

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

- Completion of this form is required per Chapter 50.034(1), Wis. Stats., and HFS 89.53, Wis. Admin. Code, for certification or HFS 89.42, Wis. Admin. Code, for registration as a Residential Care Apartment Complex (RCAC).
- Failure to complete this form accurately may result in a delay in processing or certification denial.
- Send the completed form, with attachments listed below, to the 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 regarding the completion of this form.
- The following items must be submitted with this application:
  1. RCAC Regulation Compliance Statement (F-62381)
  2. One-time conversion fee, if applicable
  3. Certification fee
  4. Facility floor plan with dimensions, exits, and room usage
  5. Diagram of apartment configuration for each type, e.g., one bedroom, two bedrooms

**NOTE: The Division of Quality Assurance is to be notified of any change in the information provided on this application.**

1. General Information			
Name – Facility		<input type="checkbox"/> Certified <input type="checkbox"/> Registered	
Name – Contact Person		Telephone Number (       )	
Name – Manager / Operator		Telephone Number (       )	
Facility Street Address			
City	State	Zip Code	County
Provide specific directions to the facility from the closest major STATE highway. Attach a separate page, if necessary.			

2. Designated Mail Recipient (Identify and provide contact information for the individual to whom mail is to be sent.)			
Name – Designated Mail Recipient		Telephone Number (       )	
Mailing Address	City	State	Zip Code

3. Facility Information	
Is this a conversion from a nursing home or community based residential facility to an RCAC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Structure is a RCAC <b>ONLY</b> .	
<input type="checkbox"/> RCAC is a distinct part attached to a	
<input type="checkbox"/> Non-RCAC Independent Apartment Building	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Other ( <i>Explain.</i> )	<input type="checkbox"/> CBRF
Total Number of Independent <b>and</b> RCAC Apartments	Total Number of RCAC Apartments

Apartment Type	Number of Apartments	Apartment Size in Square Feet (Inside Measurement)		Monthly Rent, Utilities, Etc. (Exclusive of Services)	
		Smallest	Largest	Least Expensive	Most Expensive
Efficiency				\$	\$
1 Bedroom				\$	\$
2 Bedroom				\$	\$
3 Bedroom				\$	\$

**4. Applicant Information**

Individual	For Profit Organization	Non-Profit	Government Agency	
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Corporation <input type="checkbox"/> Church <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other	
Name – Owner			Telephone Number	
			(       )	
Mailing Address		City	State	Zip Code

**5. Applicant Ownership**

Applicant is the owner of:

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

- 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 Relative to the Applicant**

Name and Title		Extent of Financial Interest	
Address (Street Address / PO Box)		City	State      Zip Code
Name and Title		Extent of Financial Interest	
Address (Street Address / PO Box)		City	State      Zip Code
Name and Title		Extent of Financial Interest	
Address (Street Address / PO Box)		City	State      Zip Code
Name and Title		Extent of Financial Interest	
Address (Street Address / PO Box)		City	State      Zip Code

**If someone OTHER THAN THE APPLICANT has ownership interest in the BUILDING and the LAND, complete the following applicable sections.**

**7. Owner of the Building**

Name – Individual / Partnership / Corporation / Etc.

Address (Street Address / PO Box)	City	State	Zip Code
-----------------------------------	------	-------	----------

**8. Interest Parties Relative to the Owner of the Building**

Name and Title

Address (Street Address / PO Box)	City	State	Zip Code
-----------------------------------	------	-------	----------

Name and Title

Address (Street Address / PO Box)	City	State	Zip Code
-----------------------------------	------	-------	----------

Name and Title

Address (Street Address / PO Box)	City	State	Zip Code
-----------------------------------	------	-------	----------

**9. Owner of the Land**

Name - Individual / Partnership / Corporation / Etc.

Address (Street Address / PO Box)	City	State	Zip Code
-----------------------------------	------	-------	----------

**10. 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 six years, or both, per Chapter 946.32, Wis. Stats.

<b>SIGNATURE</b> – Residential Care Apartment Complex Chapter 50 Designee	Date Signed
---	-------------

Name – RCAC Chapter 50 Designee ( <i>Print or type.</i> )	Title
---	-------