

APPLICATION FOR ADDITION OF ADULT DAY PROGRAM SERVICES UNDER THE ADHC LICENSE

ADH 0012 (08/11)

Applicant Legal Name (Licensee Name):	Center Name:	
Applicant Address:	Center Address:	
Applicant Phone:	Center Phone:	Center's Current Capacity:

We are currently licensed to provide Adult Day Health Care (ADHC) Services.

Yes ____ No ____

If no, stop, do not complete this form. Contact the California Department of Public Health Licensing District Offices to obtain information on ADHC licensure:

Orange County District Office: (800) 228-5234 or (714) 567-2906
(Serves: Imperial, LA, Orange, Riverside, San Bernardino, San Diego counties)

San Jose District Office: (800) 554-0348 or (408) 277-1784
(Serves: All other counties)

If yes, complete the following:

1. We plan to provide the following additional adult day program (ADP) services at the facility address listed above: Yes ____ No ____
2. We currently have an adult day program license issued by Community Care Licensing. Expiration Date: _____ Yes ____ No ____
3. The ADHC and ADP programs will share staff. Yes ____ No ____
4. The ADHC and ADP programs will share space. Yes ____ No ____
5. We have revised our accounting records to allocate costs between the ADHC and ADP services. Yes ____ No ____
6. We are requesting an increase in the license capacity of the center. Yes ____ No ____

If no, attach a copy of the fire marshal's approval of the current occupancy of the facility.

If yes, enter the requested revised capacity: _____
Attach a copy of the center's current occupancy permit.
(CDPH will request a fire clearance for the requested revised capacity.)

Continued on reverse side.

7. Attached are the following documents:

- ___ a. The new organization chart which reflects the addition of the ADP program.
- ___ b. A list of those ADHC center policies and procedures which have been revised to reflect the addition of ADP services, including staff roles and responsibilities.
- ___ c. The Staffing/Services Arrangement" form (ADH 0006). Indicate those staff who have dual responsibility for ADP/ADHC programs/participants and those staff who have ADP responsibilities only by asterisking per legend on form.
- ___ d. Revised job descriptions for positions which will now have a dual role, and for any new positions.
- ___ e. If an amended brochure will be developed to advertise the dual program, a copy of the draft brochure for review and approval.
- ___ f. The "Proposal to Share Space" form (ADH 0007) and floor plan.
- ___ g. Requests for the following program flexibilities for the operation of the dual program:

If any of the above items in 6a-g. are not attached, please explain:

I accept responsibility to:

- a. Comply with local ordinances regarding zoning, sanitation, building and other appropriate ordinances, and
- b. Comply with ADHC laws and regulations.

I declare under penalty of perjury that the statements on this application and the accompanying attachments are true and correct.

Signature of Provider or Legal Representative

Date