Family Systems License Application

Minnesota Statutes, Chapter 245A (Human Services Licensing Act)

RENEW, UPDATE, or CHANGE OF PREMISE

CORPORATE Adult Foster Care (AFC),
Community Residential Setting (CRS)
Family Adult Day Services (FADS)
AFC Alternate Overnight Supervision Technology

Minnesota Department of Human Services
Licensing Division
Office of Inspector General

Date of Application: _____

Please type or neatly print using black or blue ink. If you do not currently have a license from DHS, you must complete all items on the license application.

1. License Type: (check all that apply)

☐ Corporate Adult Foster Care (AFC) - site where services are provided is not your primary residence
☐ Community Residential Setting (CRS) - site where services are provided is not your primary residence and all individuals served by the program receive services as identified in Minnesota Statutes, section 245D.03, subd. 1, (c)(3)
☐ FADS (county variance required) ☐ AFC Alternate Overnight Supervision Technology

Check One: ☐ Renewal ☐ Update ☐ Change of Premise

245D Home & Community Based Services (HCBS) License # (if applicable) _____

2. License History:

2.1 Are you currently or have you ever been licensed? ☐ Yes (complete below) ☐ No

Type of License (check all that apply) ☐ Community Residential Setting ☐ Family Child Care ☐ Child Foster Care ☐ Adult Foster Care ☐ FADS ☐ Other _____		
License Number	County/ Agency/ State	Effective Dates of License

2.2 Have you ever had a DHS license denied or revoked? ☐ Yes (complete below) ☐ No

If yes, list the date of denial or revocation and license type or the license number(s)

DATE OF LICENSE DENIAL or REVOCATION	LICENSE TYPE FOR DENIED LICENSE or LICENSE #

*** For additional denials or revocations, please attach additional pages*

2.3 Are you renewing your corporate AFC or CRS license? ☐ Yes ☐ No

IF you answered YES to 2.3, please enter your DHS License Holder ID Number and either

- your MN Tax ID Number if you are a nonindividual License Holder (meaning you are a business or nonprofit corporation, limited liability corporation, partnership, voluntary association, or other organization or government entity) **OR**
- your Social Security Number if you are an individual License Holder (meaning you are not a corporation, partnership, voluntary association, or other organization or government entity).

DHS License Holder ID Number:	MN Tax ID Number OR Social Security Number:

If you currently hold a Corporate Adult Foster Care or Community Residential Setting license issued by DHS and provided your DHS License Holder I.D. Number and your relevant tax identification number above, SKIP Sections 3, 4, 5 and 14. This information is already on file with DHS. If you do not currently hold a corporate AFC or CRS license, answer ALL of the remaining questions.

3. License holder information

The license holder is the business entity that is responsible for the license. Minnesota Human Services Licensing Act makes a distinction between "individual" and "nonindividual" license holders. Please read the following section carefully.

A "nonindividual" license holder means that you have **created a business organization** in order to make a legal distinction between the owner and the business. Generally, this means you are operating as a business corporation, nonprofit corporation, limited liability corporation, partnership, limited liability partnership, voluntary association, or other organization, or you are a government entity. In this case, the license holder is the business or government agency. If you are a "nonindividual" license applicant, you should list the business name as it appears on your tax forms or as it is listed with the Secretary of State's business registration as the license holder.

An "individual" license holder is generally a **sole owner** or **sole proprietorship** where the business is owned and run by one individual and in which there is no legal distinction between the owner and the business. This means you have not formed a corporation (e.g., business, for profit, nonprofit, limited liability corporation) and have not organized as a partnership, association, other organization and are not a government entity. You may have registered with the Minnesota Secretary of State's office to use an assumed name, and you may have employees, but you are still a sole owner/sole proprietor. If you are an "individual" license holder, you should list your full legal name as the license holder.

For information on the types of business ownership go to the Minnesota Secretary of State's online Business, Nonprofit & UCC page.

3.1 License holder type and name: Complete ONLY ONE section – A or B.

A. Has the License Applicant formed a corporation or other business or is a government entity? Yes, the business that is requesting a DHS license is a "nonindividual" with the following business type (check only ONE box):

- ☐ Business Corporation
- ☐ Nonprofit Corporation
- ☐ Limited Liability Corporation (LLC)
- ☐ Limited Partnership
- ☐ Limited Liability Partnership (LLP)
- ☐ Government Entity

Throughout this application, you will be referred to as a "nonindividual license holder".

You must provide **the full name of your business as it appears on your tax forms**. This is usually the same business name you registered with the Minnesota Secretary of State if you completed a business filing. This information will be printed on your license certificate as the name of the license holder under, "Issued To:".

Business Name of "nonindividual" License Holder (or name of Government Entity):

_____

Print Full Business as it appears on business tax forms or on filing with the Secretary of State's office – do not abbreviate

☐ **B. Has the License Applicant formed a corporation or other business? No, I am an "individual" and not a business corporation, nonprofit corporation, limited liability corporation, partnership, limited liability partnership, voluntary association, or other organization, or government entity, and I am operating as a sole owner/sole proprietor.**

Two or more individuals may be co-applicants or co-license holders if they are not a corporation, partnership, voluntary association, or other organization or government entity.

Throughout this application, you will be referred to as an "individual license holder".

You must provide **your full legal name** as it appears on your driver's license or state-issued identification card. This information will be printed on your license certificate as the name of the license holder under, "Issued To:".

Legal Name of "individual" License Holder and date of birth:

_____

Print your name as it appears on your driver's license or other state-issued ID.

DOB (MM/DD/YYYY)**:** _____

If another person (not a business entity) is joining you as a co-applicant and will be a co-license holder, please provide his/her name and date of birth.

_____

Print name as it appears on their driver's license or other state-issued ID.

DOB (MM/DD/YYYY)**:** _____

3.2 License Holder Address: This is the primary business address of the license holder; P.O. Box may be added if required for mail delivery.

STREET ADDRESS (and PO Box if required for mail delivery)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		

Address for Second "individual" Co-Applicant: For use when Section B is completed above and two (2) "individuals" are applying for a license together.

STREET ADDRESS of SECOND "INDIVIDUAL" CO-APPLICANT (and PO Box if required for mail delivery)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		

3.3 Tax identification information (This information is not public.):

You are required to provide your tax identification information, including your Federal Employer ID Number (FEIN), if you have one.

You must provide your Minnesota Tax Identification Number, if you have one. The Minnesota Department of Revenue requires a business to have a Minnesota Tax ID if it collects sales tax on retail sales in Minnesota; has employees and collects withholding taxes; or is a corporation doing business in Minnesota and files a tax return with the Department of Revenue.

For information on registering for a Minnesota Tax ID, go to the Minnesota Department of Revenue website. You must also provide your FEIN, if you have one. This is a nine-digit number you obtained from the Internal Revenue Service (IRS) because you have employees or operate your business as a corporation or partnership.

Individual applicants and license holders must also provide their Social Security Number (SSN). If the FEIN and the SSN are both entered, the FEIN will be used for tax purposes and the SSN will be used for identification purposes only. Tax identification information is not public, except that under section 270C.72, DHS is required to provide the Minnesota Department of Revenue the tax identification number and the Social Security Number of each license applicant. Under the Minnesota Government Data Practices Act, we must advise you that:

i. This information may be used to deny the issuance of a license, or to revoke a license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
ii. DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

MN TAX ID (IF YOU HAVE ONE)	SSN(s) (FOR EACH INDIVIDUAL APPLICANT)	FEDERAL EMPLOYER ID NUMBER (FEIN) (IF YOU HAVE ONE)

4. Controlling individual(s) information (*If you are renewing your corporate AFC or CRS license OR you currently hold at least one corporate AFC or CRS license and are applying for another license, skip this section*)

Controlling individual: You must identify all controlling individuals as defined under section 245A.02, subdivision 5a. "Controlling individual" includes organizations and individuals. For an individual, this is your first, middle, and last name as it appears on your driver's license or state-issued identification card and your residential address. All individual license holders and applicants are also the controlling individuals as defined under section 245A.02, subdivision 5a. For a nonindividual, this is the business or organization name as it appears on your tax forms and primary business address.

Organizations that are controlling individuals include a public body, a governmental agency, or a business entity. An organization must identify all of the officers, owners, and managerial officials of the organization as controlling individuals.

- An **owner** of an organization is an individual who has 5% or more direct or indirect ownership interest in a corporation, partnership, or other business association issued a license under Chapter 245A.
- A **managerial official** is an individual who has decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services, or employees of the program.

FULL LEGAL NAME, DO NOT ABBREVIATE			
STREET ADDRESS (and PO Box if required for mail delivery)			
CITY	STATE	ZIP	TELEPHONE NUMBER
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) ☐ OWNER, ___% of ownership if 5% or more ☐ OFFICER ☐ MANAGERIAL OFFICIAL			

FULL LEGAL NAME, DO NOT ABBREVIATE			
STREET ADDRESS (and PO Box if required for mail delivery)			
CITY	STATE	ZIP	TELEPHONE NUMBER
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) ☐ OWNER, ___% of ownership if 5% or more ☐ OFFICER ☐ MANAGERIAL OFFICIAL			

FULL LEGAL NAME, DO NOT ABBREVIATE			
STREET ADDRESS (and PO Box if required for mail delivery)			
CITY	STATE	ZIP	TELEPHONE NUMBER
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) ☐ OWNER, ___% of ownership if 5% or more ☐ OFFICER ☐ MANAGERIAL OFFICIAL			

FULL LEGAL NAME, DO NOT ABBREVIATE			
STREET ADDRESS (and PO Box if required for mail delivery)			
CITY	STATE	ZIP	TELEPHONE NUMBER
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) ☐ OWNER, ___% of ownership if 5% or more ☐ OFFICER ☐ MANAGERIAL OFFICIAL			

FULL LEGAL NAME, DO NOT ABBREVIATE			
STREET ADDRESS (and PO Box if required for mail delivery)			
CITY	STATE	ZIP	TELEPHONE NUMBER
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) ☐ OWNER, ___% of ownership if 5% or more ☐ OFFICER ☐ MANAGERIAL OFFICIAL			

- *IF YOU HAVE MORE CONTROLLING INDIVIDUALS, ATTACH A SEPARATE SHEET OF PAPER WITH THE ADDITIONAL NAMES.*

5. Authorized Agent information (*If you are renewing your corporate AFC or CRS license OR you currently hold at least one corporate AFC or CRS license and are applying for another license, skip this section*)

Authorized Agent: All **individual applicants** are also authorized agents. If you are a **nonindividual applicant** you must designate a controlling individual to act as the authorized agent for the license holder. A completed and notarized *Applicant Agreement, Acknowledgement and Verification Form* is required for all authorized agents. The form is provided with this application. This requires the person's name, title, and address.

The agent must be authorized to accept service on behalf of all of the controlling individuals of the program. Service on the agent is service on all of the controlling individuals of the program. It is not a defense to any action arising under chapter 245A that service was not made on each controlling individual of the program. The designation of one controlling individual as your authorized agent does not affect the legal responsibility of any other controlling individual. It is the responsibility of the authorized agent to ensure that any mail received from DHS is distributed as needed and a response provided within stated timelines when required.

For <u>nonindividual</u> programs only - which controlling individual listed in section 4 is the authorized agent?

_____

6. Sensitive background study information person *(If you are renewing your license and are not changing your sensitive background study information person already on file with DHS, skip this section.)*

This is the individual you designate to maintain all background study documentation submitted to and received from DHS as required under sections 245C.07 and 245C.20. The individual's name, title, address, telephone number, and email address must be provided. It is the responsibility of the sensitive background study information person to maintain background study records and to comply with all background study notices from DHS.

This person will receive an email allowing temporary access to the DHS online background study system, NETStudy, in order to submit the background studies required for the application. This person's email address is required in order for the temporary access email to be sent.

FIRST, MIDDLE, LAST NAME			
ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER	EMAIL	

7. Program name and location

Please enter the name and physical location of your program. The “Program Name” may be different from the license holder name, meaning the license holder is "doing business as" (dba) the program name. Your licensed program or service will be listed under this program name on DHS’ online Licensing Information Look Up. Licensing Information Lookup is used by the public to find programs and services they are interested in.

This information will also be printed on your license certificate under, “Doing Business As:” A street address is required; a PO Box may be added if required for mail delivery.

PROGRAM NAME			
STREET ADDRESS (and PO Box if required for mail delivery)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		

8. Dwelling Information (check all that apply)

☐ Single Family Home ☐ Duplex/Twin home ☐ Apartment/Condo ☐ Townhome ☐ Mobile Home ☐ Other

☐ Owned ☐ Rented ☐ Basement ☐ Second Floor ☐ Above Second Floor

☐ Attached Garage ☐ Wood Burning Stove/Fireplace

9. Individuals Living in the Program (Do not include individuals receiving licensed services)

Check box if not applicable ☐

Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date

10. Population Served - AFC and CRS applicants must complete this section

Check box if not applicable ☐

Licensed Capacity (indicate number of individuals served by your program) ☐
Population Served (check all that apply) ☐ Persons with a developmental disability ☐ Persons with chemical dependency ☐ Persons with a physical disability ☐ Persons with a mental illness ☐ Persons with a brain injury ☐ Elderly
Gender Served ☐ Male ☐ Female ☐ Either

11. FADS applicants must complete this section Check box if not applicable ☐

Licensed Capacity (indicate number of individuals served by your program) ☐
Daily Hours of Operation: Monday _____ Friday _____ Tuesday _____ Saturday _____ Wednesday _____ Sunday _____ Thursday _____

12. AFC Alternate Overnight Supervision Technology applicants must complete this section Check box if not applicable ☐

Please submit documentation of items required on the Adult Foster Care Alternate Overnight Supervision Technology Checklist

Response Alternative ☐ 1 (one) ☐ 2 (two)	
Host County (service site) (name/county)	Phone

13. Workers compensation insurance verification

You must complete and submit the *Certificate of Compliance Minnesota Workers' Compensation Law* MN LIC 04 form with your license application in order for your application to be complete. Under section 176.182 DHS is prohibited from issuing a license until the applicant presents acceptable evidence of compliance with the worker's compensation insurance requirement of Minnesota Statutes, Chapter 176.

Minnesota workers' compensation law requires all employers to purchase workers' compensation insurance or become self-insured. This is often referred to as "mandatory coverage." Employers are generally defined as those who hire another to perform services. Employees are generally defined as people performing services for another, for hire, including minors and workers who are not citizens. For information on workers' compensation insurance requirements go to the Minnesota Department of labor and industry website at: http:www.dli.mn.gov/WorkComp.asp.

14. Applicant acknowledgement of public funding reimbursement for licensed services (*If you are renewing your corporate AFC or CRS license OR you currently hold at least one corporate AFC or CRS license and are applying for another license, skip this section*)

Complete this section if you are updating your application due to new enrollment as a Minnesota Health Care Program (MHCP) provider

Under section 245A.04, subdivision 1, DHS license holders who elect to receive *any* public funding reimbursement, including Medical Assistance or Child Care Assistance, for the licensed services, must acknowledge that they will comply with funding requirements, that compliance with those requirements may be monitored by DHS Licensing, and that they know the consequences for noncompliance with those requirements. As a DHS license applicant you must verify whether you intend to receive any public funding by checking the applicable box for item 1 or 2 below. If you check item 2, you are acknowledging the conditions stated in (a) to (c):

1. ☐ **I do not elect** to receive any public funding reimbursement for the licensed services.
2. ☐ **I do elect** to receive public funding reimbursement for the licensed services and I acknowledge the following:
   a. I must comply with the provider enrollment agreement or registration requirements for receipt of public funding;
   b. My compliance with the provider enrollment agreement or registration requirements for receipt of public funding may be monitored by DHS Licensing as part of a licensing investigation or licensing inspection; and
   c. That noncompliance with the provider enrollment agreement or registration requirements for receipt of public funding that is identified through a licensing investigation or licensing inspection, or noncompliance with a licensing requirement that is a basis of enrollment for reimbursement for a service, may result in:
      (1) a correction order or a conditional license under section 245A.06, or sanctions under section 245A.07;
      (2) nonpayment of claims submitted by the license holder for public program reimbursement;
      (3) recovery of payments made for the service;
      (4) disenrollment in the public payment program; or
      (5) other administrative, civil, or criminal penalties as provided by law.

If you checked item 2, above, you must indicate whether you intend to receive funding from Medical Assistance. If you do, you must name a Compliance Officer as described below:

☐ Check here if you intend to receive Medical Assistance funding as reimbursement for the program or service you will be providing under this license and complete this section.

Compliance officer. If you will be or are enrolled as a Minnesota Health Care Program (MHCP) provider, and will or do receive reimbursement through Medical Assistance for the licensed program or services, you must **designate a compliance officer** who is responsible for ensuring the program complies with Medical Assistance laws or regulations in accordance with section 256B.04, subdivision 21, paragraph (b). If you have questions about MHCP Provider Enrollment, go to DHS' online MHCP Enrolled Providers Home page.

FIRST, MIDDLE, LAST NAME AND TITLE/POSITION			
ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER	EMAIL	

15. Applicant Agreement, Acknowledgement and Verification Form

For nonindividual applicants - the Authorized Agent named above in Section 5, must act as the authorized signatory on the application. The Authorized Agent must review and approve the license application before it is submitted to DHS, and must sign below only in the presence of a notary public. An original notarized copy of the Applicant Agreement, Acknowledgement and Verification Form is required for each application.

For individual applicants - all Applicant(s)/Controlling Individual(s)/Authorized Agent(s) named above in Section 3, must review and approve the license application before it is submitted to DHS, and must sign below only in the presence of a notary public. For more than one applicant, each applicant must complete a separate signatory page.

***Please note:**

- **Notarization is required at initial application for new applicants**
- **Notarization is required at the next relicensing date for existing license holders**
- **Notarization is only required ONE TIME, and is not needed for subsequent applications at relicensing**

By signing below, I agree that the information that I have provided on this application form is true, accurate and complete. If the Commissioner of Human Services grants me a license, I agree to comply with the requirements contained in Minnesota Statutes, chapter 245A and all applicable laws and rules, at all times during the terms of the license. I acknowledge that the Commissioner's representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect the facility/service at any time during the hours that services are provided. Further, I acknowledge that the documentation and inspection required by statutes and rules is necessary for the Commissioner to determine whether I am complying with Minnesota Rules and Laws. Finally, I understand that the Commissioner may fine, suspend, revoke or make conditional, or deny a license if an applicant or a license holder fails to comply fully with the applicable laws or rules, or knowingly withholds relevant information from or gives false or misleading information to the Commissioner in connection with an application for a license or during an investigation.

In accordance with Minnesota Statutes, section 245A.04, subdivision 1, by signing your name you are affirming that you are the individual applicant or the authorized agent for the nonindividual applicant, responsible for dealing with the Commissioner of Human Services on all matters provided for in Minnesota Statutes, Chapter 245A and on whom service of all notices and orders must be made.

I, _____ (*print full legal name*), being sworn, state that I am the authorized agent for the license holder identified above. I understand that, by signing below, I am responsible for dealing with the commissioner of human services on all matters provided for in Minnesota Statutes, chapter 245A. I also understand that service of all notices and orders affecting any license held by the License Holder identified above may be made on me, in accordance with Minnesota Statutes 2012, section 245A.04, subdivision 1.

Subscribed and sworn to before me on

this ____ day of _____ , 20____ ,

_____

Notary Public

_____

Signature of Authorized Agent
(WAIT- SIGN ONLY IN FRONT OF A NOTARY PUBLIC)