



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
INTERIM DIRECTOR

RE: APPLICATION – HOMES FOR THE AGED

Dear Applicant:

Enclosed is the application 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 (866) 685-0006 or Fax at (517) 284-9709.

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. Licensing Record Clearance Request (BCAL-1326A) – [1978 PA 368](#) Sec. 21313(7) requires the applicant, authorized representative, owner, operator, or member of the governing body **who has regular direct access to residents or who has on-site facility operational responsibilities** to submit fingerprints for a criminal history check.

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 both the Department of Licensing and Regulatory Affairs' [Health Facility Engineering Section](#) and the [Bureau of Fire Services](#). Upon acceptance of your complete license application, two copies of the Request for Plan Review (BCAL-1605) and Application for Fire Safety Plan Examination (BFS-979) will be mailed to you. It is your responsibility to submit the Request for Plan Review with your plans for review and approval by these two agencies.

Note: Plans for new construction and remodeling will also need to be submitted and approved by local building authorities. Additional information is available at [Michigan Building Code Construction](#).

You must be licensed to admit residents. The receipt of an approval to occupy from the Department of Licensing and Regulatory Affairs 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 from the Department of Human Services.

Once the Department of Human Services has received your permit to occupy from the 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.

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 of Authorized Representative (BCAL-1603)
Certificate of Appointment of Administrator (BCAL-1606)
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 WITH THE APPLICATION

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

Evidence of education, training and experience related to the population served.

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

A written policy describing the rights and responsibilities of a resident which must be publicly **posted** in the facility.

C. Program Statement [MCL 333.20178, Rule 325.1922 and Rule 325.1901(15)]

D. Statement of Services & Charges & Fees [MCL 333.20201(3)(f), Rule 325.1901(19) and Rule 325.1925(3)(b)]

E. Resident Admission Policy [Rule 325.1901(3) and Rule 325.1922(2)]

F. Discharge Policy [MCL 333.20201(3)(e) and Rule 325.1922(1)(11-16)]

G. Resident Admission Contract [Rule 325.1901(19) and Rule 325.1922(3)]

H. Smoking Policy [MCL 333.21333; 333.12601(1)(i)(a)(q) and 333.12603(1)(2)]

I. Disaster Plan [Rule 325.1981(1)]

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.

J. Management Agreement [Rule 325.1911(3)(b)] – if applicable

Any management agreement or contract between the applicant and other person or company related to the operation of the facility.

**Other Required Documents Which Must Be Provided to Licensing Staff
Before License Issuance Can Be Recommended**

K. Surety Bond for Patient Trust Funds Held by a Home for the Aged [MCL 333.21321]

A security bond 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 Licensing and Regulatory Affairs. A list of authorized surety companies can be obtained at:

http://www.michigan.gov/documents/lara/Surety_Fidelity_FAQs_383969_7.pdf or calling (877) 999-6442. The original surety bond must be transmitted to your licensing staff prior to issuance of a license.

OR

K. Letter of Attestation

A written attestation that the facility will not hold resident funds and/or refundable deposits.

**HOMES FOR THE AGED
APPLICATION FOR LICENSURE**
Michigan Department of Human Services
Bureau of Children and Adult Licensing

FOR DHS USE ONLY – Cashier code: 41
License Number:
Paid Amount:
Cashier:

SECTION I - FACILITY INFORMATION

TYPE OF APPLICATION:
 INITIAL: NEW CONSTRUCTION EXISTING BLDG NOT CURRENTLY LICENSED AS HFA 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	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 INFORMATION

18. Individual(s)/Company (that owns operation to be licensed)		19. Federal Tax I.D. Number or Social Security Number		
20. Individual(s)/Company Street Address	21. Individual(s)/Company City	22. State	23. Zip Code	24. County
25. Mailing Address (if different than #20)	26. City	27. State	28. Zip Code	29. County
30. Individual(s)/Company Telephone ()		31. Fax Number ()		
32. Type of ownership: <input type="checkbox"/> Individual(s) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other (specify) _____				

SECTION III – CORPORATION OFFICERS/DIRECTORS/TRUSTEES/LLC MEMBERS OF #18 (if applicable)

(Attach additional pages if necessary)

NAME	TITLE	ADDRESS (City, State, Zip Code)

SECTION IV – LIST ALL PERSONS OR COMPANIES WITH OWNERSHIP INTEREST

(Attach additional pages if necessary)

NAME	ADDRESS (CITY, STATE, ZIP CODE)	OWNERSHIP IN OPERATION	OWNERSHIP IN PROPERTY
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION V – LIST ANY PERSON OR COMPANY INVOLVED WITH THE OPERATION OF THE HOME THROUGH MANAGEMENT AGREEMENT (IF APPLICABLE)

NAME	ADDRESS (City, State, Zip Code)

SECTION VI – 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. Use BCAL-1603 to notify the department of a subsequent change in the authorized representative.

33. Authorized Representative	34. Social Security #	35. Phone ()
36. E-mail Address	37. Alternative Phone Number ()	38. Fax Number ()

SECTION VII – ADMINISTRATOR Use BCAL-1606 to notify the department of a subsequent appointment or change in the administrator.

39. Name of Administrator (if known)	40. Social Security #	41. Phone ()
42. E-mail Address	43. Alternative Phone Number ()	44. Fax Number ()

SECTION VIII – LICENSING RECORD CLEARANCE REQUIREMENT

45. Have any of the individuals listed under item 2 (Necessary Forms and Information to Begin the Licensing Process) of the Original Application Instructions been fingerprinted for employment in an adult foster care or home for the aged facility, and have they remained continuously employed in that facility since the time of fingerprint submission?

If "YES", list the individual(s) specifying last name at time of clearance.

SECTION IX – CERTIFICATION AND SIGNATURES

The applicant certifies that he/she has read 1978 PA 368, and the Administrative Rules (325.1901 through 325.1981) 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 Rule 325.1913(2), **notification within 5 business days will be given to the Department for any changes to the information submitted on or with this application.**

46. Individual Applicant or Member of the Applicant Company or Board (Print or Type)	47. Applicant/Member Phone Number ()
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48. Applicant/Member Signature	49. Date
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NOTE: The application may not be signed by the authorized representative unless also a member of the applicant company or board.

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 of 1978 COMPLETION: Mandatory NON-COMPLETION: License issuance will be denied.
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HOMES FOR THE AGED
CERTIFICATE OF APPOINTMENT OF AUTHORIZED REPRESENTATIVE
 Michigan Department of Human Services
 Bureau of Children and Adult Licensing

Notice is hereby given to the Michigan Department of Human Services in accordance with administrative rules that:

Owner of facility (name):	
Has appointed (name):	
Whose social security number is:	Whose date of birth is:

As the authorized representative for:

Facility Name:	License #
Address (street, city, zip code)	

Rule 325.1911(3) specifies that the authorized representative is authorized by the owner to:

- a. Submit amendments to the application.
- b. Provide the department with all information necessary in connection with licensure.
- c. Enter into agreements with the department in connection with licensure.
- d. Receive notice and service in matters relating to licensure.

This appointment will remain in effect until written notice of termination and appointment of a new authorized representative is sent to the Michigan Department of Human Services

Signature of Owner/Person with Legal Authority to Act on behalf of Company or Board	Title
Applicant/License Name	Date

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**HOMES FOR THE AGED
APPOINTMENT OF ADMINISTRATOR**
Michigan Department of Human Services
Bureau of Children and Adult Licensing

Notice is hereby given to the Michigan Department of Human Services that:

Authorized Representative (name):	
Has appointed (name):	
Whose social security number is:	Whose date of birth is:

As the administrator for:

Facility Name:	License #
Address (street, city, zip code)	

Rule 325.1921 requires:

- (2) An administrator shall meet all of the following requirements:
 - (a) Be at least 18 years old.
 - (b) Have education, training, and/or experience related to the population served by the home.
 - (c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the residents' service plan and agreements.
- In accordance with Rule 325.1921(2) (b & c), I am **attaching documentation** (résumé or letter outlining education, training, and/or experience with population this facility serves) that establishes my candidate is qualified and capable to be administrator for this facility.

Authorized Representative Signature	Printed Name of Authorized Representative	Date / /
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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
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AFC/HFA LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

The purposes of this form are:

1. Verify the address of a family home applicant with Secretary of State records.
2. Produce a Bureau of Children and Adult Licensing (BCAL) files check for a current or previous licensee status of the applicant in any county of the state.
3. Produce a Department of State Police check regarding the possible existence of a conviction record.

Instructions for processing: The Licensing Record Clearance (BCAL-1326A) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be completed prior to submitting the form.**

Fingerprint check of Adult Foster Care and Home for the Aged license applicants and others as required by licensing statutes. You may select a fingerprint vendor at www.michigan.gov/msp/0,1607,7-123-1589_1878_8311-237662--,00.html

The existence of a conviction record does not necessarily disqualify an applicant for licensure, or an individual from employment or residents in an adult foster care facility. However, it does provide BCAL with information which will be carefully evaluated by licensing staff. **A failure on the part of an applicant to provide BCAL with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license.**

- I am aware that Michigan Department of State Police Records will be checked for information regarding criminal convictions.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am licensed or associated with a licensed facility.
- I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above. I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.
- 28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES OR USE OF THE WRONG LICENSE RECORD CLEARANCE REQUEST FORM ARE THE RESPONSIBILITY OF THE INDIVIDUAL. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES.**

AUTHORITY:	1978 PA 368 1979 PA 218	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.
COMPLETION	Required	
CONSEQUENCE:	Licensure may be denied.	

AFC/HFA LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: <ul style="list-style-type: none"> • Please read the accompanying instructions before completing this form. • Please type or print CLEARLY so that the information provided can be read. • Mail completed form to BCAL Central Office or address noted in box below. 	LIVESCAN FINGERPRINT REQUEST <i>Fingerprint Specialist section only.</i>
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SECTION I: REQUESTOR INFORMATION <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Department of Human Services Bureau of Children and Adult Licensing 201 North Washington Square P.O. Box 30650 Lansing, MI 48909 </div> Licensing Consultant (if known)	TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING) Date Fingerprinted: _____ Type of Picture I.D. presented: _____ <input type="checkbox"/> FCL (Adult Foster Care) Agency ID: 86871E <input type="checkbox"/> HAL (Homes for the Aged) Agency ID: 86872L
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Licensee/Applicant Name	Name of Facility	County	BCAL License Number (If assigned)
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License/Application Type (**check all that apply**):
 AFC Group Home Home for the Aged
 AFC Family Home

The Person Being Cleared Is (**CHECK ONLY ONE PER FORM**):

Applicant/Co-Applciant Licensee/Licensee Designee Authorized Representative (HFA only)
 Responsible Person (AFC Family Homes Only) AFC Administrator (Responsible for daily operation of group home)
 Adult Member of Household (specify relationship to licensee):
 Other (describe):

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326A). PRINT CLEARLY.

NAME (Last, First, Middle Jr., II, etc.)	GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER - -
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MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV <input type="checkbox"/> WID	ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))
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ADDRESS (Street Number and Name)	MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER
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CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	RACE	HEIGHT	WEIGHT
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OTHER STATES RESIDED IN DURING PAST 5 YEARS:

Have You Ever Been Convicted Of A Crime, Felony Or Misdemeanor?
 NO YES (If yes, explain)
 Type, Location, and Date of Conviction(s)

My signature certifies that I have reviewed the instruction page.

Signature Of Person To Be Cleared	Date
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SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)	SECTION IV: CONVICTION CLEARANCE
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PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	INITIALS/CLEARANCE DATE	For BCAL Use Only
LICENSE NUMBER		
DISCIPLINARY ACTION? <input type="checkbox"/> YES		
SECRETARY OF STATE DISCREPANCY? (For family home applicants only) <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	