

APPLICATION DOCUMENTS REQUIRED FOR  
**HOMES FOR INDIVIDUAL RESIDENTIAL CARE (HIC)**  
 INITIAL/CHOW APPLICATION

DATE TO DPBH	DOCUMENT	REFERENCE
	<b>APPLICATION FORM</b> (must be NOTORIZED ORIGINAL)	NRS 449.040
	<b>FEE OF \$1764.00 + FEE PER BED OF \$184.00</b>	NAC 449.016
	<b>BILL OF SALE</b> (for CHOW only)	NRS 449.040(7)
	<b>EVIDENCE OF ZONING APPROVAL (BUSINESS LICENSE, CONDITIONAL USE VERIFICATION FORM OR SPECIAL USE PERMIT) FROM THE LOCAL CITY OR COUNTY JURISDICTION</b>	NAC 449.011(4)(e) NRS 449.040(10)
	<b>SURETY BOND</b>	NRS 449.065
	<b>LEASE AGREEMENT</b> (if applicable)	NAC 449.011(4)(f)
	<b>PARTNERSHIP AGREEMENT</b> (if applicable)	NAC 49.011(4)(a)(4)
	<b>ARTICLES OF INCORPORATION</b> (for corporations only) <b>ARTICLES OF ORGANIZATION</b> (for LLC's only)	NAC 449.011(4)(g)
	<b>GOVERNING BODY BYLAWS</b> (for corporations only) <b>OPERATING AGREEMENT</b> (for LLC's only)	NAC 449.011(4)(g)
	<b>3 YEAR BUSINESS HISTORY</b> (If less than 3 year history, then resume(s) and 3 letters of reference for the applicant(s) including corporate officers)	NAC 449.011(3)
	<b>FINANCIAL STATUS INFORMATION or STATEMENT</b>	NAC 449.011(3)
	<b>RESUME FOR DIRECTOR</b>	NAC 449.15521(2)
	<b>3 LETTERS OF REFERENCE FOR DIRECTOR</b>	NAC 449.011(3)
	<b>HIGH SCHOOL DIPLOMA OR EQUIVALENT FOR DIRECTOR</b>	NAC 449.15521(1)
	<b>PROOF THAT DIRECTOR IS 21 YEARS OLD</b>	NAC 449.15521(1)
	<b>FORM INDICATING COMPLIANCE WITH NRS 449.174 FOR EMPLOYEES AND/OR INDEPENDENT CONTRACTORS</b>	NRS 449.123
	<b>*APPLICANT/ LICENSEE CRIMINAL BACKGROUND CHECK REPORTS FROM THE DEPARTMENT OF PUBLIC SAFETY (DPS) - THIS INCLUDES ALL CORPORATE OFFICERS</b> (Refer to the HCQC website and application packet for instructions regarding fingerprinting)	NRS 449.122
	<b>*CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHALL</b> (DPBH will send a facility/agency inspection request to the State Fire Marshall (SFM) after the application and fee are submitted. After the SFM office completes their inspection, they will notify DPBH of the facility/agency's compliance)	NRS 449.150(1)
	<b>FLOOR PLAN WITH DIMENSIONS</b>	NRS 449.040(7)
	<b>8 X 11 PHOTOGRAPH OF THE FACILITY/AGENCY OR ESTIMATED DATE OF CONSTRUCTION COMPLETION</b>	NRS 449.040 (7)
	<b>MEDICAL LABS ATTESTATION</b>	NRS 652.080
	<b>RENEWAL NOTICE ATTESTATION</b>	
	<b>ELDER ABUSE, NEGLECT &amp; EXPLOITATION TRAINING</b> <a href="http://health.nv.gov/HCQC_HealthFacilities.htm">http://health.nv.gov/HCQC_HealthFacilities.htm</a> (Look for the face of the elderly gentleman for the PowerPoint training. The test is to the right of the elderly gentleman. Print it out, complete, sign and date the test. Submit with your application.)	NRS 449.093
	<b>*MANDATORY APPLICANT LICENSURE TRAINING FOR HOMES FOR INDIVIDUAL RESIDENTIAL CARE.</b> You may complete the training before or after submitting your application. Check the New applicant class schedule on our website: <a href="http://health.nv.gov/HCQC_Forms.htm">http://health.nv.gov/HCQC_Forms.htm</a>	
	<b>SAFE INJECTIONS ATTESTATION: PLEASE ASK LICENSING PROCESSOR FOR THIS ATTESTATION</b>	NRS 449.092
	<b>MANDATORY WEBINAR FOR BACKGROUND CHECK REQUIREMENT</b> (See training schedule on website for webinar date and RSVP information)	NRS 449.123

When submitting your application packet you **MUST** turn in all of the documents on this checklist, with the exception of Certificate of Compliance from State Fire Marshall & background check reports, or your application packet will be considered incomplete and returned to you.