



**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 C 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 an Assisted Living Administrator **and** has three or more years-experience working in the field of geriatrics or caring for disabled residents in a licensed facility, or a documented combination of education and training that is equivalent to the experience required, as determined by the Department.
- Copy of the license for the LHCP mentioned above.
- Category C policy and procedures, including the facility's or unit's philosophy and approaches to providing care and supervision for persons with severe cognitive impairment
- Category C resident agreement
- If a secured distinct part or locked unit is designated for the exclusive use of residents with severe cognitive impairment, the facility must submit:
  - a floor plan, indicate type of locking unit, and



- approval of the locking device &/or system from either:
  - a) most recent building code approval from the local authority having jurisdiction, OR
  - b) the local or state fire marshal inspection conducted within the past twelve (12) month period.

***Application for a Category C 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 \_\_\_\_\_