

Family Systems License Application
 Minnesota Statutes, Chapter 245A (Human Services Licensing Act)
FAMILY Adult Foster Care (AFC), 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)

- Family (Individual) AFC - the site where services are provided is your primary residence
- FADS AFC Alternate Overnight Supervision Technology

Check One: New Application Renewal Update Change of Premise

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

2. License History: Are you currently or have you ever been licensed? YES (complete below) NO

Type of License (check all that apply)		
<input type="checkbox"/> Family Child Care <input type="checkbox"/> Child Foster Care <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Family Adult Day Services <input type="checkbox"/> Other _____		
License Number	County/ Agency/ State	Effective Dates of License

2.1 Have you ever had a DHS license denied or revoked? Yes No

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

DATE OF LICENSE DENIAL	LICENSE TYPE FOR DENIED LICENSE
DATE OF LICENSE REVOCATION	LICENSE TYPE & NUMBER FOR REVOKED LICENSE

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

3. License holder information

3.1 License holder name(s)/Controlling Individual(s)/Authorized Agent(s)

The license holder is the business entity that is responsible for the license. 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. 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. All individual license holders and applicants are also the controlling individuals as defined under section 245A.02, subdivision 5a, and authorized agents as required by section 245A.04, subdivision 1 (b). Attach additional pages if needed.

Full Legal Name of Applicant/Controlling Individual/Authorized Agent		Date of Birth (MM/DD/YYYY)	
Street Address (and PO Box if required for mail delivery)	Email Address	Telephone Number	
City	County	State	Zip Code

Full Legal Name of Applicant/Controlling Individual/Authorized Agent		Date of Birth (MM/DD/YYYY)	
Street Address (and PO Box if required for mail delivery)	Email Address	Telephone Number	
City	County	State	Zip Code

3.2 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 <u>INDIVIDUAL</u> APPLICANT)	FEDERAL EMPLOYER ID NUMBER (FEIN) (IF YOU HAVE ONE)
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4. Program name and physical location

Please enter the name and physical location of your program. The "Program Name" may be different from the license holder name.

Program Name			
Street Address (and PO Box if required for mail delivery)	Email Address	Telephone Number	
City	State	Zip Code	

5. 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

6. Individuals Living in the Program (Do not include individuals receiving AFC or FADS)

Check box if not applicable

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

7. References (Required at initial licensure for AFC and FADS programs, not required if adding a FADS license to an existing AFC license or for programs that also are licensed under Minnesota Statutes, chapter 245B)
 Check box if not applicable

Name (Last, First, MI)		
Street Address	Telephone Number	
City	State	Zip Code

Name (Last, First, MI)		
Street Address	Telephone Number	
City	State	Zip Code

Name (Last, First, MI)		
Street Address	Telephone Number	
City	State	Zip Code

8. Population Served - AFC applicants must complete this section Check box if not applicable

Licensed Capacity (indicate number of individuals served by your program)	<input type="text"/>
Population Served (check all that apply)	
<input type="checkbox"/> Persons with a developmental disability	<input type="checkbox"/> Persons with chemical dependency
<input type="checkbox"/> Persons with a physical disability	<input type="checkbox"/> Persons with a mental illness
<input type="checkbox"/> Persons with a brain injury	<input type="checkbox"/> Elderly
Gender Served	
<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Either

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

Licensed Capacity (indicate number of individuals served by your program) <input type="text"/>	
Daily Hours of Operation:	
Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____
Thursday _____	

10. 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 <input type="checkbox"/> 1 (one) <input type="checkbox"/> 2 (two)	
Host County (service site) (name/county)	Phone

11. Municipality. Required at Initial Licensure Only. (Not required for FADS stand-alone programs.)
 Check box if not applicable (FADS only or relicensing)

Applicants for a residential program (adult foster care) license issued by the Department of Human Services under Minnesota Statutes, Chapter 245A, the Human Services Licensing Act, are responsible for contacting the municipality where the program will be located to inquire about local ordinance requirements.

The license applicant is responsible for taking all necessary actions as directed by the municipality to comply with local ordinance requirements. Please document the following regarding your contact with the local municipality.

Name of Municipality	Date of Contact
Name of Official	Phone Number

12. 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 worker's compensation insurance requirements go to the Minnesota Department of Labor and Industry website at:

<http://www.dli.mn.gov/WorkComp.asp>.

13. Applicant acknowledgement of public funding reimbursement for licensed services

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	

14. Applicant Agreement, Acknowledgement and Verification Form

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)