

2c. If Partnership, Limited Liability Company, or corporation, what are the names of the members of that entity as they appear on the Partnership Agreement/Articles of Incorporation/Organization or Bylaws? Please also include titles, such as Managing Member, CEO, President, etc. and percent ownership.

<i>Name</i>	<i>Title</i>	<i>Percent Ownership</i>

3. What will the name of your facility be?

You can search a database of currently licensed facilities by clicking on the link below.

[Search all licensed facilities in California](#)

4. What is the facility address?

Street Address _____
 City _____
 Zip Code _____

5. Are you aware that you cannot license some facility types if they are within 300 feet of an existing licensed facility? These include ARF-DD and ARF-MD, but RCFE’s are exempt. Have you completed a search near your proposed facility? Instructions can be found on our website by clicking on the link below.

[Searching for overconcentration](#)

Note: Per Health and Safety Code 1520.5(e), as long as the location doesn’t change, overconcentration does not apply when you purchase an existing facility.

- I am opening an RCFE and am therefore exempt from this law
- I have completed a search and have no concerns
- I will complete a search
- I am purchasing an existing facility

6. Who owns the house?

- Individual Married Couple Trust Other (*specify*) _____

6b. What is the name, address, and phone number of the owner(s) of the house? If the house owned by a Trust or other entity, please indicate the exact name of that Trust or entity.

Owner Name(s) _____
Street Address _____
City/State _____
Zip Code _____
Phone Number _____

7. What is the facility phone number? You can use a personal phone for now, but you will likely be required to install a landline in the facility before you receive your license.

- The facility phone number is () Use the following number for now ()

7b. Please provide a brief description of the house below, including the number of private and shared bedrooms, bathrooms, whether single story or multiple floors, and any other features you'd like to include.

7c. Source of water for human consumption? Public (e.g., city) Private (e.g., well)

8. What is the name of the Administrator as you would like it to appear in the application?

8b. Please write a few lines below regarding the Administrator's background, education, etc.

- I am opening an RCFE and understand that I *must* purchase liability insurance before being licensed*
- I am opening an ARF or SFH and I *will* purchase liability insurance *before* submitting my application
- I am opening an ARF or SFH and I *will* purchase liability insurance *after* I'm licensed
- I *will not* purchase liability insurance

11. Do you have healthcare providers in mind for the facility, or shall we use samples?

- Use samples
- Use those indicated below

<i>Name</i>	<i>Profession</i>
_____	Physician
_____	Dentist
_____	Psychiatrist
_____	Pharmacy
_____	Other (<i>specify</i>)
_____	Other (<i>specify</i>)

12. What capacity will you request?

- 1
 2
 3
 4
 5
 6
 Other (*specify*) _____

13. Which gender(s) will you accept?

- Male
- Female
- Both

14. Which ambulatory status will you accept? How many of each?

- Ambulatory _____
How many?
- Non-Ambulatory _____
How many?
- Bedridden _____
How many?

15. For a *non*-Regional Center facility, how much will you charge per month for Basic Services?

- Private pay \$ _____ OR SSI/SSA Rate

15b. For Regional Center facilities, what level will you vendor?

- 2O
- 2S
- 3O
- 3S
- 4A
- 4B
- 4C
- 4D
- 4E
- 4F
- 4G
- 4H
- 4I

Note: O = Owner Operated and S = Staff Operated. Staff operated rates are slightly higher.

[See current Regional Center rates](#)

Please write any comments or questions below.

Note: There is a fee to apply for a license, which is renewable annually.

[See current Community Care Licensing Division fees](#)

A *Basic Part B Application* includes everything you'll need to obtain a license. However, it does not include any waiver or exception requests, or other plans of operation that you would need to accommodate Restricted Health Conditions, Hospice, Dementia, etc.

These documents are available for an added fee. With your purchase of a *Basic Part B Application* and/or any Part A Application, you will receive a one-time discount on select products. Please inquire if you're interested. You can view our products, prices, and discounts using the link below.

[RA Mears Consulting products](#)

Thank you

