KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION IDD DAY AND RESIDENTIAL SERVICES LICENSE APPLICATION

□ New Application □ Renewal Application: License Exp. Date: _____ □ Amended License

Services Provided:	□ Day Services	□ Residential Services	□ Residential and Day Services
License Type:	🗆 Full	□ Limited	

I/DD Service Provider (Legal Name)				Federal ID Number/EIN	
Agency Mailing Address	City	City State Zip		Requested Effective Start Date	
		KS			Submit application at least 60 days before start date
Director/Administrator/CEO/President Phone Number		nber	Principal Affiliating CDDO primary service area		
		()			
Email Address/Agency Web Address (if applicable)		Fax Number		Other Affiliating CDDO additional service area	
		()			
Board Chair (<i>if applicable</i>)	Mailing Address			Phone Number	Fax Number
				()	()

Complete the next page listing all service delivery sites.

CERTIFICATIONS

- 1. I agree to abide by all laws, KMAP provider requirements, regulations, training materials, policies and procedures governing the provision of community services for people with developmental disabilities including the HCBS I/DD Waiver.
- 2. I agree to fully cooperate with and be responsive to requests from and service reviews by the Kansas Department for Aging and Disability Services (KDADS) or its agents, and/or any CDDO in whose area community services are provided.
- 3. I understand that after notice and an opportunity to correct the deficiencies, the license status can be negatively affected, up to and including revocation of the license.
- 4. I certify that the licensee has and will maintain all licenses, certificates, and inspections of all local, county, state, and federal authorities, and that all wage and hour protections are in place under the FLSA. [e.g. Minimum wage payments, withholding taxes, occupational and health safety, zoning, fire safety inspections]
- 5. I certify that services provided under this license will only be provided by employees of the licensee and that no person will be served in a location without such location having first been inspected and approved by local, county, state, and federal authorities, including KDADS.
- 6. I certify that the information provided above is true, full, and complete to the best of my knowledge, information, and belief. I further certify that I will supplement this application to KDADS within seven days if any of the information changes, including but not limited to the addition of a location(s).

AUTHORIZATION

AS AN AUTHORIZED AGENT OF APPLICANT, I HAVE READ THE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A COMMUNITY SERVICE PROVIDER. APPLICANT, IF GRANTED A LICENSE, WILL COMPLY AND COOPERATE WITH KDADS AND WILL BE RESPONSIVE TO ITS REQUESTS. APPLICANT WILL MAINTAIN CURRENT INFORMATION ON THIS APPLICATION, AND ANY ATTACHMENTS, AND WILL NOTIFY KDADS AND SUPPLEMENT THIS APPLICATION IF ANY INFORMATION CHANGES.

Signature Title Date

Send Applications to: KDADS Survey, Certification, & Credentialing

Website: www.kdads.ks.gov Fax: 785-296-0256

ATTN: IDD Licensing 503 S. Kansas Ave Topeka Topeka, Kansas 66603

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION

IDD DAY AND RESIDENTIAL SERVICES LICENSE APPLICATION

DAY and RESIDENTIAL SERVICES

Location(s) where services will be provided:

- 1. List all physical locations, , the type of service, the phone number at the location, and the capacity to serve
- 2. DO NOT LIST NAMES OF PERSONS SERVED
- 3. If you have locations in more than one CDDO area, please complete a separate list for each CDDO.

CDDO:

Physical Address (Street, City, Zip Code)	Day	Res	Phone Number	Date of last Fire Marshal Inspection (for locations with capacity for 4 or more individuals)	Capacity to Serve

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SHARED LIVING

Location(s) where services will be provided:

- 1. List all physical locations, the phone number at the location, and the number of individuals
- 2. DO NOT LIST NAMES OF PERSONS SERVED
- 3. If you have locations in more than one CDDO area, please complete a separate list for each CDDO.

CDDO:

Physical Address (Street, City, Zip Code)	Phone Number	Number of individuals

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Topeka, Kansas 66603

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