

CCRC Registration Application

1. NAME OF CCRC (LEGAL ENTITY AS REGISTERED WITH SECRETARY OF STATE, ATTACH ADDITIONAL SHEETS AS NEEDED)			
2. NAME FACILITY IS DOING BUSINESS AS			
3. PHYSICAL ADDRESS OF CCRC (DO NOT USE P.O. BOX)			
CITY		STATE	ZIP CODE
		WA	
4. TELEPHONE NUMBER (INCLUDE AREA CODE) ()	5. FAX NUMBER (INCLUDE AREA CODE) ()		
6. MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE ZIP CODE
7. TYPE OF ACTION <input type="checkbox"/> Initial application <input type="checkbox"/> Renewal		8. PRIMARY EMAIL CONTACT	
9. TYPE OF OWNERSHIP <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (specify):			
10. APPLICATION BUSINESS TYPE <input type="checkbox"/> For profit <input type="checkbox"/> Not for profit (NFP).		11. TYPE OF LICENSED SERVICES OFFERED <input type="checkbox"/> Nursing Home (NH) <input type="checkbox"/> Assisted Living Facility (ALF)	
12. ATTACHED DOCUMENTS (CHECK BOX)			
<input type="checkbox"/> Completed application on form provided by the department that includes all the materials required in RCW 18.390.030.			
<input type="checkbox"/> Copies of residency agreements that the CCRC intends to use for the certification period.			
<input type="checkbox"/> Copy of disclosure statement that includes current information required by RCW 18.390.060:			
<input type="checkbox"/> A business address of CCRC;			
<input type="checkbox"/> Names of individual or individuals who constitute the CCRC;			
<input type="checkbox"/> Names of each of the officers, directors, trustees, or managing general partners of the legal entity with a description of each individual's duties on behalf of the legal entity;			
<input type="checkbox"/> Type of ownership, names of the CCRC's owner and operator, and the name of any affiliated facilities;			
<input type="checkbox"/> Names and business addresses of any individual with more than a 10 percent direct or indirect ownership or beneficial interest in the CCRC;			
<input type="checkbox"/> Description of each individual's interest in or occupation with the CCRC;			
<input type="checkbox"/> The location and general description of the CCRC including:			
<input type="checkbox"/> The year the CCRC opened;			
<input type="checkbox"/> The location and number of living units, licensed assisted living facility beds, and nursing beds considered part of the CCRC;			
<input type="checkbox"/> Average annual occupancy rate for the prior three fiscal years for each type of unit or bed; and			
<input type="checkbox"/> Any other care facilities owned or operated by the owner of the CCRC.			
<input type="checkbox"/> An explanation of the CCRC's policy regarding placement in off-site ALF and NH and the payment responsibilities of the CCRC and the resident in the event of off-site placement;			
<input type="checkbox"/> The number of residents who were placed off-site in the previous three years for assisted living and nursing home services due to lack of available capacity at the CCRC.			
<input type="checkbox"/> An explanation of all types of fees charged by the CCRC for application, initial entry, monthly, and any other fee required for residence, including:			
<input type="checkbox"/> Refund policies for each type of fee;			
<input type="checkbox"/> How each type of fee is determined; and			
<input type="checkbox"/> Current ranges for each type of fee.			
<input type="checkbox"/> Statement describing the CCRC's policy for notifying residents for fee increases including the amount of prior notification that is provided;			

12. ATTACHED DOCUMENTS (CHECK BOX) (CONTINUED)

- Statement describing the CCRC's policy related to changes in levels of care and any associated fees;
- Statement describing the CCRC's policy for termination of the contract, including the return of any fees or deposits pursuant to the residency agreements.
- Description of services provided or proposed to be provided by the CCRC under the residency agreement including:
 - The extent to which care, long term care, or health-related services are provided. If services are provided at a facility that is not certified as part of the CCRC's campus, the disclosure statement must identify the location where the services are provided and any additional fees associated with those services;
 - Services made available by CCRC for additional charges.

Summary of Financials

- Copies of the CCRC's two most recent annual audited financial statements** prepared in accordance with generally accepted accounting principles by a certified public accountant not more than 18 months prior to the date that the CCRC applied for current registration.

OR:

If the CCRC is new and:

- Obtained financing, but does not have two years of audited financial statement as required, an independent accountants report **opinion letter** that has evaluated the financial feasibility of the CCRC; or
- Has not obtained financing, **a summary of the actuarial analysis** for the new CCRC stating that the CCRC is in satisfactory actuarial balance.

- Payment of registration fee \$900.00**

Managerial Attestation – Disclosure Notification

I certify and declare under penalty of perjury that the following is true and correct:

The CCRC is in compliance with the disclosure notification requirements listed in chapter 18.390.060

And that:

I am duly authorized to sign this attestation on behalf of the applicant.

DATE	PRINTED NAME	SIGNATURE
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Certificate of Application

I understand any registration granted pursuant to this application is nontransferable under RCW 18.390.030.

I understand that failure to accurately answer or fully complete the questions on this application, including all information required by chapter 18.390 RCW may result in denial of the application.

I understand and agree that the information I give to the department will be used to verify the representations made in this application. Any information I give to the department may be used by the department solely for this purpose.

I understand that the department shall base its decision to issue a registration on the completeness of the application. If an application is incomplete, the department shall inform the applicant and give the applicant the opportunity to supplement its submission.

I understand that if this application for CCRC registration on the department's registry is denied, I may request an administrative fair hearing within 30 days of receiving the denial letter from DSHS. I understand that a written request for fair hearing must be submitted to: Office of Administrative Hearings, PO Box 42489, Olympia, Washington 98504-2489.

SIGNATURE OF OFFICER, DIRECTOR, MEMBER, ETC. OF APPLICANT OR DESIGNEE	TITLE
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LEGAL NAME OF INDIVIDUAL OR ENTITY	PHONE NUMBER
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DATE SIGNED	CITY AND STATE WHERE SIGNED	EMAIL ADDRESS
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