living room.\*\*

Current copy of a blank lease agreement and any documents which are incorporated by reference.\*\*

Copy of written materials used to market the ALC, including materials that market any special programming, staffing or training.\*\*

\*Initial and Annual Certification

\*\* Initial (and Annual Certification, if changed since last submission)

**Important-this section must be completed.**

I have reviewed KRS 194A.700 through KRS 194A.729, and 2010 Ky. Acts Ch. 36, sec 12, KRS 216.785 through KRS 216.793, and 910 KAR 1:240 relating to assisted living communities. As an Applicant, I confirm that this Community has the Certification Requirements in place and is capable of and agrees to comply with the conditions set forth in all related requirements.

\_\_\_\_\_  
Name and title of applicant (must be either owner or manager)

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_