



STATE OF TENNESSEE  
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
OFFICE OF RISK MANAGEMENT & LICENSURE

**INITIAL APPLICATION** To Conduct A Facility And/or Service Providing Personal Support Services

**INSTRUCTIONS:** Please read carefully and complete this form and its attachments in full. Please type or print legibly. This application may be made by the individual owner, chief executive officer, director or other member of the governing body on whom rests the authority and responsibility for maintaining standards, policies, and procedures for the facility/service to be operated.

1. **DATE OF APPLICATION** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

2. **IDENTIFICATION OF APPLICANT** Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, operate or maintain a facility or service:

3. **APPLICANT'S ADDRESS** Give the street address (and mailing address, if different) of the applicant's primary place of business or residence:

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

4. **APPLICANT'S TELEPHONE NUMBER(S) AND FAX NUMBER(S):**

5. **APPLICANT'S E-MAIL ADDRESS:**

6. **ORGANIZATIONAL STRUCTURE.** Identify the type of organizational structure of the applicant's governing body; check one (1) of the following:

- Individual (Proprietorship)
- Partnership
- Church
- Nonprofit Corporation
- For Profit Corporation

- Association
- Government Agency
- State University
- Other: \_\_\_\_\_

7. **CHIEF EXECUTIVE OFFICER OR DIRECTOR.** Identify below the person who will be responsible for the overall daily management and oversight of the facility/service to be operated by the applicant. This person may be the same as the individual applicant(s) in the case of a proprietorship or partnership. This person may be someone who is hired or appointed by the applicant, such as in the case of a corporation, association or other organization which employs a chief executive officer, director, etc. Or, the person may be employed by a management firm with which the applicant has contracted to oversee the daily operation of the facility and/or service. Check one (1) of the following statements:

The facility/service will be managed and overseen on a daily basis by the individual applicant(s) named in item (2) above.

The facility/service will be managed and overseen on a daily basis by a person hired by the applicant. Identify this person:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

- The facility/service will be managed and overseen by a person employed by the management firm under contract with the applicant. Identify the person and the firm: (**NOTE:** A copy of the management contract between the applicant and the firm listed below must be submitted with this application.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Firm's Name: \_\_\_\_\_

Firm's Address: \_\_\_\_\_

**8. CORPORATION/ASSOCIATION INFORMATION.** (**Note:** This item must be answered only by those applicants having a corporation, association or other collective type of organizational structure. Proprietorships, partnerships, governmental agencies and state universities do **not** complete this item.)

- a. List below the names, titles or positions, and places of residence of each person having membership in the governing body of the corporation, association, church, or other organization making this application: (For example, the board of directors, elders, etc.)

Name	Title / Position	Place of Residence

(If necessary, continue listing on separate sheet and check here .)

- b. A Corporation must submit copies of its corporate charter as certified by the Secretary of State.

**9. BACKGROUND AND HISTORY.**

**IMPORTANT:** A criminal background check must be performed on the individual applicant(s) in the case of proprietorships and partnerships, and when applicable, the person identified in Item (7) of this application as the chief executive officer, director or other person charged with the overall daily management and oversight of the facility/service. The criminal background check shall include previous state(s) of residence, if any. **The individual(s) must supply fingerprint samples for a criminal history/background records check to be conducted by the Tennessee Bureau of Investigation or release information for a criminal background check by a state-licensed private investigation company.** The receipt provided by T.B.I. or state licensed private investigation company must be submitted with this application in order for a copy of the criminal background investigation report to be obtained.

**You must also attach proof of citizenship or evidence of legal immigration.**

The following questions are to be answered about the individual applicant(s) in the case of a proprietorship or partnership, and about any responsible person who is hired or appointed by the applicant to be the chief executive officer, director or other person in charge of the overall daily operation of a facility/service. These questions also are to be answered about the members of the governing body (board of directors, etc.) of a corporation, association or other organization applying for license.

- a. Has the applicant, or any responsible person referenced above, ever been convicted, or currently under any charges, for offense against the law? (**Note:** You may exclude traffic violations for which a fine of less than \$100.00 was paid, and any offense which was committed before a person's eighteenth birthday and finally adjudicated in a juvenile court or under youth offender law.)

NO

YES If yes, give details of person's name, date, place, charge, court, and action taken:


- b. Has the applicant, or any responsible person referenced above, ever held a license from this state, or any other state, to conduct a facility/service for providing intellectual and developmental disability (mental retardation) or personal support services?

NO

YES from the Tennessee Department of Mental Health and Substance Abuse Services

YES from the following state and agency for the following facility/service and location:


c. Has the applicant, or any responsible person referenced above, ever held a license or certificate from this state, or any other state, to operate a facility/service providing services to persons in need of other protective or supportive services, such as a nursing home, residential home for the aged, child or adult day care, foster home, etc.?

NO

YES If yes, give details of person's name, dates of operation, facility/service name and location, and licensing agency:


d. Has the applicant, or any responsible person reference above, ever held a license or certificate to practice a regulated profession in this state, or any other state, and had such license revoked, denied or suspended? (Such as: physician, nurse, facility administrator, social worker, attorney, psychologist, etc.)

NO

YES If yes, give details of person's name, profession, date, place and action taken against such license:


(If additional space is needed to answer any of the above, attach separate sheet and check here )

10. **EDUCATION AND EXPERIENCE.** The following information is to be supplied about the individual applicant(s) in the case of proprietorships and partnerships, and when applicable, about the person identified in item (7) of this application as the chief executive officer, director or other person charged with the overall daily management and oversight of the facility/service to be operated by the applicant.

a. Give full name(s) (including maiden name(s) when applicable), place(s) and date(s) of birth, Social Security number(s) of the person(s) for whom this information is being supplied:

Full Name	Date of Birth	Place of Birth	Social Security Number

b. Give the place, date, and degree or grade of the highest level of education achieved:

c. If residing at current address less than five (5) years, give previous address:

d. List previous employment or business occupation for the past five (5) years:


(If additional space is needed to answer any of the above, attach separate sheet and check here )

11. **FINANCIAL RESOURCES.** A financial statement **must** be submitted in order to demonstrate the applicant's financial solvency and responsibility to operate a facility/service. The applicant must provide a financial statement or other information which is complete and sufficient in showing the total assets, liabilities and income of the applicant. Attach a copy of the most recently proposed budget for the facility's/services' operation, or of the most recent fiscal report or financial statement. The financial statement form included with this application may be used for completing a financial statement. (**Note:** This item does not apply to state-operated facilities/services.)

12. **DESCRIPTION OF FACILITY/SERVICES.** The licensure rules identify and describe distinct categories of facilities/services, which must meet differing rules, based on the type of program services provided and the needs of the persons served. "Fact Sheet(s)" **must** be submitted with this application. One (1) fact sheet must be completed for each distinct category of facility/service to be operated at each site. To be clear, when more than one (1) facility/service category

is to be operated at a single site, an individual fact sheet must be completed and submitted for each category of facility to be operated at that single site.

13. **ACCREDITATION/CERTIFICATION STATUS.** Accreditation or certification of an applicant's facility/service is **optional** and is **not** required in order to be approved for license; however, participation in any of the following accreditation or certification programs may qualify a facility/service to be deemed into compliance with certain programmatic rules of licensure. To be considered for deemed status, the applicant must submit documentation showing current accreditation or certification status, the facility/service, facility programs/services covered by such status, the effective dates of the status, and the findings of the accrediting or certifying body, including any deficiencies with plans of correction.

The following accreditation and certification programs are recognized; check any applicable participation.

- |   |  |
|---|--|
| <input type="checkbox"/> The Joint Commission   | <input type="checkbox"/> Council on Quality and Leadership (CQL)                           |
| <input type="checkbox"/> Council on Accreditation of Rehabilitation Facilities (CARF)                 | <input type="checkbox"/> Department of Intellectual & Developmental Disabilities QA Survey |
| <input type="checkbox"/> Council on Accreditation   | <input type="checkbox"/> Department of Health ICF/MR Survey                                |
| <input type="checkbox"/> National Commission on Accreditation for Special Education Services (NCASES) | <input type="checkbox"/> Department of Education Early Intervention Certification          |

14. **COMMUNITY REFERENCES.** List below the names and addresses of three (3) persons or organizations who can attest to the applicant's responsible and reputable character or reputation, and to the applicant's ability to conduct a facility/service providing services to persons who are vulnerable to neglect, abuse and exploitation. The persons or organizations listed must not be related to the applicant by marriage, blood or in a vested business interest. These individuals will be contacted by this department to obtain letters of reference.

- a. Name: \_\_\_\_\_  
Address \_\_\_\_\_
- b. Name: \_\_\_\_\_  
Address \_\_\_\_\_
- c. Name: \_\_\_\_\_  
Address \_\_\_\_\_

15. **ADDITIONAL INFORMATION.** Use this space to provide any additional information you believe would be helpful in determining your application:


16. **APPLICATION PROCESSING FEE FOR LICENSE RENEWAL A fee is required to be submitted by the applicant for the processing of the application for license renewal.** The amount of total fee to be submitted is based on the number of distinct, non-residential categories to be operated at each non-residential site; and on the total number of service recipient beds to be operated at each distinct, residential site. (This information is found on the face of the license certificate(s) you currently hold.)

The "Licensure Application Fees Invoice" along with the identified fee(s) must be submitted separately from this renewal application. The fee(s) and Invoice must be submitted to the Fiscal Services address noted on the Invoice form. Do not send fees or the Invoice f to the Regional Office of Licensure.

**Do Not Send Cash.** Fees are to be submitted by check or money order made payable to the State of Tennessee. **Fees Are Non-Refundable.**

**Applications will not be processed until the correct fee has been submitted.**

17. **CERTIFICATION OF APPLICATION.** This certification is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the oversight of the facility/service by the appointing authority in the case of a governmental agency or state university.

**I HEREBY DECLARE THAT THIS APPLICATION AND ITS ACCOMPANYING ATTACHMENTS HAVE BEEN CAREFULLY READ AND COMPLETED, AND TO THE BEST OF MY KNOWLEDGE, THEY ARE TRUE, CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION AND AGREE TO COMPLY WITH THE RULES PROMULGATED UNDER TENNESSEE CODE ANNOTATED, TITLE 33, CHAPTER 2, PART 4, FOR THE CONDUCT OF A FACILITY/SERVICE PROVIDING INTELLECTUAL AND DEVELOPMENTAL DISABILITY (MENTAL RETARDATION) AND/OR PERSONAL SUPPORT SERVICES.**

Signature of Applicant or Authorized Agent: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name and Title of Person Signing Above: \_\_\_\_\_

**IMPORTANT NOTICE:** The application and required attachments are to be submitted to the applicable Regional Licensure Office below: The fees must be submitted to the Department's **Fiscal Services** Office per the address on the "Application Fee Invoice Form". Proper submission of the application and fees to the **separate addresses** will reduce the time needed to process the application.

**ADDRESSES FOR REGIONAL LICENSURE OFFICES:**

**EAST TENNESSEE**

Department of Intellectual and Developmental Disabilities  
 Attn: Licensure Office  
 GVDC, PO Box 910, Hawthorne Building  
 Greeneville, TN 37744-0910

Office:(423) 787-6553  
 Fax:(615) 401-7681

**MIDDLE TENNESSEE**

Department of Intellectual and Developmental Disabilities  
 Attn: Licensure Office  
 275 Stewart Ferry Pike, Fir Cottage, Room 1104  
 Nashville, TN 37214

Office:(615)856-2450  
 Fax:(615) 401-7681

**WEST TENNESSEE**

Department of Intellectual and Developmental Disabilities  
 Attn: Licensure Office  
 225 Dr. Martin Luther King Drive, 4<sup>th</sup> Floor, Tower B  
 Jackson, TN 38301

Office:(731) 426-1811  
 Fax:(615) 401-7681

**DIDD USE ONLY (Do Not Write Below)**

<b>Reviewed By:</b>	<b>Date Reviewed:</b>		
<p><b>Checklist:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Fact Sheet(s)  <input type="checkbox"/> Fees Correct and Received  <input type="checkbox"/> Criminal Background Check  <input type="checkbox"/> Governing Board Members  <input type="checkbox"/> Management Contract  <input type="checkbox"/> Other(as follows): _____         </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Reference Letters  <input type="checkbox"/> Financial Statement  <input type="checkbox"/> Proof of Citizenship or Legal Immigration  <input type="checkbox"/> Corporate Charter         </td> </tr> </table> <p><b>Status:</b></p> <input type="checkbox"/> Approved in Full <input type="checkbox"/> Approved in Part (as follows): _____ <input type="checkbox"/> Denied in Full (as follows): _____ <input type="checkbox"/> Withdrawn by Applicant		<input type="checkbox"/> Fact Sheet(s) <input type="checkbox"/> Fees Correct and Received <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Governing Board Members <input type="checkbox"/> Management Contract <input type="checkbox"/> Other(as follows): _____	<input type="checkbox"/> Reference Letters <input type="checkbox"/> Financial Statement <input type="checkbox"/> Proof of Citizenship or Legal Immigration <input type="checkbox"/> Corporate Charter
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