

**RESIDENTIAL CARE APARTMENT COMPLEX (RCAC)
 INITIAL CERTIFICATION OR REGISTRATION APPLICATION**

- Completion of this form is required per Chapter 50.034(1), Wis. Stats., and DHS 89.53, Wis. Admin. Code, for certification or DHS 89.42, Wis. Admin. Code, for registration as a Residential Care Apartment Complex (RCAC).
- Failure to complete this form accurately may result in a delay in processing or certification denial.
- Send the completed form with attachments listed below to the regional office assigned to the county in which the facility is located. DQA regional office locations are found at: http://dhs.wisconsin.gov/rl_dsl/Contacts/ALSreglmap.htm
- Contact the appropriate regional office if you have questions regarding the completion of this form.
- The following items must be submitted with this application:
 - RCAC Regulation Compliance Statement (F-62381)
 - One-time conversion fee, if applicable
 - Certification fee
 - Facility floor plan with dimensions, exits, and room usage
 - Diagram of apartment configuration for each type (e.g., one bedroom, two bedrooms)
 - A copy of the Articles of Incorporation and by-laws
 - Verification of Completion of RCAC webcast

NOTE: The licensee is responsible for notifying the Division of Quality Assurance in writing of any change in the information provided on this application.

1. General Information

Name – Facility

Facility Fax Number ()	<input type="checkbox"/> Certified <input type="checkbox"/> Registered	FEIN
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Name – Contact Person	Telephone Number - Contact ()	Name – Manager / Operator	Telephone Number – Mgr / Op ()
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Facility Street Address

City	State	Zip Code	County
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Provide specific directions to the facility from the closest major STATE highway. Attach a separate page, if necessary.

2. Designated Mail Recipient (Provide contact information for the individual to whom mail from DHS/DQA is to be sent.)

Name – Designated Mail Recipient	Telephone Number ()	E-mail Address
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Mailing Address	City	State	Zip Code
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3. Facility Information

Yes No Is this a conversion from a nursing home or community based residential facility to an RCAC?

Yes No Does the RCAC have a contract with a county agency or managed care organization to serve publicly funded individuals? If “yes,” list all applications/certifications held below.

- Structure is a RCAC **ONLY**.
- RCAC is a distinct part attached to a
 - Non-RCAC Independent Apartment Building
 - Nursing Home
 - CBRF
 - Other (Explain.)

Total Number of Independent and RCAC Apartments	Total Number of RCAC Apartments
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Apartment Type	Number of Apartments	Apartment Size in Square Feet		Monthly Rent, Utilities, Etc. (Exclusive of Services)	
		Smallest	Largest	Least Expensive	Most Expensive
Efficiency				\$	\$
1 Bedroom				\$	\$
2 Bedroom				\$	\$
3 Bedroom				\$	\$

4. Applicant Information

Check only one box.

Individuals	For Profit Organization	Non-Profit	Government Agency
<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corp	<input type="checkbox"/> Corporation <input type="checkbox"/> Church <input type="checkbox"/> Limited Liability Corp <input type="checkbox"/> Other (Specify.)	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other (Specify.)

Name – Owner	Telephone Number ()
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Mailing Address	City	State	Zip Code
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5. Applicant Ownership

Applicant is the owner of:

Operation	Building	Land
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- List all names, principal business addresses, **and** the percentage and type of ownership interest of all persons or business entities having any ownership interest in the facility, whether direct or indirect, and whether the interest is in the profits, land, or building, including owners of any business entity that owns any part of the land or building.
- If a partnership, list each partner.
- If a corporation, list each officer and director of the corporation.
- If any person or business entity named is a bank, credit union, savings and loan association, investment association, or insurance corporation, it is sufficient to name the entity involved without providing information regarding the officers and directors of the entity.
- Attach additional pages, if needed.**

6. Interested Parties

List names of all persons and entities having ownership interest in the operation.

Name – Interested Party	Title	Type of Financial Interest	Extent of Financial Interest
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Address (Street Address / PO Box)	City	State	Zip Code
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Name	Title	Type of Financial Interest	Extent of Financial Interest	
Address (Street Address / PO Box)		City	State	Zip Code
Name	Title	Type of Financial Interest	Extent of Financial Interest	
Address (Street Address / PO Box)		City	State	Zip Code
Name	Title	Type of Financial Interest	Extent of Financial Interest	
Address (Street Address / PO Box)		City	State	Zip Code

7. Owner of the Building (if not the applicant)

Name – Individual / Partnership / Corporation / Etc.

Address (Street Address / PO Box)		City	State	Zip Code
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8. Owner of the Land (if not the applicant)

Name - Individual / Partnership / Corporation / Etc.

Address (Street Address / PO Box)		City	State	Zip Code
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9. Attestation

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a fine of up to \$10,000 or imprisonment not to exceed six years, or both, per Chapter 946.32, Wis. Stats.

SIGNATURE – Residential Care Apartment Complex Chapter 50 Designee		Date Signed
Name – RCAC Chapter 50 Designee (<i>Print or type.</i>)		Title