ADULT FOSTER CARE LICENSE INDIVIDUAL APPLICATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

FOR CASHIER USE ONLY – Cashier Code: 100101
License Number:
Paid Amount:
Cashier:

SECTION I – FACILITY INFORMATION

1. Facility Name	2. Application Type ☐ Original ☐ Renewal ☐ Amended		3. License Number	
4. Facility Street Address	5. City/Village	6. Township	7. State	8. Zip Code
9. County / 10. Zoning Authority ☐ Township ☐ City/Village	11. Telephone Number ( )	12. Fax Number ( )	13. New Construction ☐ Yes ☐ No	
14. Proposed Capacity	15. I would prefer: ☐ Males ☐ Females ☐ Both	16. Ages	17. Currently Certified As A Specialized Program or Requesting Certification ☐ Yes ☐ No	
18. Program Type(s) ☐ Mentally Ill ☐ Developmentally Disabled ☐ Aged ☐ Alzheimer's ☐ Wheelchair Accessible ☐ Physically Handicapped ☐ Traumatic Brain Injured			19. Water System ☐ Public ☐ Private	20. Sewer System ☐ Public ☐ Private
21. Facility Type ☐ Family Home Capacity 3-6 ☐ Small Group Capacity 3-6 ☐ Small Group Capacity 7-12 ☐ Large Group Capacity 12-20 ☐ Congregate 21 or more – EXISTING ONLY				

SECTION II – APPLICANT LICENSEE INFORMATION

All original applicants must complete a Licensing Record Clearance Request form.

22. Applicant Name	23. Social Security	Federal Tax ID Number	24. Date of Birth	
25. E-mail Address	26. Telephone Number ( )		27. Fax Number ( )	
28. Street Address		29. City	State	Zip Code
30. Mailing Address, if different (i.e. P.O. Box)		City	State	Zip Code
31. Joint Applicant Name (if applicable)	32. Social Security	Federal Tax ID Number	33. Date of Birth	
34. E-mail Address	35. Telephone Number ( )		36. Fax Number ( )	
37. Street Address		38. City	State	Zip Code
39. Mailing Address, if different (i.e. P.O. Box)		City	State	Zip Code

SECTION III – RESPONSIBLE AGENCY INFORMATION (If Applicable) Attach Additional sheets, if necessary

40. Agency Name and Address	41. Name of Contact Person	42. Telephone Number

SECTION IV – ADMINISTRATOR or RESPONSIBLE PERSON INFORMATION

Administrators must complete a Licensing Record Clearance Request form.

43. Group Home/Congregate Applicants. Print Name of Person Responsible for Daily Operation of the Facility (Administrator)	Date of Birth	Social Security Number

44. FAMILY HOME APPLICANTS ONLY: Provide the name(s) of at least one responsible adult, other than the applicant or joint applicant, who can provide up to 72 hours of emergency coverage for you. Responsible persons must have proof of current T.B. test results and a physician's statement that they are both physically and mentally capable of caring for and being around residents.

Name (Last, First, Middle)	Date of Birth	Social Security No.	Street Address (city, state and zip)	Telephone Number

45. Describe any convictions of the applicant, joint applicant, administrator, and non-employee adult members of the household. Do not include minor traffic violations.

46. Has the applicant or joint applicant now, or ever, operated an adult foster care facility, children's foster care facility, children's day care facility, child caring institution, child placing agency, or adult or children's camp? If "yes" please complete Item 48. ☐ Yes ☐ No

47. Have you ever been denied a license to operate an adult foster care facility, children's foster care facility, children's day care facility, child caring institution, child placing agency, or adult or children's camp? If "yes" please complete Item 48. ☐ Yes ☐ No

48. If "YES" to either Item 46-47, complete the following information. Include all currently and previously licensed programs and denied license applications. Attach additional sheets, if necessary.

Name of licensing/certifying agency	Type of care	License Number	Application Date	Open	Closed

49. Provide the following information for all persons who live in the facility, including relatives, roomers and boarders and live-in staff and children. Do not include adult foster care residents. All non-employee adult household members who are not residents must complete a Licensing Record Clearance Request form. Attach additional sheets, if necessary.

Name (Last, First, Middle)	Position or Relationship	Date of Birth

50. Directions for reaching facility from Bureau of Community and Health Systems field office.

SECTION V – OWNERSHIP INFORMATION

51. Identify all ownership interest in the business. Include additional sheets if necessary.

NAME	ADDRESS (City, State and Zip Code)

52. Ownership of facility to be licensed: ☐ Own ☐ Rent/Lease ☐ Buying

53. Identify all ownership interest in the property. Include additional sheets, if necessary.

NAME	ADDRESS (City, State and Zip Code)

SECTION VI – FINANCIAL INFORMATION

All questions must be answered by the Applicant and Joint Applicant to the best of his/her knowledge. Attach an explanation for each question answered "Yes."

54. HAS THE APPLICANT OR JOINT APPLICANT EVER:

a.	Filed for Bankruptcy?	☐ Yes	☐ No	f.	Had a default judgment?	☐ Yes	☐ No
b.	Had a seizure of assets?	☐ Yes	☐ No	g.	Had a repossession or foreclosure?	☐ Yes	☐ No
c.	Had a lien enforced against it?	☐ Yes	☐ No	h.	Had a notice of eviction due to payment problems?	☐ Yes	☐ No
d.	Had financial assets frozen?	☐ Yes	☐ No	i.	Had a garnishment or attachment of wages or income?	☐ Yes	☐ No
e.	Had a contract to receive public or private monies not renewed or terminated prior to its expiration?					☐ Yes	☐ No

55. FOR FAMILY HOME APPLICANTS ONLY:

A. ☐ **I have sufficient resources to meet Rule 400.1404(4).** The department defines "sufficient resources as follows:

Original applicants have financial assets available to provide for the operation of the home for a period of at least three months. Renewal applicants have financial assets available to provide for the operation of the home for a period of at least 30 days.

These resources are from: (check all that apply)

- ☐ Applicant/Joint Applicants employment outside of adult foster care
- ☐ Non-Applicant/Joint Non-Applicant spouse's income
- ☐ Savings or available cash
- ☐ Funding contracts/Intent to contract statement
- ☐ Adult foster care income
- ☐ Other, specify

Please attach an explanation of all items checked. You may be required to provide verification and/or documentation of the financial information provided.

B. ☐ I do not have sufficient resources at this time to meet Rule 400.1404(4). *You may submit additional information for consideration*.

Section VII – CERTIFICATION AND SIGNATURES

I have read 1979 PA 218, and the Administrative Rules regulating the operation of Adult Foster Care facilities. If granted a license I will comply with the Act and these Rules.

In order to permit a proper determination of conformity with the rules, I give permission to the Department of Licensing and Regulatory Affairs to make all necessary and reasonable investigations of my activities, proposed standards of care, and to make an on-site inspection of the proposed facility.

I am aware of the legal provisions of Section 13 and Section 31 of 1979 PA 218, respectively, that operating an adult foster care facility without a license or to violate this Act is subject to criminal penalties, punishable by imprisonment or a substantial fine or both.

I certify that I will assess the good moral character of the employees of this home/facility, as required by PA 218. I certify that if I or any employee, volunteer, or household member of the facility who is on parole or probation or convicted of a felony will be reported to the Department.

I also certify that any information I give in respect to any investigation by the department will be, to the best of my ability, true and correct.

I give permission to the Michigan Department of Licensing and Regulatory Affairs to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules.

56. Applicant Name (print or type)	57. Applicant Signature	58. Date
59. Joint Applicant Name (print or type)	60. Joint Applicant Signature	61. Date

AN APPLICATION FEE (which is non-refundable and non-transferable), payable by check or money order **ONLY**, to the **STATE OF MICHIGAN**, is to be sent in accordance with the Application Instructions. The fees are:

	ORIGINAL or RENEWAL		**ORIGINAL or RENEWAL**
Family Home 3 – 6	$ 100.00	Large Group Home 13 – 20	$500.00
Small Group Home 3 – 6	$150.00	Congregate Facility 21+	$500.00 (Renewal Only)
Small Group Home 7 – 12	$200.00		

LARA is an equal opportunity employer/program.	AUTHORITY: 1979 PA 218 COMPLETION: NON-COMPLETION: Mandatory License issuance will be denied