MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH SYSTEMS

APPLICATION FOR A HOSPICE RESIDENCE LICENSE

Instructions: All parts of the application must be completed as of the current date. Please contact the office at the address below or call (517) 241-3830 with any questions. Retain any necessary copies and return the original application and fire inspection/certification report to:
MDCH, BHS, Division Of Licensing & Certification, Hospitals And Specialized Health Services Section, P.O. Box 30664, Lansing, Michigan 48909

1. Medicare Hospice Provider Number: 23-_____ 2. Hospice Program Licensure Registration Number: _____

3. Hospice Name:_____ 4. Phone #: ( ) —

5. Hospice Address: _____

6. Proposed Hospice Residence Name: _____ 7. Phone#: ( ) —

8. Proposed Hospice Residence Address: _____
Street City Zip County

9. Federal Employer I.D. Number: 3 8 - ___ ___ ___ ___ ___ ___ ___ (Number used to report employee income tax withholding)

10. Total Resident Beds: _____ 11. Level of Care: Home Care: _____ Inpatient: _____ ([√] only check one)

12. Hospice Residence Administrator's Name: _____

13. Certification by Applicant: In accordance with the provisions Part 214 of Act 368 of the Public Acts of 1978 as amended, the undersigned Hospice hereby applies to operate a Hospice Residence facility. I understand that any false statement or misrepresentation contained in this application form or its attachments is subject to criminal penalties under Section 20142(5) of the Public Health Code (P.A. 368 of 1978, as amended) and may be the basis for denial or, if granted a license, subsequent revocation of such license.

I hereby certify that all phases of this Hospice Residence operation, including its training programs, comply with state and federal laws prohibiting discrimination.

14. Hospice Residence Contact Person: _____
First Middle Last

Telephone Number: ( ) — Title: _____

Home Address: _____
Street City State Zip

Applicant's Signature: _____
Owner/Administrator/Authorized Representative Date

BHS-LC-107c (8/05)
Authority: P.A. 368 of 1978 as amended

The Michigan Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc. under the Americans with Disabilities Act, you may make your needs known to this Agency.