



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



ISMAEL AHMED  
DIRECTOR

RE: APPLICATION – HOMES FOR THE AGED

Dear Applicant:

Enclosed is the application you requested for a license for the above referenced facility type.

Instructions and additional materials are included which will assist you in completing the application.

Please return all of the completed and required application materials to:

Michigan Department of Human Services  
Bureau of Children and Adult Licensing  
Licensing Unit  
P.O. Box 30650  
Lansing, MI 48909-8150

For additional information, please contact the Licensing Unit at (517) 241-2488 or Fax at (517) 241-1680.

Thank you.

Enclosure

# APPLICATION INSTRUCTIONS FOR A HOME FOR THE AGED ORIGINAL LICENSE

## Necessary Forms and Information to Begin the Licensing Process

The following forms must be completed, and the **original** signed copy of each returned to the address indicated on the transmittal letter to begin the licensing process:

1. Homes for the Aged Application (BCAL-1600) [[Rule 325.1911\(1\)](#)]
2. Certificate of Appointment for Authorized Representative (BCAL-1603) [Rule 325.1911(3)(a-c)(4)(5)] (or an equivalent form may be used)

For new applicants and/or new construction or remodeling, the building(s) intended for use as a licensed Home for the Aged must first be approved for use by the [Health Facility Engineering Section of the Department of Community Health, Bureau of Health Systems](#) and the Department of Labor and Economic Development's [Bureau of Fire Services](#). Upon receipt of your license application, a Request for Plan Review will be made to these programs. It is your responsibility to submit your plans for review and approval by these two agencies.

**You must be licensed to admit residents.** The receipt of an approval to occupy from the Department of Community Health's Bureau of Health Systems Health Facilities Engineering Section and the Bureau of Fire Services **does not** allow you to admit residents until you have received a license.

Following the receipt of your completed application, you will be contacted. Once the department has received your permit to occupy from the Bureau of Health Systems Health Facilities Engineering Section, a licensing staff person will contact you regarding review of your policies and procedures and other documents required by rule and statute, and to arrange for an on-site inspection.

If you intend to hold resident funds, a surety bond must be transmitted to the department before issuance of a license. If you do not intend to hold resident funds, a letter of attestation must be transmitted to the department before issuance of a license.

**Change of Information** - As required by Rule 325.1913(2), the applicant or authorized representative is required to give written notice to the Department **within 5 business days** of any changes to the information as submitted in the application subsequent to issuance of a regular, provisional, or temporary permit.

Enclosures: HFA Application (BCAL-1600)  
Certificate of Appointment for Authorized Representative (BCAL-1603)  
[1978 PA 368](#) (Public Health Code Excerpt)  
HFA Administrative Rules

**Other Required Documents and Information To Be Made Available For Review  
And Approval By Licensing Staff Before License Issuance Can Be Recommended**

**DO NOT SEND THIS INFORMATION TO THE LICENSING UNIT**

**A. Rights and Responsibilities of a Resident [MCL 333.20201 and MCL 333.20202]**

A written policy describing the rights and responsibilities of a resident must be publicly **posted** in the facility. At a minimum, the policy is required to include those rights described under 20201(2)(3) and 20202 of Act 368 of 1978, as amended.

**B. Program Statement [Rule 325.1922 and Rule 325.1901(15)]**

The facility shall have a written program statement describing the facility's overall philosophy and mission reflecting the needs of residents and services provided. A home that represents to the public that it provides residential care or services or both, to persons with Alzheimer's disease or a related condition shall include in its program statement the information required by MCL 333.20178.

**C. Statement of Services & Charges [MCL 333.20201(3)(f)]**

The facility shall provide a written statement to a resident of the services available in the facility and of the related charges, including any charges for services not covered under title XVIII, or not covered by the facility's basic per diem rate before or at the time of admission. The statement shall include those services required to be offered on an as-needed basis.

**D. Resident Admission Policy [Rule 325.1922]**

The Resident Admission policy must comply with the following:

1. A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.
2. The admission policy shall specify all of the following:
  - a. That at the time of admission, the home shall document the needs of each individual seeking admission. The documented needs shall be used to develop the resident's service plan.
  - b. That a home shall not accept an individual seeking admission unless the individual's needs can be adequately and appropriately met within the scope of the home's program statement.
  - c. That the individual seeking admission and his or her authorized representative, if any, shall participate in the development of the individual's service plan.
  - d. The home's policy governing the annual screening of residents for tuberculosis.

3. At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident and/or the resident's authorized representative, if any, and the home. The resident admission contract shall, at a minimum, specify all of the following:
  - a. That the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan.
  - b. The services to be provided and the fees for the services.
  - c. The notice to be provided by the home to the resident and/or the resident's authorized representative, if any, upon any change in fees.
  - d. The transportation services that are provided, if any, and the fees for those services.
  - e. The home's admission and discharge policy.
  - f. The home's refund policy.
  - g. The resident's rights and responsibilities, which shall include those rights and responsibilities specified in MCL 333.20201(2) and (3) and MCL 333.20202.
4. If there is a change in a term or condition in the written resident admission contract, then the home or home's designee shall review the change with the resident and the resident's authorized representative, if any.
5. A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
6. A home shall require an individual who, at the time of admission, is under the care of a licensed health care professional for ongoing treatments or prescription medications that require the home's intervention or oversight, to provide a written statement from that licensed health care professional completed within the 90-day period before the individual's admission to the home. The statement shall list those treatments or medications for the purpose of developing and implementing the resident's service plan. If this statement is not available at the time of an emergency admission, then the home shall require that the statement be obtained not later than 30 days after admission.
7. An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission.
8. A home shall not retain a resident if the resident has harmed himself or herself or others, or has demonstrated behaviors that pose a risk of serious harm to himself or herself or others, unless the home has the capacity to manage the resident's behavior.

9. A home shall not admit a resident who requires continuous nursing care services of the kind normally provided in a nursing home as specified in MCL 333.21711(3) and MCL 333.21715(2).
10. A home shall not retain a resident who requires continuous nursing care services of any kind normally provided in a nursing home as specified in MCL 333.21711(3) and MCL 333.21715(2) unless the home meets the provisions of MCL 333.21325, or the individual is enrolled in and receiving services from a licensed hospice program or a home health agency.

**E. Discharge Policy must comply with MCL 333.20201(3)(e) and Rule 325.1922(1)(11-16)**

1. In accordance with MCL 333.20201(3)(e), a home's discharge policy shall specify that a home for the aged resident may be transferred or discharged for any of the following reasons:
  - a. Medical reasons.
  - b. His or her welfare or that of other residents.
  - c. Nonpayment of his or her stay.
  - d. Transfer or discharge sought by resident or authorized representative.
2. The reason for transfer or discharges shall be documented in the resident record.
3. A home shall provide a resident and his or her authorized representative, if any, and the agency responsible for the resident's placement, if any, with a 30-day written notice before discharge from the home. The written notice shall consist of all of the following:
  - a. The reasons for discharge.
  - b. The effective date of the discharge.
  - c. A statement notifying the resident of the right to file a complaint with the department. The provisions of this subrule do not preclude a home from providing other legal notice as required by law.
4. If the department finds that the resident was discharged in violation of these rules or the home's discharge policy, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.
5. A home may discharge a resident before the 30-day notice if the home has determined and documented that either, or both, of the following exist:
  - a. Substantial risk to the resident due to the inability of the home to meet the resident's needs or due to the inability of the home to assure the safety and well-being of the resident, other residents, visitors, or staff of the home.

- b. A substantial risk or an occurrence of the destruction of property.
6. A home that proposes to discharge a resident for any of the reasons listed in subrule 14. of this rule shall take all of the following steps before discharging the resident:
- a. The home shall notify the resident, the resident's authorized representative, if any, and the agency responsible for the resident's placement, if any, not less than 24 hours before discharge. The notice shall be verbal and issued in writing. The notice of discharge shall include all of the following information:
    - (i) The reason for the proposed discharge, including the specific nature of the substantial risk.
    - (ii) The alternatives to discharge that have been attempted by the home, if any.
    - (iii) The location to which the resident will be discharged.
    - (iv) The right of the resident to file a complaint with the department.
  - b. The department and adult protective services shall be notified not less than 24 hours before discharge in the event of either of the following:
    - (i) A resident does not have an authorized representative or an agency responsible for the resident's placement.
    - (ii) The resident does not have a subsequent placement.
  - c. The notice to the department and adult protective services shall include all of the following information:
    - (i) The reason for the proposed discharge, including the specific nature of the substantial risk.
    - (ii) The alternatives to discharge that have been attempted by the home, if any.
    - (iii) The location to which the resident will be discharged, if known.
  - d. If the department finds that the resident was improperly discharged, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.
  - e. The resident shall not be discharged until a subsequent setting that meets the resident's immediate needs is located.

**F. Qualifications of the Administrator [Rule 325.1921(2)(a)(b)(c)]**

Evidence of education, training and experience related to the population served must be available to assure that the administrator meets the following:

1. Is at least 18 years of age.
2. Be capable of assuring program planning, development and implementation of services to residents consistent with the home's program statement and in accordance with resident's service plan and agreements.

**G. Smoking Policy [MCL 333.21333]**

The facility shall have a policy regulating the smoking of tobacco on the premises. At a minimum, the policy shall include:

1. On admission, inquiry will be made of each resident, or person responsible for the resident's admission, requesting preference for placement with smokers or nonsmokers.
2. Smoking by residents shall be restricted to private rooms, rooms shared with other smokers, or other designated smoking areas.
3. Visitors shall not be permitted to smoke in rooms or wards occupied by residents who do not smoke.
4. Visitors shall be permitted to smoke only in designated areas.
5. Staff shall be permitted to smoke only in designated areas.
6. Staff shall not be permitted to smoke in residents' rooms or while performing their duties in the presence of residents.
7. Eating areas shall have sections for smokers and nonsmokers.
8. Cigarettes, cigars and pipe tobacco shall not be sold or dispensed within the licensed facility except as provided for by the owner or governing body.
9. A sign shall be posted at each entrance to the facility noting that smoking is prohibited in the facility except in designated areas. A sign shall be posted in each designated smoking area.
10. The facility shall retain a copy of the smoking policy which shall be available to the public on request.

**H. Disaster Plan [Rule 325.1981(1)(2)(3)]**

The facility shall have a written plan and procedure(s) to be followed in case of fire, explosion, loss of heat, loss of power, loss of water or other emergency. The disaster plan must be available to all employees. Personnel shall be trained to perform assigned tasks.

**I. Illness and Accidents Reporting /Documentary Requirements [Rule 325.1924]**

The facility's procedure(s) for illness and accidents are to comply with the following:

1. The home shall complete a report of all reportable incidents, accidents, and elopements. The incident/accident report shall contain all of the following information:
  - a. The name of the person or persons involved in the incident/accident.
  - b. The date, hour, location, and a narrative description of the facts about the incident/accident which indicates its cause, if known.
  - c. The effect of the incident/accident on the person who was involved, the extent of the injuries, if known, and if medical treatment was sought from a qualified health care professional.
  - d. Written documentation of the individuals notified of the incident/accident, along with the time and date.
  - e. The corrective measures taken to prevent future incidents/accidents from occurring.
2. The original incident/accident report shall be maintained in the home for not less than 2 years.
3. The home shall report an incident/accident to the department within 48 hours of the occurrence. The incident or accident shall be immediately reported verbally or in writing to the resident's authorized representative, if any, and the resident's physician.
4. If an elopement occurs, then the home shall make a reasonable attempt to locate the resident and contact the resident's authorized representative, if any. If the resident is not located, the home shall do both of the following:
  - a. Contact the local police authority.
  - b. Notify the department within 24 hours of the elopement.

**J. Employee Health Records [Rule 325.1923 and MCL 333.20173]**

The facility shall have employee health records which include the following:

1. A person on duty in the home shall be in good health. Files shall be maintained containing evidence of adequate health, such as results of examinations by a qualified health care professional and tuberculosis screening which consists of an intradermal skin test or chest x-rays, or other methods recommended by the local health authority. Records of accidents or illnesses occurring while on duty that place others at risk shall be maintained in the employee's file.
2. A home shall provide annual tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening shall consist of intradermal skin test, chest x-ray, or other methods as recommended by the local health authority.
3. Employees with past documented positive tuberculosis skin test results or who have received treatment for tuberculosis are exempt from the

tuberculosis skin test, but shall be screened annually for active symptoms of tuberculosis and the need for evaluation by a qualified health care professional to determine if symptoms of tuberculosis have developed.

4. Tuberculosis skin tests, as well as post-exposure follow-up and treatment evaluations, shall be offered at no cost to the employees at times and locations convenient to the employees. A qualified health care professional shall perform the reading and interpretation of the tuberculosis skin test.
5. All newly hired employees are required to have criminal record clearances completed. (Act 368)

**K. Staffing [Rule 325.1931(3)(5)(6)(7)]**

The facility shall document the following:

1. The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.
2. The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
3. The home shall establish and implement a staff training program based on the home's program statement, the resident's service plans, and the needs of employees, such as any of the following:
  - a. Reporting requirements and documentation.
  - b. First aid and/or medication, if any.
  - c. Personal care.
  - d. Resident rights and responsibilities.
  - e. Safety and fire prevention.
  - f. Containment of infectious disease and standard precautions.
  - g. Medication administration, if applicable.
4. The home's administrator or its designees are responsible for evaluating employee competencies.

**L. Resident Records [Rule 325.1942]**

A home shall keep a resident's record in the home for at least 2 years after the date of a resident's discharge from the home. A current resident record shall be provided for each resident and shall include the following:

1. Resident identifying information including name, marital status, age and sex;

2. Name, address and telephone number of next of kin or authorized representative;
3. Name, address and telephone number of person or agency responsible for the resident's maintenance and care in the facility;
4. Date of admission;
5. Date of discharge, reason for discharge and placement to which resident was discharged, if known;
6. Health information as required by MCL 333.20175(1) and other health information needed to meet resident's service plan;
7. Name, address, and telephone number of resident's licensed health care professional;
8. The resident's service plan.
9. All entries shall be kept current, dated and signed.

**M. Resident Register [Rule 325.1943]**

A register of all residents shall be maintained at all times for the previous 2 years. A current register of residents shall be maintained and available and include the following information for each resident:

1. Resident name, age, sex, and room;
2. Name, address, and telephone number of next of kin or authorized representative;
3. Name, address, and telephone number of person or agency responsible for resident's maintenance and care in the facility;
4. Date of admission, date of discharge, reason for discharge, and placement to which resident was discharged, if known;
5. Name, address, and telephone number of resident's licensed health care professional.

**N. Employee Records and Work Schedules [Rule 325.1944(1) and MCL 333.20173]**

The facility shall have a record for each person employed at the facility to include the following:

1. Name, address, telephone number, and social security number;
2. License or registration number, if applicable;
3. Date of birth;
4. Summary of experience, education and training;

5. Beginning date of employment and specific position held;
6. References, if provided;
7. Results of annual chest x-ray and intradermal skin test for tuberculosis screening;
8. Date employment ceased and reason for leaving, if known;
9. Criminal history information. (Refer to MCL 333.20173)

The facility shall complete written, daily work schedules for employees and maintain documentation of the number and type of personnel on duty in the facility for the previous three months.

**O. Meals and special diets [Rule 325.1952], Menus [Rule 325.1953] and Meal Census and Food Records [Rule 325.1954]**

The facility shall prepare and have posted menus for regular and special diets.

1. Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, supplemental nourishments or fluids to meet the resident's nutritional and hydration needs, shall be provided in accordance with the resident's service plan unless waived in writing by a resident or a resident's authorized representative.
2. The menu for regular and therapeutic or special diets for each current week shall be posted with changes written on the planned menu to document the menu as actually served.
3. The menu, as actually served to residents for the preceding three months, shall be kept on file in the facility. A meal census, including residents, employees, and visitors, and a record of the type and amount of food used for the preceding 3 months, shall be kept on file in the facility.

**P. Resident medications [Rule 325.1932(3)]**

If a home or the home's administrator or direct care staff members supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

1. Be trained in the proper handling and administration of medication.
2. Complete an individual medication log that contains all of the following:
  - a. The medication,
  - b. The dosage,
  - c. Label instructions for use,
  - d. Time to be administered,

- e. The initials of the person who administered the medication, which shall be entered at the times the medication is given,
  - f. A resident's refusal to accept prescribed medication or procedures.
3. Record the reason for each administration of medication that is prescribed on an as needed basis.
  4. Initiate the review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis.
  5. Adjust or modify a resident's prescription medications with written instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's medications.
  6. Contact the appropriate licensed health care professional if a resident repeatedly refuses prescribed medication or treatment. The home shall follow and record the instructions given.
  7. Upon discovery, contact the resident licensed health care professional if a medication error occurs. A medication error occurs when a medication has not been given as prescribed. The must also be reported as required by Rule 325.1924(1) and 325.1901(17).

## **Surety Bond for Patient Trust Funds held by a Home for the Aged**

MCL 333.21321, Act 368 of 1978, the Public Health Code requires that a surety bond be issued to the [Director of the Michigan Department of Human Services](#) in an amount equal to not less than 1-1/4 times the average amount of funds the applicant is likely to hold during the first year of operation or the average balance of resident funds held during the prior year.

The surety bond must be issued by a company authorized by the Michigan Department of Labor & Economic Growth. A list of authorized surety companies can be obtained at: [http://www.michigan.gov/dleg/0,1607,7-154-10555\\_13251\\_13262-32118--,00.html](http://www.michigan.gov/dleg/0,1607,7-154-10555_13251_13262-32118--,00.html) or by calling (877) 999-6442. The original surety bond must be transmitted to your licensing staff prior to issuance of a license.

**HOMES FOR THE AGED  
CERTIFICATE OF APPOINTMENT FOR AUTHORIZED REPRESENTATIVE**

Michigan Department of Human Services  
Bureau of Children and Adult Licensing

\_\_\_\_\_  
Name of Facility License No. (if known)

\_\_\_\_\_  
Address City Zip

Notice is hereby given to the Michigan Department of Human Services in accordance with a provision of Rules for Homes for the Aged that:

(Owner of facility requesting license) \_\_\_\_\_

Has appointed (Name) \_\_\_\_\_

Whose social security number is \_\_\_\_\_ & date of birth is: \_\_\_\_\_

as the authorized representative for the facility to:

- a. Submit applications and make amendments thereto;
- b. Provide the department with all information necessary for a determination with respect to applications;
- c. Enter into agreements with the department in connection with licensure;
- d. Receive notice and service in matters relating to licensure.

This action taken on (date) \_\_\_\_\_ and is effective immediately.

This appointment will remain in effect until written notice of termination is sent to the Director, Bureau of Children and Adult Licensing, Michigan Department of Human Services.

\_\_\_\_\_  
Signature of Owner/Person with Legal Authority to Act on  
Behalf of Company or Corporation

\_\_\_\_\_  
Title

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to: Michigan Department of Human Services  
Bureau of Children and Adult Licensing  
Licensing Unit  
P.O. Box 30650  
Lansing, MI 48909-8150**

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

**Authority: 1978 PA 368**

<b>Michigan Department of Human Services Bureau of Children and Adult Licensing</b>	<b>FOR BCAL USE ONLY</b>	
<b>HOMES FOR THE AGED APPLICATION FOR LICENSURE</b>	Receipt Date	License Number

**SECTION I - FACILITY INFORMATION**

TYPE OF APPLICATION				
INITIAL		CHANGE OF OWNERSHIP		APPLICATION INFORMATION UPDATE
1. Facility Name	2. Main/Public Telephone No.	3. Fax Number		4. E-Mail address
5. Facility Street Address	6. City/Village/Township	7. State Michigan	8. Zip Code	9. County
10. Facility Mailing Address (if different than #5)		11. City	12. State	13. Zip Code
				14. County
15. Number of Beds to be Licensed		16. Administrative/Emergency Phone No.		17. Program <input type="checkbox"/> Aged <input type="checkbox"/> Dementia/Alzheimers

**SECTION II – APPLICANT/LICENSEE/OWNERSHIP INFORMATION**

18. Owner/Company (legal entity that owns facility)			19. Federal I.D. Number	
20. Owner/Company Street Address	21. Owner/Company City	22. State	23. Zip Code	24. County
25. Mailing Address (if different than #21)	26. City	27. State	28. Zip Code	29. County
30. Full Name of Individual Owner or Person with Legal Authority to Act on Behalf of Company				
31. Social Security #		32. Owner/Company Telephone (      )		33. Fax Number (      )
34. Type of ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Church <input type="checkbox"/> Non-Profit Other <input type="checkbox"/> Other (specify) _____				

**SECTION III – CORPORATION OFFICERS/DIRECTORS/TRUSTEES** (Attach additional pages if necessary)

NAME	TITLE	ADDRESS (City, State, Zip Code)

**SECTION IV – LIST ALL PERSONS WITH OWNERSHIP INTEREST** (Attach additional pages if necessary)

NAME	ADDRESS (CITY, STATE, ZIP CODE)	PRINCIPAL OCCUPATION	OFFICIAL POSITION

## SECTION V – AUTHORIZED REPRESENTATIVE

An authorized representative shall be appointed and have and agree to the following authorities relative to licensure: submit applications and amendments, provide all requested information to the department, enter into agreements with the department, receive notice and service in matters relating to licensure.

35. Name of Designee	36. Social Security #	37. Phone Number	38. Alternative Phone Number (Optional)
39. Effective Date	40. Certificate of Appointment Attached		

## SECTION VI – ADMINISTRATOR

41. Name of Administrator (if known)	42. Social Security #	43. Date of Birth
44. Phone Number	45. Alternative Phone Number (Optional)	

## SECTION VII – CERTIFICATION AND SIGNATURES

The applicant certifies that he/she has read 1978 PA 368, as amended, and the Administrative Rules (325.1801 through 325.1891) regulating the operation of Homes for the Aged facilities. If granted a license, I will comply with the Act and these Rules.

Failure to submit accurate and complete information in a timely manner may result in denial of licensure. An applicant who makes a false statement in this application is subject to criminal penalties under Section 20142(5) of the Public Health Code (1978 PA 368).

The applicant certifies that the information provided on this application is true, complete and accurate to the best of his/her knowledge.

The applicant certifies that, in compliance with the Administrative Rules, notification within 5 business days will be given to the Department for any changes to the information contained in this application. For an administrator change, the notification must include the new administrator's name, social security number, date of birth, phone number, qualifications, the effective date of appointment, the facility name, address, and license number.

46. Applicant Name/Authorized Representative (print or type)	47. Applicant/Authorized Representative Telephone No.
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48. Applicant/Authorized Representative signature	49. Date
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**The Department must be notified within five (5) business days of any changes submitted on, or with, this application – R325.1813(2).**

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: 1978 PA 368 of 1978 COMPLETION: Mandatory NON-COMPLETION: License issuance will be denied.
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