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| **DEPARTMENT OF PUBLIC HEALTH**SEAL**DIVISION OF HEALTH CARE FACILITY** **LICENSURE & CERTIFICATION****67 Forest Street****Marlborough, MA 01752** | **ADULT DAY HEALTH:****LICENSURE APPLICATION CHECKLIST** |

Submit this form as a cover sheet, together with all required attachments and supporting documentation, when making an application for initial licensure or licensure resulting from a change in ownership. Submit your completed application with attachments to:

Licensure Coordinator

Department of Public Health – DHCFLC

67 Forest Street

Marlborough, MA 01752

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name (name by which you will do business)

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Address (Street, City/Town, ZIP)

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| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Point of Contact (name of person DPH should contact regarding this application)4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Point of Contact’s Phone Number Point of Contact’s Email Address | RESPONSE KEY: Y = Yes/Attached N =No/Not Attached N/A = Not Applicable  |
| PROGRAM | DPH ONLY SCREEN | DPH ONLY REVIEW |
| Initial Licensure/Suitability/Notice of Intent to Acquire Form |  |  |  |
| * Local Fire Inspection Certificate
 |  |  |  |
| * Local Certificate of Occupancy
 |  |  |  |
| * Application Fee
 |  |  |  |
| * CORI Release Forms
 |  |  |  |
| * Listing or Resume – as required under Question E.1
 |  |  |  |
| * Documentation of pending change of ownership – if applicable
 |  |  |  |
| * Additional Disclosure Form – if applicable
 |  |  |  |
| Program Capacity Form |  |  |  |
| * Floor Plan
 |  |  |  |
| Clinical Attestation Form |  |  |  |
| * ADH Approved Tests Request Form – if applicable
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| * CMS Form 116 – if applicable
 |  |  |  |
| * Board of Health Kitchen Approval – if applicable
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| * Waiver Request(s) – one form per request if applicable
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| * Plan for Compliance (Existing Programs Only) – if applicable
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| HCFRS Enrollment Form A – VG Services Agreement |  |  |  |
| HCFRS Enrollment Form B – VG Access Administrator |  |  |  |
| HCFRS Enrollment Form C – HCFRS Facility Agreement |  |  |  |
| HCFRS Enrollment Form D – HCFRS User Agreement |  |  |  |

ADH Application Checklist 3-12-15