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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-03089 (08/2022) | **STATE OF WISCONSIN** |

**BEHAVIORAL HEALTH CERTIFICATION SECTION**

**DHS 75 RESIDENTIAL SERVICES**

**FIT AND QUALIFIED APPLICATION**

DHS 75 residential service applicants must complete this application unless they hold a DHS 124 hospital license per Wis. Admin Code DHS 75.26 and DHS 75.30.

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| Facility Name *(Match residential application)* | Name – Entity Owner *(Match residential application)* |

This completed application is a requirement for the DHS 75 residential application. The application should be submitted with the DHS 75 residential application. Failure to complete this form completely and accurately may result in licensure denial and/or delay in processing. All applicable documents listed in this section will be reviewed to ensure compliance with applicable regulations.

E-mail completed DHS 75 residential application to [dhsdqamentalhealthandsubstanceusecertification@dhs.wisconsin.gov](mailto:dhsdqamentalhealthandsubstanceusecertification@dhs.wisconsin.gov) and mail the appropriate fees to the address below. You also may print and mail the completed applications and mail the appropriate fees to the address below.

**DHS / DQA / Behavioral Health Certification Section**

**PO Box 2969**

**Madison, WI 53701-2969**

If you have questions regarding the completion of this form, contact the Behavioral Health Certification Section at [DHSDQAMentalHealthAODA@dhs.wisconsin.gov](mailto:DHSDQAMentalHealthAODA@dhs.wisconsin.gov) or **608-261-0656**.

**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION FORM:**

* *Division of Quality Assurance Facility Model Balance Sheet* (DQA form F-62674A) or equivalent.
* Evidence of 60 days projected operating funds in reserve to demonstrate financial stability per DHS 75.30(2)(c).
* Copy of the page(s) of your current county or public funding agreement/contract that show the agency, signatures, and time period for which the agreement/contact is in effect, if applicable.
* Copy of lease with acknowledgement of business operation, if applicable.

**NOTE: The Entity Owner is responsible for notifying the Behavioral Health Certification Section, in writing, of any changes in the information provided on this application.**

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| 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 band, 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 **Entity Owner listed on DHS 75 residential application** owns the: (Check all that apply)   Operations  Building  Land | | | | | | | | | |
| 1. Type of Entity (Check only one) | | | | | | | | | |
| Church  Corporation – Business  Corporation – Non-Profit | | Government – County  Government – State  Government – Other | | Tribal  Limited Liability Corp (LLC)  Proprietorship (Individual) | | | Partnership  Other – *Specify below:* | | |
| 1. List the interested parties relative to the entity named as entity owner. 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. Type of Entity (Check only one) | | | | | | | | | |
| Church  Corporation – Business  Corporation – Non-Profit | | Government – County  Government – State  Government – Other | | Tribal  Limited Liability Corp (LLC)  Proprietorship (Individual) | | | Partnership  Other – *Specify below:* | | |
| 1. List the interested parties relative to the entity named as entity owner. Attach additional pages if needed. | | | | | | | | | |
| Name – Owner *(Individual, Partnership, Corporation, etc.)* | | | | | | | | | |
| Address – Street/PO Box | | | City | | | State | | | Zip Code |

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| 1. List the interested parties relative to the entity named as owner in #6 above. | | | | | | | | | |
| 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. Type of Entity (Check only one) | | | | | | | | | |
| Church  Corporation – Business  Corporation – Non-Profit | | Government – County  Government – State  Government – Other | | Tribal  Limited Liability Corp (LLC)  Proprietorship (Individual) | | | Partnership  Other – *Specify below:* | | |
| 1. List the interested parties relative to the entity named as entity owner. Attach additional pages if needed. | | | | | | | | | |
| Name – Owner *(Individual, Partnership, Corporation, etc.)* | | | | | | | | | |
| Address – Street/PO Box | | | City | | | State | | | Zip Code |
| 1. List the interested parties relative to the entity named as owner in #8 above. | | | | | | | | | |
| 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 | | |
| 1. 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 | | |

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| 1. **FIT AND QUALIFIED** | |
| The following information will be used to determine if the applicant meets the fit and qualified requirements under Wis. Admin. Code chs. DHS 75.30 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 every applied for licensure for any federally certified entities? | |
| 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.* |
| 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 local, state, or Federal 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 Entity Owner 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 judgements against the Entity Owner? | | |
| Yes  No | *If “yes,” list all judgements on a separate page, listing names and addresses of creditors, amounts, and reasons for non-payment.* | |
| 1. Does the Entity Owner 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 Entity Owner’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 <https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-reports-monthly-reports> or 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.

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| **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.** | |
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**THE ENTITY OWNER IS RESPONSIBLE FOR NOTIFYING THE BEHAVIORAL HEALTH CERTIFICATION SECTION IN WRITING, OF ANY CHANGES IN THE INFORMATION PROVIDED ON THIS APPLICATION.**

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| 1. **ATTESTATION** |

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| ***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** – Entity Owner, Representative, or Authorized Representative Specified Above | | Date Signed |
| Full Name | Title | |