Application for License to Operate a Residential Crisis Stabilization Unit OIG 20:440 – October 2014 edition

I.	Type of Application:				
	Renewal Applicat	application (\$750 Fee) ion (\$500 Fee) (\$25 Fee), Effective Date: _	Change of Location (\$10	· · · · · · · · · · · · · · · · · · ·	
II.	Identification:				
License	Number:				
		(Not applicable if this is a	an application for initial licer	nsure)	
Name:					
Physica	al Location of Facility:				
		(Street)		(City)	
	-			(-	
		(County)	(State)	(Zip Code)	
	g Address: _ erent from above)	(Street)		(City)	
(II ullie	rent nom above)	(Street)		(City)	
	_	(County)	(Sta	te)	(Zip Code)
Teleph	one Number:				
Name	of Primary Contact for	Correspondence:			
Email A	Address:				
			contact for correspondence	e)	
Date fa	icility began operating	at current address:			
Date fa	icility began operating	under current owner:			
III.	CONTROL (Check one	e in each column.)			
	State	Profit		Individual	
	County	Nonprof	it	Partnership	
	City Private			Corporation	

NOTE:	Provide the following supporting documental	tion as an attachment to t	his application:		
NOTE.	The of name, mailing address, email add				
	twenty-five (25) percent ownership inter	, .			
	 If owned by a corporation, the name, ma officer or director of the corporation; 	ailing address, email addre	ess and phone number of ea		
	 If owned by a partnership, the name, mapartner. 	ailing address, email addre	ess and phone number of ea		
FIRE MARSHAL (FOR INITIAL, ADDITIONAL EXTENSIONS, AND CHANGE OF LOCATION APPLICATIONS.)					
Please submit documentation of the Fire Marshal's approval for the location where services will be provided Final approval from the Fire Marshal shall be considered current if approved within 12 months from the data of the fire Marshal receives the licensure application. If your facility has not been inspected and approved within the previous 12 months, please contact the Fire Marshal's Office to request an inspection					
An incomplete application or failure to submit the applicable licensure fee may result in return of the application to the applicant. A completed application should not be submitted to the Office of Inspector General until the facility is ready for an inspection.					
Concil	al until the facility is ready for an inspection.				
I under status at that enter t is accu	rstand that any change in the information provof this service will be reported to the Office of time. I agree that this facility and all aspects the facility for the purpose of inspection. I certaite to the best of my knowledge and I recognization of licensure.	ovided within this application of Inspector General and a rest of its operation allow states that the information g	new application will be com te agency licensing personn iven in completing this app		
I under status at that enter t is accu or revo	rstand that any change in the information provof of this service will be reported to the Office of time. I agree that this facility and all aspects the facility for the purpose of inspection. I cert rate to the best of my knowledge and I recogn	ovided within this application of Inspector General and a rest of its operation allow states that the information g	new application will be com te agency licensing personn iven in completing this app		
I under status at that enter to is accurate or revo	rstand that any change in the information provof this service will be reported to the Office of time. I agree that this facility and all aspects the facility for the purpose of inspection. I certate to the best of my knowledge and I recognocation of licensure.	ovided within this application of Inspector General and a rest of its operation allow state that the information of this increase that falsification of the Title	new application will be com te agency licensing personn iven in completing this app s application may result in o		
I under status at that enter t is accu or revo	rstand that any change in the information provof this service will be reported to the Office of time. I agree that this facility and all aspects the facility for the purpose of inspection. I certate to the best of my knowledge and I recognization of licensure.	ovided within this application of Inspector General and a rest of its operation allow state that the information of this increase that falsification of the Title	new application will be com te agency licensing personn iven in completing this app s application may result in o		
I under status at that enter t is accurate or revolution of the status o	rstand that any change in the information provof this service will be reported to the Office of time. I agree that this facility and all aspects the facility for the purpose of inspection. I certate to the best of my knowledge and I recognization of licensure. The application, fee, and proof of accreditation of Inspector General in of Health Care	ovided within this application of Inspector General and a rest of its operation allow state that the information of this increase that falsification of the Title	new application will be com te agency licensing personn iven in completing this app s application may result in o		
I under status at that enter t is accurate or revolution of the status o	rstand that any change in the information provof this service will be reported to the Office of time. I agree that this facility and all aspects the facility for the purpose of inspection. I certate to the best of my knowledge and I recognization of licensure. The application, fee, and proof of accreditation of Health Care st Main Street, 5E-A	ovided within this application of Inspector General and a rest of its operation allow state that the information of this increase that falsification of the Title	new application will be com te agency licensing personr iven in completing this app s application may result in		
I under status at that enter t is accurate or revolution of the Division 275 Ea	rstand that any change in the information provof this service will be reported to the Office of time. I agree that this facility and all aspects the facility for the purpose of inspection. I certate to the best of my knowledge and I recognization of licensure. The application, fee, and proof of accreditation of Inspector General in of Health Care	ovided within this application of Inspector General and a rest of its operation allow state that the information of this increase that falsification of the Title	new application will be come te agency licensing personr iven in completing this app s application may result in		
I under status at that enter to is accurate or revolution of the Division 275 Earankfor *Unless*	rstand that any change in the information provof this service will be reported to the Office of time. I agree that this facility and all aspects the facility for the purpose of inspection. I certate to the best of my knowledge and I recognization of licensure. The application, fee, and proof of accreditation of Inspector General in of Health Care st Main Street, 5E-A ort, Kentucky 40621 The application is granted, Residential Crisis Street and proof of accreditations.	ovided within this application of Inspector General and a rest of its operation allow state of the information genize that falsification of this application of the information of this ion*:	new application will be come te agency licensing personal iven in completing this application may result in Date		
I under status at that enter to is accurate or revolution of the Division 275 Earankfor *Unless*	rstand that any change in the information provof this service will be reported to the Office of time. I agree that this facility and all aspects the facility for the purpose of inspection. I certate to the best of my knowledge and I recognization of licensure. The application, fee, and proof of accreditation of Health Care st Main Street, 5E-A ort, Kentucky 40621	ovided within this application of Inspector General and a rest of its operation allow state of the information genize that falsification of this application of the information of this ion*:	new application will be contended agency licensing person liven in completing this application may result in Date		