

## COMMUNITY BASED RESIDENTIAL FACILITY (CBRF) INITIAL LICENSE APPLICATION

- Completion of this form is required by Chapter 50.03(3)(b), Wis. Stats.
- 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 the Division of Quality Assurance (DQA) 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](http://dhs.wisconsin.gov/rl_dsl/Contacts/ALSreglmap.htm)
- Contact the appropriate regional office if you have questions about completion of this form.
- **THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION FORM:**
  - Program Statement
  - Fire Inspection
  - Evidence of 60 day operating funds
  - License Fee – Check payable to DQA (**NON-REFUNDABLE**)
  - Floor plan with dimensions, exits, and room usage
  - Assisted Living Facility Model Balance Sheet, F-62674A
- **The licensee is responsible for notifying the Division of Quality Assurance, in writing, of any change in the information provided on this application.**

Size of CBRF <i>(Check one.)</i>	Class / Type of CBRF <i>(Check one.)</i>	
<input type="checkbox"/> Small (5-8 residents)	<input type="checkbox"/> Ambulatory Class A (AA)	<input type="checkbox"/> Ambulatory Class C (CA)
<input type="checkbox"/> Medium (9-20 residents)	<input type="checkbox"/> Semi-Ambulatory Class A (AS)	<input type="checkbox"/> Semi-ambulatory Class C (CS)
<input type="checkbox"/> Large (21 or more residents)	<input type="checkbox"/> Non-Ambulatory Class A (ANA)	<input type="checkbox"/> Non-ambulatory Class C (CNA)

**NOTE: Any change in the above information requires submission of new documents.**

### I. GENERAL INFORMATION

Name – Facility				Facility Telephone Number	
Street Address / PO Box - Facility				FAX Number	
City	State	Zip Code	County	Fire Number	
Name – Administrator		Birth Date – Administrator		E-mail Address	

Provide specific directions to the facility from the closest major STATE highway.

Name – Licensee			Birth Date - Licensee		Telephone Number		
Street Address – Licensee					FAX Number		
City		State	Zip Code		E-mail Address		

Does the Community Based Residential Care Facility have a contract with a county human services or social services department to serve Medicaid waiver eligible individuals?

Yes       No

Provide the name and address of the person to whom mail and correspondence from the Department is to be addressed.

Name - Correspondent		Title		
Mailing Address	City	State	Zip Code	

List the names of all persons, age 10 and older, who live in the facility and are not a resident. If more than four names, attach an additional sheet.

Last Name, First Name, and MI	Relationship to Licensee	Birth Date

**II. RESIDENT INFORMATION**

Total Resident Capacity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both
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Check the box indicating the primary client group(s) served by your CBRF. If more than one client group is served, see DHS 83.06(1), Wis. Admin. Code, for instructions.

- |  |   |
|--|---|
| <input type="checkbox"/> AA Advanced aged (60+ years)            | <input type="checkbox"/> PWC Pregnant women who need counseling                     |
| <input type="checkbox"/> ALZ Irreversible dementia/Alzheimer's   | <input type="checkbox"/> CC Correctional clients                                    |
| <input type="checkbox"/> DD Developmentally Disabled (DD)        | <input type="checkbox"/> TI Terminally ill  |
| <input type="checkbox"/> MH Emotionally disturbed/Mental illness | <input type="checkbox"/> TBI Traumatic brain injury                                 |
| <input type="checkbox"/> ADA Alcohol/Drug dependent              | <input type="checkbox"/> ADS Persons with acquired immunodeficiency syndrome (AIDS) |
| <input type="checkbox"/> PD Physically disabled                  |   |

List the days and hours when residents are **NOT** in the facility.

Days	Hours
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**III. FINANCIAL INFORMATION (A current balance sheet must be submitted with this application.)**

Monthly Operating Expenses	
All Salaries ( i.e., licensee, caregivers, contract providers, etc.)	
Lease or Mortgage	
All Other (i.e., food, supplies, utilities, insurance, taxes, etc.)	
TOTAL Monthly Expenses	

If income from residents would not be adequate to pay your monthly operating expenses, you must have other sources of funds or income that may be used to continue the operation of the facility for at least a 60-day period.

Check all other sources of income.

- Savings or other financial reserves
- Purchase contract (County Department)
- Outside employment
- Line of credit
- Loan
- Other (*Specify.*)

**Submit copies of financial documents verifying your ability to operate the facility for 60 days. This amount must be equal to or more than two times your monthly operating expenses.**

Indicate the minimum and maximum monthly fees charged for resident care. Include fees paid from all sources including government and/or private agencies, the resident's family or relatives, and from the resident. If you charge the same fee to all of your residents, indicate the amount as the "Maximum" rate.

Minimum MONTHLY Rate	Maximum MONTHLY Rate
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**IV. FIT AND QUALIFIED**

The following information will be used to determine if the applicant meets the fit and qualified requirements under Chapter 50, Wis. Stats.

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.

2. 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.

3. 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 that agency.

4. Have you ever had any license, certification, or governmental approval to operate a facility/program denied, 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.

5. Do you presently have or intend to apply for another type of license, certification, or registration at this location?

Yes  No If "Yes," check below all that apply.

License Type	Certification Type	Registration Type
<input type="checkbox"/> a. Adult Family Home <input type="checkbox"/> b. Facility for Developmentally Disabled <input type="checkbox"/> c. Foster Home (Children) <input type="checkbox"/> d. Group Home (Children) <input type="checkbox"/> e. Residential Care Ctr. for Children & Youth <input type="checkbox"/> f. Child Day Care <input type="checkbox"/> g. Shelter Care (Children)	<input type="checkbox"/> a. Adult Day Care <input type="checkbox"/> b. Residential Care Apartment Complex <input type="checkbox"/> c. Alcohol and Other Drug Abuse Program <input type="checkbox"/> d. Developmental Disabilities Program <input type="checkbox"/> e. Mental Health Program <input type="checkbox"/> f. Other ( <i>Specify.</i> )	<input type="checkbox"/> a. Residential Care Apartment Complex <input type="checkbox"/> b. Other ( <i>Specify.</i> )

Local fire departments have requested knowing where licensed facilities are located. Provide the name, address, and telephone number of your local fire department.

Name - Local Fire Department		Telephone Number ( <b>Do NOT enter 911.</b> )	
Address - Street / PO Box	City	State	Zip Code

A request will be sent to the city, township, or village to identify any possible hazard that may affect the health and safety of the residents. No license may be granted until a 30-day period has expired or until we receive a response from the city, township, or village.

City  Township  Village

Name - Municipality	Name - Clerk		
Address - Street / PO Box	City	State	Zip Code

**V. OWNERSHIP**

- List all names, principal business addresses, and the percentage and type of ownership interest of all persons or business entities having any ownership interest whatsoever 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, then list each partner.
- If a corporation, then 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.

**VI. LICENSEE NOTE: Attach additional pages if needed for the following questions.**

1. The Licensee owns the:

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

2. Type of Licensee (*Check one of the following.*)

Governmental	Proprietary	Voluntary Non-Profit
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Corporation <input type="checkbox"/> Church <input type="checkbox"/> Association <input type="checkbox"/> Church/Corporation <input type="checkbox"/> Limited Liability Co.

3. List the interested parties relative to the entity named as Licensee. [Chapter 50.03(3), Wis. Stats.]

Name (Last, First, MI) and Title	Percent of Financial Interest
Address (Street / PO Box, City, State Zip Code)	
Name (Last, First, MI) and Title	Percent of Financial Interest
Address (Street / PO Box, City, State Zip Code)	
Name (Last, First, MI) and Title	Percent of Financial Interest
Address (Street / PO Box, City, State Zip Code)	
Name (Last, First, MI) and Title	Percent of Financial Interest
Address (Street / PO Box, City, State Zip Code)	

4. Has the Licensee ever been adjudicated bankrupt?

Yes     No    If "Yes," give full details on a separate page including dates, court, and the disposition of each matter.

5. 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.

6. Does the Licensee owe any debts that are 90 days 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.

7. 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 each lien.

**If someone other than the Licensee / Operator has ownership interest in the building and / or land, complete questions 8 through 11 and, if applicable, questions 12 through 15, allowing one set of questions for each different partnership, corporation, and other type of owner.**

8. Owner of the:     Building     Land

9. Type of Owner (Check one of the following.)

Governmental	Proprietary	Voluntary Non-Profit
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Corporation <input type="checkbox"/> Church <input type="checkbox"/> Association <input type="checkbox"/> Church/Corporation <input type="checkbox"/> Limited Liability Co.

10. Name and Address of the Owner

Name – Individual, Partnership, Corporation, etc.

Address (Street / PO Box, City, State and Zip Code)

11. List the interested parties relative to the entity in question 10. [Chapter 50.03(3), Wis. Stats.]

Name (First, Last, MI)	Percent of Financial Interest
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Address (Street / PO Box, City, State and Zip Code)

Name (First, Last, MI)	Percent of Financial Interest
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Address (Street / PO Box, City, State and Zip Code)

12. Owner of the  Land

13. Type of Owner (Check one of the following.)

Governmental	Proprietary	Voluntary Non-Profit
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Corporation <input type="checkbox"/> Church <input type="checkbox"/> Association <input type="checkbox"/> Church/Corporation <input type="checkbox"/> Limited Liability Co.

14. Name and Address of the Owner

Name - Individual, Partnership, Corporation, etc.

Address (Street Address / PO Box, City, State and Zip Code)

15. List the interested parties relative to the entity in question 14. [Chapter 50.03(3), Wis. Stats.]

Name (First, Last, MI) and Title	Percent of Financial Interest
Name (First, Last, MI) and Title	Percent of Financial Interest

**VII. 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 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.

Name - Individual, Partnership, Corporation, etc.

Address (Street / PO Box, City, State and Zip Code)

Telephone Number	Type	Extent
Name - Individual, Partnership, Corporation, etc.		

Name - Individual, Partnership, Corporation, etc.

Address (Street / PO Box, City, State and Zip Code)

Telephone Number	Type	Extent
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Name - Individual, Partnership, Corporation, etc.

Address (Street / PO Box, City, State and Zip Code)

Telephone Number	Type	Extent
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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.

Name - Individual, Partnership, Corporation, etc.

Address (Street / PO Box, City, State and Zip Code)

Telephone Number	Type	Extent
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Name - Individual, Partnership, Corporation, etc.

Address (Street / PO Box, City, State and Zip Code)

Telephone Number	Type	Extent
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**The licensee is responsible for notifying the Division of Quality Assurance, in writing, of any changes in the information provided on this application.**

**VIII. 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 6 years, or both (Chapter 946.32 Wis. Stats.).

<b>SIGNATURE</b> (In Full) - Licensee or Designee  ➤	Date Signed
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Name (Print or type.)	Title (Must be Owner or Board Member)
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