ASSISTED LIVING FACILITY LICENSE APPLICATION:
CATEGORY B SUPPLEMENTAL REQUIREMENTS

Category B facilities must meet all Category A requirements

IF A NEW FACILITY OR CHANGES HAVE OCCURRED SINCE INITIALLY LICENSED
PLEASE INCLUDE COMPLETED CATEGORY A APPLICATION WITH THIS APPLICATION

Facility Name:
Facility Address: PO Box:
City/State: Zip:
Facility Telephone Number: FAX:
Facility E-mail/Web page Address:
*Name of health care provider or agency performing on-site assessments, certification of care level and health care plan:
*A Category B license will not be issued without this information. The provider must be an RN or higher level of professional clinician.

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.

☐ 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. (See attached)

SIGNED___________________________________________________ DATE_____________
TITLE________________________________________________________________________
ADDRESS:____________________________________________________________________
CITY____________________________STATE/ZIP___________________________________

Updated 11/25/04
mgb