

**DAIL-ALC-1 ASSISTED-LIVING COMMUNITY CERTIFICATION APPLICATION**  
CABINET FOR HEALTH AND FAMILY SERVICES – DEPARTMENT FOR AGING AND INDEPENDENT LIVING

Edition 8/6/19

**Check one:** Initial Cert. \_\_\_\_\_; Annual Renewal. \_\_\_\_\_; Cert. # \_\_\_\_\_ **Other or Change information** \_\_\_\_\_

1. Name of the Assisted-Living Community (ALC): \_\_\_\_\_
2. Name of the Assisted Living Community as registered under the Secretary of State: \_\_\_\_\_
3. Physical address of Assisted Living Facility: \_\_\_\_\_ County \_\_\_\_\_
4. Mailing address of Assisted Living Facility (ALC): \_\_\_\_\_
5. Facility Contact Persons Information: Name \_\_\_\_\_ Title \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_
6. Name of Owner/Corporation Information if different than contact of the Assisted Living Facility  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone#: \_\_\_\_\_
7. Would Corporate want a copy of documentation shared with them about site visits/complaints Yes  No
8. Number of total Assisted Living Units for which certification is sought: \_\_\_\_\_ Number of Units under Special Programming \_\_\_\_\_
9. Estimated Number of adult persons for which services will be provided: \_\_\_\_\_
10. Notifications required by DAIL

- Opening Date of New Assistant Living Facility (ALC) 60 Day Notice ( 910 KAR 1:240 Section 2(1))  
(Insert Date) \_\_\_\_\_
- Annual Renewal Due by July 1 : (910KAR 1 240 Section (3))
- Change of Ownership or Management Change 30 Day Notice (910KAR 1 240 Section 4(4)(b)(1))
- Renovation: Decrease/Increase 60 Day Notice (910KAR 1 240 Section 4(b)(3))
- Termination of Operation 60 Day Notice (910KAR 1 240 Section 4(2)(b))

11. For New Facilities attach the following

- Floor plan of ALC that identifies living units, central dining, laundry facility and central living room.
- Current copy of all required life safety codes, certificates and permits
- Current copy of a blank lease agreement and any documents which are incorporated by reference.
- Copy of written materials used to market the ALC, including materials that market any special programming, staffing or training.

**Required Enclosures**

Nonrefundable certification fee of forty dollars (\$40) per living unit, in addition to the application fee.

**APPLICATION FEE STRUCTURE**

Number of Units	Application Fee
100+	\$2,000
75-99	\$1,750
50-74	\$1,500
25-49	\$1,000
< 25	\$500

**Important-this section must be completed**

**I have reviewed KRS 194A.700 through KRS 194A.729, KRS 216.785 through KRS 216.793, and 910 KAR 1:240 relating to assisted living communities. As an Applicant, I confirm that this Community has the Certification Requirements in place and is capable of and agrees to comply with the conditions set forth in all related requirements.**

Name and title of applicant (must be either owner or manager) \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_