## APPLICATION DOCUMENTS FOR INTERMEDIATE CARE FACILITIES (ICF) INITIAL/CHOW APPLICATION

| DATE<br>TO DPBH | DOCUMENT   | REFERENCE                            |
|-----------------|--|--------------------------------------|
|                 | APPLICATION FORM (must be NOTORIZED ORIGINAL)  | NRS 449.040                          |
|                 | FEE OF \$946.00 + FEE PER BED OF \$72.00   | NAC 449.016                          |
|                 | EVIDENCE OF ZONING APPROVAL (BUSINESS LICENSE, CONDITIONAL USE VERIFICATION FORM OR SPECIAL USE PERMIT) FROM THE LOCAL CITY OR COUNTY JURISDICTION   | NAC 449.011(4)(e)<br>NRS 449.040(10) |
|                 | CERTIFICATE OF INSURANCE   | NAC 449.671(2)                       |
|                 | SURETY BOND (must be ORIGINAL)   | NRS 449.065                          |
|                 | LEASE AGREEMENT (if applicable)  | NAC 449.011(4)(f)                    |
|                 | PARTNERSHIP AGREEMENT (if applicable)  | NAC 49.011(4)(a)(4)                  |
|                 | ARTICLES OF INCORPORATION (for corporations only) ARTICLES OF ORGANIZATION (for LLC's only) GOVERNING BODY BYLAWS (for corporations only)  | NAC 449.011(4)(g)                    |
|                 | GOVERNING BODY BYLAWS (for corporations only) OPERATING AGREEMENT (for LLC's only)  3 YEAR BUSINESS HISTORY (if less than 3 year history, then resume(s) and 3   | NAC 449.011(4)(g)                    |
|                 | letters of reference for the applicant(s) including corporate officers)  | NAC 449.011(3)                       |
|                 | FINANCIAL STATUS INFORMATION or STATEMENT  | NAC 449.011(3)                       |
|                 | ADMINISTRATOR LICENSE (name of facility must be on license)  | NRS 449.035                          |
|                 | 3 LETTERS OF REFERENCE FOR ADMINISTRATOR   | NAC 449.011(3)                       |
|                 | *CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHALL (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)                       |
|                 | FORM INDICATING COMPLIANCE WITH NRS 449.174 FOR EMPLOYEES AND/OR INDEPENDENT CONTRACTORS   | NRS 449.123                          |
|                 | *APPLICANT/ LICENSEE CRIMINAL BACKGROUND CHECK REPORTS FROM THE DEPARTMENT OF PUBLIC SAFETY (DPS) - THIS INCLUDES ALL CORPORATE OFFICERS (Refer to the DPBH website and application packet for instructions regarding fingerprinting)  | NRS 449.122                          |
|                 | MEDICAL LABS ATTESTATION   | NRS 652.080                          |
|                 | FLOOR PLAN WITH DIMENSIONS   | NRS 449.040(7)                       |
|                 | PLAN REVIEW APPLICATION ON FILE (for initial applicants and new construction or remodeling)  | NAC 449.685(6)                       |
|                 | PERMIT FOR KITCHEN – PLEASE CONTACT LICENSE PROCESSOR FOR FURTHER INFORMATION  | NAC 449.716(5)(a)                    |
|                 | BILL OF SALE (for CHOW only)   | NRS 449.040(7)                       |
|                 | 8 X 11 PHOTOGRAPH OF THE FACILITY/AGENCY OR ESTIMATED DATE OF CONSTRUCTION COMPLETION  | NRS 449.040 (7)                      |
|                 | ELDER ABUSE, NEGLECT & EXPLOITATION TRAINING   | NRS 449.093                          |
|                 | RENEWAL ATTESTATION  MANDATORY WEBINAR FOR BACKGROUND CHECK REQUIREMENT (See training schedule on website for webinar date and RSVP information)   | NRS 449.123                          |

When submitting your application packets you  $\underline{MUST}$  turn in all of the required documents on this checklist with your application packet or your application will be considered incomplete and returned to you.