



MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Office of Inspector General - Licensure Bureau

2401 Colonial Drive

P.O. Box 202953 Helena, MT 59620-2953

FAX: (406) 444-1742

**ASSISTED LIVING FACILITY LICENSE APPLICATION:
CATEGORY B SUPPLEMENTAL**

**** If a new facility, or if changes have occurred since initially licensed,
please include a completed Category A Application ****

Facility Name: _____

Facility Address: _____ PO Box: _____

City: _____ State/Zip: _____

Facility Telephone Number: _____ FAX: _____

Name of Licensed Health Care Professional (LHCP) performing on-site assessments, certification of care level and health care plan: _____

Please submit the following:

- Verification that the administrator has met the requirements for Assisted Living Administration **and** has one or more years-experience working in the field of geriatrics or caring for disabled residents in a licensed facility.
- Copy of the license for the LHCP mentioned above.
- Category B policy and procedures.

Application for a Category B Assisted Living Facility license is hereby submitted under the provision of Section 50-5-101 through 50-5-228.

SIGNED _____ DATE _____

TITLE _____

ADDRESS: _____ CITY _____ STATE/ZIP _____