

VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2306

<http://www.dlp.vermont.gov>

Voicemail/TTY: (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-0343

For OLP office use only

Initial & date for approval

NURSING HOME LICENSE APPLICATION/REAPPLICATION

Date of application: _____

I. IDENTIFYING INFORMATION

Skilled Beds: ___ NF: _____

Name of facility: _____

Mailing address: _____

Physical Address: _____

Telephone: _____ FAX #: _____

Facility's e-mail address: _____

Administrator's e-mail (if different from facility's e-mail): _____

LICENSEE: _____

Name of Administrator: _____ License #: _____

Alternate Administrator (if applicable): _____

Name of Director of Nursing: _____ License #: _____

Name of Medical Director: _____ License #: _____

II. CRIMINAL RECORD AND ABUSE REGISTRY CHECKS

Please answer the following questions by circling Yes or No.

If yes, list names and addresses of individuals under each question.

- A. Has any individual or organization owning or having more than 5% or more controlling interest in the facility been convicted of a criminal offense or had a substantiation of abuse, neglect or exploitation? YES NO

Name: _____

Address: _____

- B. Are there any directors, officers or employees of the home who have had a substantiated complaint of abuse, neglect or exploitation? YES NO

Name: _____

Address: _____

- C. Have Criminal Record Checks and Adult Abuse Registry Checks been completed on all staff, including the Administrator? YES NO

III. OWNERSHIP

- A. List names and addresses for individuals or organizations having direct ownership or controlling interest in the business. Attach a separate page if needed.

Name:

Address:

- B. Is the facility a non-profit? YES NO

- C. Type of business (check one):

Partnership Corporation Sole Owner Other (describe) _____

If the corporation is checked, then list names and addresses of the Directors. Attach a separate page if needed.

IV. FOR ALL APPLICANTS - Please answer the following questions.

- A. Does the facility currently carry Workers' Compensation Insurance? YES NO

If yes, please attach proof of current coverage. Please check the expiration date. (The one-page document is called "***Certificate of Liability Insurance***".) **If no insurance**, please provide an explanation.

- B. Does the facility currently carry a Surety Bond? **If yes, please attach proof of current coverage of the Surety Bond.** **Please check the expiration date.** YES NO

If no coverage, please provide an explanation.

- C. Is the facility registered with the Vermont Secretary of State's office? YES NO

If yes, under what name: _____

V. FOR REAPPLICATION ONLY - Please answer the following questions Yes or No. Fill in additional information if applicable.

A. Has there been a change of ownership or control in the past year? YES NO
If yes, give date of change _____

B. Is the facility operated by a management company, or leased in whole or part by another organization? YES NO
If yes, name of company/organization _____

C. Has there been a change in Administrator within the past year? YES NO
If yes, give date of change _____
Name of new Administrator _____

D. Have you increased your bed capacity within the past year? YES NO
If yes, give date of change: _____
of current beds: _____ # of prior beds: _____ Current census: _____

E. Does the facility have a **designated special care unit**? YES NO
If yes, for what purpose: _____
Please give number of beds/units: _____

F. Has the nature of services been expanded or any changes anticipated (such as adult day care, senior meals site, etc.)? YES NO
If yes, please describe:

VI. REFERENCES (FOR INITIAL APPLICATION ONLY)

Please provide three letters of reference from unrelated persons. Acceptable references will address the applicant's ability to run the facility and the applicant's character.

VII. PERMITS (FOR INITIAL APPLICATION OR REQUEST FOR INCREASED LICENSED CAPACITY, SUBMIT THE FOLLOWING):

- A. Written evidence of compliance with local zoning codes or a statement signed by official representatives of the city, town, or village clerk that zoning codes have not been adopted in the community.
- B. Written evidence of compliance from Environmental Conservation in regard to water and sewage systems.

VIII. BUILDING PLANS (*FOR INITIAL APPLICATION, NEW CONSTRUCTION AND/OR REQUEST FOR INCREASED LICENSED CAPACITY*)

Building plans/blueprints must be submitted to the Department Public Safety in your district. Address and phone numbers are included with initial application packet. Floor plans must be submitted to Division of Licensing and Protection (not blueprints).

IX. ONE (1) ORIGINAL TAX FORM (*FOR INITIAL APPLICATION AND REAPPLICATION*)

The applicant and licensee shall be in good standing with the Vermont Department of Taxes, pursuant to V.S.A. Section 3113. Failure to do so shall result in denial or revocation of license. Submit with application/reapplication the enclosed *Tax Certification Form*, signed and dated.

The undersigned agrees to comply with the applicable State of Vermont and Federal Regulations. In making this application for licensure, the undersigned agrees to submit a written notice to the Vermont Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection, at least 90 days in advance of sale or change in ownership of the facility, in the event residents will be required to move.

I hereby certify that the above statements are made for the purpose of obtaining a license to operate a facility of the type I have indicated above. Failure to provide complete, truthful and accurate information as required shall be grounds for automatic denial or revocation of a License to Operate.

SIGNATURE OF LICENSEE or ADMINISTRATOR

DATE

RENEWAL APPLICATIONS ARE DUE 45 DAYS PRIOR TO THE EXPIRATION DATE OF LICENSE

TAX CERTIFICATION FORM
VERMONT DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

By law (32 V.S.A. Section 3113) no agency of the state may renew a license or other authority to conduct a trade or business (including a license to practice a profession) unless the licensee first certifies, under the pains and penalties of perjury, that he/she is in good standing with the Department of Taxes. A person is in good standing if no truces are due and payable and all returns have been filed, if the liability for any tax that may be due is on appeal, if the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or if the licensing authority determines that immediate payment of taxes due and payable would pose an unreasonable hardship.

The maximum penalty for perjury is fifteen (15) years in prison, a \$10,000 fine or both.

CERTIFICATION OF COMPLIANCE WITH 32 V.S.A. SECTION 3113

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to, or in full compliance with a plan approved by the Commissioner of Taxes to pay, any and all taxes due to the State of Vermont as of the date of this application.

DATE

SIGNATURE

NAME OF FACILITY: _____

IF YOU ARE NOT IN GOOD STANDING AT THIS TIME, YOU MAY DO ONE OF THE FOLLOWING THREE THINGS :

1. Discontinue this license or license renewal application;
2. Arrange with the Vermont Department of Taxes to bring yourself into good standing through a payment plan approved by the Commissioner or otherwise;
3. Seek a determination from the Licensing Agency that immediate payment of taxes due and payable would impose an unreasonable hardship.

If you desire to continue this application you should complete the statement below :

ALTERNATE CERTIFICATION

I am not in good standing with the Department of Taxes at this time and,

- a) I will arrange with the Department of Taxes to bring myself into good standing, or
- b) Seek a determination that immediate payment would impose an unreasonable hardship.

DATE

SIGNATURE

Arrangement to achieve good standing should be made by contacting the Department of Taxes at (802) 828-2518.