

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

Edition 6/2015

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, 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: _____