pennsylvania
DEPARTMENT OF PUBLIC WELFARE

ASSISTED LIVING RESIDENCE - APPLICATION for CERTIFICATE of COMPLIANCE

PURPOSE OF APPLICATION ☐ **NEW RESIDENCE** ☐ **RENEWAL**

RESIDENCE

NAME of RESIDENCE

STREET ADDRESS

CITY, STATE, and ZIP

E-MAIL ADDRESS and TELEPHONE

COUNTY

MUNICIPALITY (CITY/TOWNSHIP/BOROUGH)

REQUESTED LICENSED CAPACITY: _____

SPECIAL CARE UNIT YES ☐ NO ☐

REQUESTED SPECIAL CARE UNIT LICENSED CAPACITY:_____

LEGAL ENTITY

LEGAL ENTITY NAME

RESPONSIBLE PERSON NAME and TITLE

NAME of RESIDENCE

STREET ADDRESS

CITY, STATE, and ZIP

E-MAIL ADDRESS and TELEPHONE

FEDERAL EMPLOYER IDENTIFICATION NUMBER or

SOCIAL SECURITY NUMBER : _____

TYPE of OWNERSHIP/CONTROL

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ ASSOCIATION ☐ OTHER

☐ COUNTY GOVERNMENT ☐ STATE GOVERNMENT ☐ CORPORATION

☐ **Profit**
☐ **Non-profit**

Please answer the following questions by checking YES or NO. If the answer to any of the questions is YES, please describe the specific circumstances on a separate sheet of paper.

	YES	NO
Has the FACILITY, the LEGAL ENTITY, the RESPONSIBLE PERSON, or the PERSON SIGNING THE APPLICATION ever been denied a Certificate or license, had a Certificate of Compliance or license revoked, or had a Certificate of Compliance or license non-renewed in Pennsylvania or any other state?	☐	☐
Has the LEGAL ENTITY, the RESPONSIBLE PERSON, or the PERSON SIGNING THE APPLICATION ever been convicted of a felony; convicted of a crime involving child abuse, child neglect, moral turpitude, or physical violence; named a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Service Law (23 Pa. C.S.Ch. 63) or the Care - Dependent Services Act (18 Pa.C.S. § 2713)?	☐	☐
Is the LEGAL ENTITY, the RESPONSIBLE PERSON, or the PERSON SIGNING THE APPLICATION currently charged with a felony or misdemeanor?	☐	☐

ATTACHMENTS

If this is an **INITIAL** application for an Assisted Living Residence, please include:

- **A Certificate of Occupancy** issued from Department of Health, Department of Labor and Industry, or the appropriate municipal enforcement authority
- **The Articles of Incorporation,** if the residence is operated by a corporation
- **State Fictitious Name Approval** if the residence is operated for profit and a fictitious named is used.
- **A Check or Money Order in the amount of $300,** or in the amount of **$450 if operating a Special Care Unit,** payable to **COMMONWEALTH of PENNSYLVANIA**

If this is a **RENEWAL** application for an Assisted Living Residence, please include:

- **A Check or Money Order in the amount of $300**, or in the amount of **$450 if operating a Special Care Unit,** payable to **COMMONWEALTH of PENNSYLVANIA**

DECLARATION

Any false information or statement knowingly given in this application or its attachments is punishable under SECTION 4904 of the Pennsylvania Crimes Code

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above-named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the laws, rules, and regulations of the Department of Public Welfare, including but not limited to Article X of the Public Welfare Code and 55 Pa.Code Chapter 2800 (relating to assisted living residences); Title VI and Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act of 1955, and the American With Disabilities Act of 1990. Specifically, the above named facility will not permit discrimination on the basis of color, race, religious creed, disability, ancestry, national origin, age or sex in any aspect of service delivery and employment. I hereby declare that the information given in this application is true to the best of my knowledge.

Printed/Typed NAME of the LEGAL ENTITY REPRESENTATIVE
(Where the legal entity is a corporation, person must be a corporate officer)

TITLE of the LEGAL ENTITY REPRESENTATIVE

Signature of LEGAL ENTITY REPRESENTATIVE

Date