

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

- Completion of this form is required per Wis. Stat. § Chapter 50.034(1) and Wis. Admin. Code § DHS 89.53, for certification, or Wis. Admin. Code § DHS 89.42, for registration, as a Residential Care Apartment Complex.

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

- Failure to complete this form accurately may result in a delay in processing or certification denial.
- Send the completed form with the attachments and fees listed below to:

**DHS / Division of Quality Assurance
 Bureau of Assisted Living
 ATTN: Licensing Associates
 P.O. Box 7940
 Madison, WI 53707-7940**

- If you have questions regarding the completion of this form, contact a Bureau of Assisted Living Licensing Associate at:
dhsdqaballicensing@dhs.wisconsin.gov
608-266-8482

- The following items must be submitted with this application:

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| <ul style="list-style-type: none"> • RCAC Regulation Compliance Statement (F-62381) • Facility floor plan (w/dimensions, exits, room usage) • Diagram of apartment configuration for each type • Copy of articles of incorporation and by-laws • Verification of completion of RCAC webcast, if a new provider • Service agreement • Risk agreement • Staffing plan • Assisted Living Facility Model Balance Sheet (F-62674A) | <ul style="list-style-type: none"> • Comprehensive assessment form and procedures • Grievance procedure • Tenant rights policy • Background check • Emergency plans • Fee schedule • Certification fee • One-time conversion fee, if applicable |
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1. GENERAL INFORMATION

Name – Facility

Facility Fax No.

Certified

Registered

FEIN

Name – Facility Contact Person

Telephone No. – Facility Contact Person

Name – Manager / Operator

Telephone No. – Manager / Operator

Facility Street Address

City

County

State

Zip Code

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 No.

Email Address

Mailing Address

City

State

Zip Code

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:
- Non-RCAC Independent Apartment Building Nursing Home CBRF
- Other (*Explain.*)

Total Number – **Independent and RCAC Apartments**

Total Number – **RCAC Apartments**

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 (<i>Specify below.</i>)	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other (<i>Specify below.</i>)

Name – Owner

Telephone No.

Mailing Address

City

State

Zip Code

5. APPLICANT OWNERSHIP

Applicant is the owner of: **Operation** Yes No **Building** Yes No **Land** Yes 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		
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

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 attest, 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 Wis. Stat. § 946.32.

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