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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-02111 (12/2021) | | | | | | | | | | **STATE OF WISCONSIN**  Wis. Stat. Ch. 50  Page 1 of 5 | | | | | | | | |
| **ASSISTED LIVING – FIT AND QUALIFIED APPLICATION**  **For Community-Based Residential Facilities, Adult Family Homes and Adult Day Care Centers** | | | | | | | | | | | | | | | | | | |
| Name – Facility/Program | | | | | | | | | | Name – Licensee | | | | | | | | |
| * Completion of this form is required by Wis. Stat. Chapter § 50.03(3)(b). * Failure to complete this form completely and accurately may result in licensure denial and/or delay in processing. * Send the completed form with the items listed below to:**Division of Quality Assurance (DQA)**   **Northeastern Regional Office**  **ATTN: Licensing Associates**  **200 North Jefferson Street, Suite 501**  **Green Bay, WI 54301**   * If you have questions regarding the completion of this form, contact the Bureau of Assisted Living Licensing Associates at [DHSDQABALLicensing@dhs.wisconsin.gov](mailto:DHSDQABALLicensing@dhs.wisconsin.gov) or **608-266-8482**. * **THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION FORM:** * *Assisted Living Facility Model Balance Sheet* (DQA form F-62674A) or equivalent. * Evidence of 60 days projected operating funds in reserve per Wis. Admin. Code §§ DHS 83.05(2)(f), DHS 88.04(3) and DHS 105.14(2)(a)2.f., as applicable. * Copy of the page(s) of your current public funding agreement/contract that show the agency, signatures, and time period for which the agreement/contract is in effect, if applicable. * Copy of lease with acknowledgement of business operation, if applicable.   **NOTE: The licensee is responsible for notifying the Division of Quality Assurance, in writing, of any changes in the information provided on this application.** | | | | | | | | | | | | | | | | | | |
| 1. **OWNERSHIP** | | | | | | | | | | | | | | | | | | |
| Provide the following information, if applicable:   * 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 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. | | | | | | | | | | | | | | | | | | |
| 1. The **licensee** owns the: *(Check all that apply.)*   Operations  Building  Land | | | | | | | | | | | | | | | | | | |
| 1. **Licensee** Type (*Check* ***one.*** *Do not check “Government – State” unless facility will be owned and operated by a state agency.)* | | | | | | | | | | | | | | | | | | |
|  | | | Church  Corporation – Business  Corporation – Non-Profit | | | Government – County  Government – State  Government – Other  Government – Tribal | | | | | Limited Liability Corporation (LLC)  Partnership  Proprietorship (Individual) | | | | | | | |
| Other – *Specify:* | |  | | | | | |
| 1. List the interested parties relative to the entity named as **licensee** *[Wis. Stat. § 50.03(3)]*. Attach additional pages, if needed. | | | | | | | | | | | | | | | | | | |
| a. | | | | | Name – Interested Party | | | | Title | | | | | Percentage of Financial Interest | | | | |
| Address – Street / PO Box | | | | City | | | | | State | | Zip Code | | |
| b. | | | | | Name – Interested Party | | | | Title | | | | | Percentage of Financial Interest | | | | |
| Address – Street / PO Box | | | | City | | | | | State | | Zip Code | | |
| **If someone other than the licensee / operator has ownership in the building and/or land, complete questions 4 through 7 and, if applicable, questions 8 through 11, allowing one set of questions for each different partnership, corporation, and other type of owner.** | | | | | | | | | | | | | | | | | | |
| 1. Owner of:  Building  Land | | | | | | | | | | | | | | | | | | |
| 1. **Owner** Type (*Check* ***one.***  *Do not check “Government – State” unless facility will be owned and operated by a state agency.)* | | | | | | | | | | | | | | | | | | |
|  | Church  Corporation For-Profit  Corporation Non-Profit | | | | | | Government – County  Government – State  Government – Other  Tribal | | | | | Limited Liability Corporation (LLC)  Partnership  Proprietorship (individual) | | | | | | |
| Other – *Specify:* | | |  | | | |
| 1. Name and Address of **Owner** | | | | | | | | | | | | | | | | | | |
| Name – Owner (Individual, Partnership, Corporation, etc.) | | | | | | | | | | | | | | | | | | |
| Address – Street or PO Box | | | | | | | | City | | | | | | State | | Zip Code | | |
| 1. List interested parties relative to the entity named as **owner.** *[Wis. Stat. § 50.03(3)]* | | | | | | | | | | | | | | | | | | |
| a. | | Name – Interested Party | | | | | | Title | | | | | | Percentage of Financial Interest | | | | |
| Address – Street / PO Box | | | | | | City | | | | | | State | | Zip Code | | |
| b. | | Name – Interested Party | | | | | | Title | | | | | | Percentage of Financial Interest | | | | |
| Address – Street / PO Box | | | | | | City | | | | | | State | | Zip Code | | |
| 1. Owner of:  Building  Land | | | | | | | | | | | | | | | | | | |
| 1. **Owner** Type (*Check* ***one.*** *Do not check “Government – State” unless facility will be owned and operated by a state agency.)* | | | | | | | | | | | | | | | | | | |
|  | | Church  Corporation For-Profit  Corporation Non-Profit | | | | | Government – County  Government – State  Government – Other  Tribal | | | | | Limited Liability Corporation (LLC)  Partnership  Proprietorship (individual) | | | | | | |
| Other – *Specify:* | | |  | | | |
| 1. Name and Address of **Owner** | | | | | | | | | | | | | | | | | | |
| Name – Owner (Individual, Partnership, Corporation, etc.) | | | | | | | | | | | | | | | | | | |
| Address – Street or PO Box | | | | | | | | City | | | | | | State | | | Zip Code | |
| 1. List interested parties relative to the entity named as **owner.** *[Wis. Stat. § 50.03(3)]* | | | | | | | | | | | | | | | | | | |
| a. | | | | Name – Interested Party | | | | Title | | | | | | Percentage of Financial Interest | | | | |
| Address – Street / PO Box | | | | City | | | | | | State | | | | Zip Code |
| b. | | | | Name – Interested Party | | | | Title | | | | | | Percentage of Financial Interest | | | | |
| Address – Street / PO Box | | | | City | | | | | | State | | | | Zip Code |

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| 1. **CREDITORS** | | | | | | | | | | | | | | | | | |
| 1. List the names, principal business addresses, telephone numbers, and type and extent of obligation, in dollars, for all creditors holding a security interest in the premises, whether the land or building. Include any mortgage, note, deed of trust, or other obligation secured in whole or in part by the land on which, or building in which, the facility is located. Attach additional pages, if necessary. | | | | | | | | | | | | | | | | | |
| a. | | Name – Individual, Partnership, Corporation, Etc. | | | | | | | | | | | | | | | |
| Address – Street / PO Box | | | | | | | | City | | | | | State | Zip Code | |
| Telephone No. | | | | | | Type of Obligation | | | | Extent of Obligation | | | | | |
| b. | | Name – Individual, Partnership, Corporation, Etc. | | | | | | | | | | | | | | | |
| Address – Street / PO Box | | | | | | | | City | | | | | State | Zip Code | |
| Telephone No. | | | | | | Type of Obligation | | | Extent of Obligation | | | | | | |
| 2. List the names, principal business addresses, telephone numbers, and type and extent of agreement, in dollars, for all persons and business entities holding any lease or sublease for the land where the building is located. Attach additional pages, if necessary. | | | | | | | | | | | | | | | | | |
| a. | | | Name – Individual, Partnership, Corporation, Etc. | | | | | | | | | | | | | | |
| Address – Street / PO Box | | | | | | | City | | | | | State | Zip Code | |
| Telephone No. | | | | | Type of Agreement | | | | Extent of Agreement | | | | | |
| b. | | | Name – Individual, Partnership, Corporation, Etc. | | | | | | | | | | | | | | |
| Address – Street / PO Box | | | | | | | City | | | | | State | Zip Code | |
| Telephone No. | | | | | Type of Agreement | | | | Extent of Agreement | | | | | |
| 1. **FIT AND QUALIFIED** | | | | | | | | | | | | | | | | | |
| The following information will be used to determine if the applicant meets the fit and qualified requirements under Wis. Stat. ch. 50 and Wis. Admin. Code chs. DHS 83, DHS 88 and DHS 105.14, as applicable. | | | | | | | | | | | | | | | | | |
| 1. Have you ever applied for licensure for a residential facility, health care facility, or a day care program for adults or children and been denied licensure? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | *If “yes,” explain and provide relevant information.* | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| 1. Have you ever operated a residential facility, health care facility, or a day care program for adults or children in Wisconsin or in any other state? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | *If “yes,” provide the name, address, and phone number of the facility / program.* | | | | | | | | | | | |
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| 1. Was the facility / program licensed, certified, or otherwise regulated by any government or private agency? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | *If “yes,” provide the name, address, and phone number of the agency.* | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| 1. Have you ever had any license, certification, or governmental approval to operate a facility / program revoked, suspended, or not renewed in Wisconsin or any other state? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | *If “yes,” specify the type of license, certification, or approval affected; in which state the action occurred; which agency took the enforcement action; and the name, address, phone number, and type of facility / program that was affected.* | | | | | | | | | | | |
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| 1. **FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | |
| 1. Has the licensee ever been adjudicated bankrupt? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | *If “yes,” provide full details on a separate page, including dates, court, and the disposition of each matter.* | | | | | | | | | | | |
| 1. Are there any unsatisfied judgments against the licensee? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | *If “yes,” list all judgments on a separate page, listing names and addresses of creditors, amounts, and reasons for non-payment.* | | | | | | | | | | | |
| 1. Does the licensee owe any debts that are 90 days or more past due? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | *If “yes,” list all debts 90 days past due on a separate page, listing the names and addresses of creditors, amounts, and reasons for non-payment.* | | | | | | | | | | | |
| 1. Are any liens filed against the licensee or the licensee’s property? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | *If “yes,” indicate on a separate page who filed the lien(s), where filed, when filed, and amount of lien.* | | | | | | | | | | | |
| 1. Operating Expenses | | | | | | | | | | | | | | | | | |
| *Provide detailed expense explanations with supporting documentation.* | | | | | | | | | | | | | | | | | |
|  | | | | | **Monthly Operating Expenses**  Based on Current Market Value Rates\* | | | | | | | | | | | |  |
|  | | | | | All Salaries (licensee, caregivers, contract providers, etc.) | | | | | | $ | |  | | | |  |
|  | | | | | Lease or Mortgage | | | | | | $ | |  | | | |  |
|  | | | | | All Other Expenses (food, utilities, insurance, taxes, etc.) | | | | | | $ | |  | | | |  |
|  | | | | | **TOTAL Monthly Expenses** | | | | | | **$** | |  | | | |  |
| \* Reference <http://www.cnpp.usda.gov> for a standard on the cost for monthly food expenses.  Salaries must include, at minimum, the cost for one caregiver at minimum wage for 24 hours/day for 30 days. | | | | | | | | | | | | | | | | | |
|  | | | | Evidence of 60 Days Projected Operating Funds in Reserve  Check all sources of funds or income that apply. Provide documentation supporting proof of funds. | | | | | | | | | | | | | |
|  | | | | Savings or Other Financial Reserve  Line of Credit  Loan  Outside Employment | | | | | | | | | | | | | |
|  | | | | Other – *Specify:* | | |  | | | | | | | | | | |
|  | | | | **I attest to having a minimum of 60 days operating funds for each additional licensed facility under this legal entity.** | | | | | | | | | | | | | |
| **THE LICENSEE IS RESPONSIBLE FOR NOTIFYING THE DIVISION OF QUALITY ASSURANCE, IN WRITING,**  **OF ANY CHANGES IN THE INFORMATION PROVIDED ON THIS APPLICATION.** | | | | | | | | | | | | | | | | | |
| 1. **ATTESTATION** | | | | | | | | | | | | | | | | | |
| ***I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge.***  ***I understand that knowingly providing false information or omitting information may result in denial of licensure,***  ***a fine of up to $10,000 or imprisonment not to exceed 6 years or both (Wis. Stat. § 946.32)*** | | | | | | | | | | | | | | | | | |
| **SIGNATURE** (in full) – Applicant or Designee | | | | | | | | | | | | | | Date Signed | | | |
| Name – Applicant or Designee *(Print or type.)* | | | | | | | | | Title / Position (must be owner or board member) | | | | | | | | |