



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
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. **License Record Clearance Request (BCAL 1326A – FP). 1978 PA 368 Sec. 2131 (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.

**Call the licensing unit at 1-866-685-0006 for a copy of the BCAL-1326A-FP form and the RI-030 form.**

**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](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

<p align="center"><b>FOR CASHIER USE ONLY – Cashier code: 100501</b></p> <p>License Number: Paid Amount: Cashier:</p>
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**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		

Building Fire Safety Review Type (NFPA 101)	
<input type="checkbox"/> Chapter 18 New Health Facility	
<input type="checkbox"/> Chapter 19 Existing Health Facility	You must attest to the statement below to be reviewed under this chapter.
<input type="checkbox"/> Chapter 32 New Board & Care	You must attest to the statement below to be reviewed under this chapter.
<input type="checkbox"/> Chapter 33 Existing Board & Care	You must attest to the statement below to be reviewed under this chapter.
Evacuation Status: <input type="checkbox"/> prompt, <input type="checkbox"/> slow, <input type="checkbox"/> impractical	

I attest the operation was in existence on or before February 11, 2018 and continuously operating up to the time of application for a home for the aged license

I have attached documentation to establish the facility was in operation before February 11, 2018.

**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 Number (      )	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,	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: NON- Mandatory 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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**5 DDC-BHA9BHC: 58A-B-GHF5 HCF**  
 Department of Licensing and Regulatory Affairs  
 Bureau of Community and Health Systems

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

**5 g'h Y'UXa ]b]g]f Urcf'zcf.'**

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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