

7. Does the Center advertise, market, or otherwise promote itself as providing care or treatment to persons with Alzheimer's disease or related disorders in a special unit or under a special program? Yes No

If "yes," submit the *Alzheimer's Disease or Related Disorders Special Care Disclosure Form* (ODH Form 613). [OAC 310:673-3-1]

Notice to Applicant: Any person who has been determined by the State Department of Health to have violated any provision of the Adult Day Care Act, or any rule or order issued pursuant thereto, may be liable for an administrative penalty of not more than Five Hundred Dollars (\$500.00) for each day that such violation continues.

I certify the information provided in this application and attachments are true and complete to the best of my knowledge and belief.

Type or Print Name of Person Signing for Applicant

Signature of Applicant

Name of Corporation, Partnership or Association

Official Title or Position

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____.

Name(s) of person(s) making statement.

Seal or Stamp

Signature of Notary Public

My Commission Expires: _____ / _____ / _____

My Commission Number is: _____

ADULT DAY CARE LICENSE APPLICATION INSTRUCTIONS

PART I INITIAL LICENSE APPLICATION

If the applicant has not been previously licensed or the center is not in operation, complete and submit the following:

1. \$75.00 for an initial 180 day license. For a license renewal: \$75.00 fee every year for a three year license; \$225.00 total. Total fee = (\$75.00 a year) x (3 years)
2. *Adult Day Care License Application* (ODH Form 712). All information requested on this form must be complete and accurate before your license can be issued. Form must be signed and notarized.
3. *Disclosure Statement* (ODH Form 953-B); *Detail Attachment to the Disclosure Statement* (ODH Form 953-C); *Affirmation Attachment to the Disclosure Statement* (ODH Form 953-D); and *Staffing Projection and Professional Certification for a Nursing or Long-term Care Facility* (ODH Form 953-E). The operating entity must complete the ODH Form 953-D.
4. Attach a statement from city or local zoning authority, which states that, the address of the center's location is zoned appropriately for licensure as an adult day care center. The letter must include the center's maximum participant capacity (occupancy load).
5. Attach a drawing of the floor plan of the center. If the center is to be located in a building that is occupied by other programs, entities, or services, the drawing must include details that demonstrates compliance with the following:

If the center is to be located in a building that is located in conjunction with another program that is also licensed by the Department, both programs must meet its own license requirements. Additionally, 63 O.S. 1-872.1 provides: "*Adult Day Care Center*" or "*center*" means a facility which provides basic day care services to unrelated impaired adults for more than four (4) hours in a twenty-four-hour period. A center shall be a distinct entity, either freestanding or a separate program of a larger organization. A center shall have a separately verifiable staff, space, budget, and participant record system. The term "*adult day care center*" or "*center*" shall not include retirement centers and senior citizens center.
6. Attach a complete description of programs and services.
7. Attach a copy of the applicant's financial statement and the facility's projected budget of revenues and expenses for the first month of operation.
8. Attach a copy of the local building and fire inspector's report or the State Fire Marshal's Inspection form.
9. If ODH Form 712, item 6 is marked "yes," submit the *Alzheimer's Disease or Related Disorders Special Care Disclosure Form* (ODH Form 613). [OAC 310:673-3-1]

10. Submit application, fee, and attachments to:

**Oklahoma State Department of Health
Health Facility System**
P.O. Box 268823
Oklahoma City, OK 73126-8823

**PART II
RENEWAL APPLICATION**

Complete and submit the following:

1. For an initial 180 day license, submit a \$75.00 fee. For a license renewal, submit a \$225.00 fee. Renewal Total Fee = (\$75.00 per year) x (3 years)
2. *Adult Day Care License Application* (ODH Form 712); and *Disclosure Statement* (ODH Form 953-B).
3. Attach a copy of the applicant's most recent financial statement.
4. If ODH Form 712, item 6 is marked "yes," submit *Alzheimer's Disease or Related Disorders Special Care Disclosure Form* (ODH Form 613). [OAC 310:673-3-1]
5. Submit application, fee, and attachments to:

**Oklahoma State Department of Health
Health Facility System
P.O. Box 268823
Oklahoma City, OK 73126-8823**

**PART III
OTHER**

Complete and submit as applicable.

1. For an increase in the number of participants the center is licensed to serve, complete and return *Adult Day Care License Application* (ODH Form 712); *Disclosure Statement* (ODH Form 953-B); *Detail Attachment to the Disclosure Statement* (ODH Form 953-C); *Affirmation Attachment to the Disclosure Statement* (ODH Form 953-D); *Staffing Projection and Professional Certification for a Nursing or Long-term Care Facility* (ODH Form 953-E); and provide a copy of the local building and fire inspector's report or the State Fire Marshal's Inspection form stating the approved occupancy load. If the center undergoes design or construction changes, attach a drawing of the floor plan.
2. For a decrease in the number of participants the center is licensed to serve, complete and return *Adult Day Care License Application* (ODH Form 712) and *Staffing Projection and Professional Certification for a Nursing or Long-term Care Facility* (ODH Form 953-E). If the center undergoes design or construction changes, attach a drawing of the floor plan.
3. For a center that undergoes design or construction changes, attach a drawing of the floor plan.
4. If *Adult Day Care License Application* (ODH Form 712), item 6 is marked "yes," submit *Alzheimer's Disease or Related Disorders Special Care Disclosure Form* (ODH Form 613). [OAC 310:673-3-1]
5. Submit application and attachments only to:

**Oklahoma State Department of Health
Health Facility System
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73102-6406**

Note: Do not send fees to this address.