



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

SHELLY EDGERTON
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 Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909-8164

For additional information, please contact the Licensing Unit at (866) 685-0006 or Fax at (517) 284-9709.

Thank you.

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, Bureau of Community and 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.

Once the Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems has received your permit to occupy from the Bureau of Community and 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.

**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 Licensing and Regulatory Affairs 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 Licensing and Regulatory Affairs
Bureau of Community and Health Systems

FOR CASHIER USE ONLY – Cashier code: 100501
License Number:

SECTION I - FACILITY INFORMATION

TYPE OF APPLICATION:			
INITIAL:	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> EXISTING BLDG NOT CURRENTLY LICENSED AS HFA	<input type="checkbox"/> CHANGE OF OWNERSHIP
<input type="checkbox"/> 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 – 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.**

45. Individual Applicant or Member of the Applicant Company or Board (Print or Type)	46. Applicant/Member Phone Number ()
47. Applicant/Member Signature	48. Date

NOTE: The application may not be signed by the authorized representative unless also a member of the applicant company or board.

LARA is an equal opportunity employer/program.	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
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems

Notice is hereby given to the Michigan Department of @Wbg]b[`UbX'FY[i `Ucfrni5 ZU]fg 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 Licensing and Regulatory Affairs.

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

LARA is an equal opportunity employer/program.	Authority: 1978 PA 368
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CA9G: CF H<9'5; 98
5 DDC-BHA9BH'C: 58A-B-GHF5 HCF
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems

BchW]g\ YfYVm[]j Yb'lc'h Y'AW][Ub'8 YdUfha YbhcZ@Wbg]b['UbX'FY[i 'Urcfm5 ZU]fg'h Uh'

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

5 g'h Y'UXa]b]g]fUrcf'z.f.'

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 **UHUW]b['XcW a YbHU]cb** (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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LARA is an equal opportunity employer/program.	Authority: 1978 PA 368
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AFC/HFA LICENSING RECORD CLEARANCE REQUEST (BCAL-1326A) and LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST INSTRUCTIONS

The purpose of these forms is to:

1. Verify the address of a family home application with Secretary of State Records.
2. Produce a Department of State Police check regarding the possible existence of a conviction record.
3. Produce a licensing file check against current or previous licensee status of the applicant in any county of the state.

Note: The Department may perform this check at any time while you are licensed or associated with a licensed facility.

Instructions for Livescan Fingerprinting for AFC: Livescan Fingerprints are required for all applicants, licensees, licensee designees, and owners, partners and directors who have regular direct access to residents, or who have on-site facility operational responsibilities.

You may select a fingerprint vendor from the list of Private Livescan Vendors on the Michigan State Police website at: www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html. The Livescan Fingerprint Background Check Request form (available at www.michigan.gov/documents/msp/ri-030_393611_7.pdf) must be taken with you at the time the fingerprint is conducted. You must complete Sections I and II. Section I must be filled out as follows:

Adult Foster Care License

1. Fingerprint Code	2. Requestor/Agency ID	3. Agency Name
FCL	86871E	Department of Licensing and Regulatory Affairs

Section III will be completed by the Fingerprint Specialist when you are fingerprinted. After you are fingerprinted, you must submit the completed Livescan Fingerprint Background Check Request form **and** the AFC/HFA Licensing Record Clearance Request (BCAL-1326A) form to licensing. **Both of these forms must be submitted to licensing together.** At renewal, fingerprinting is not required if it was already completed for licensing.

Instructions for Livescan Fingerprinting for HFA: Livescan Fingerprints are required for all owners, operators and members of the governing body who have regular direct access to residents, or who have on-site facility operating responsibilities, and authorized representatives.

You may select a fingerprint vendor from the list of Private Livescan Vendors on the Michigan State Police website at: www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html. The Livescan Fingerprint Background Check Request form (available at www.michigan.gov/documents/msp/ri-030_393611_7.pdf) **must** be taken with you at the time the fingerprint is conducted. You must complete Sections I and II. Section I must be filled out as follows:

Homes for the Aged License

1. Fingerprint Code	2. Requestor/Agency ID	3. Agency Name
HAL	86872L	Department of Licensing and Regulatory Affairs

Section III will be completed by the Fingerprint Specialist when you are fingerprinted. After you are fingerprinted, you must submit the completed Livescan Fingerprint Background Check Request form **and** the AFC/HFA Licensing Record Clearance Request (BCAL-1326A) form to licensing. **Both of these forms must be submitted to licensing together.** At renewal, fingerprinting is not required if it was already completed for licensing.

Further Instructions for AFC/HFA:

Administrators in AFC group homes and HFAs and responsible persons in AFC family homes must complete the AFC/HFA Licensing Record Clearance Request (BCAL-1326A) form **and submit the form to licensing.** **Administrators and responsible persons are staff and must be fingerprinted through the Workforce Background Check Program.** Website: <https://miltpartnership.org/>

Adult household members in AFC homes are not fingerprinted. All adult household members must complete the AFC/HFA Licensing Record Clearance Request (BCAL-1326A) form **and submit the form to licensing.**

The existence of a conviction record does not necessarily disqualify an individual for licensure, residence in a licensed facility or association with a licensed facility. However, it does provide licensing with background information which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide licensing with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license or certificate of registration.

*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 a second request due to incorrect fingerprint codes.

<p>AUTHORITY: 1978 PA 368 1979 PA 218</p> <p>COMPLETION: Required</p> <p>CONSEQUENCE: Licensure may be denied or revoked.</p>	<p>LARA is an equal opportunity employer/program.</p>
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