



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 1, 2016

DAL: DAL 16-05
SUBJECT: Revised Application for Renewal
of Operating Certificate and Assisted Living
Residence Biennial Fee Form

Dear Administrator:

The purpose of this letter is to inform you that the Application for Renewal of Operating Certificate and Assisted Living Residence Biennial Fee Form was revised to facilitate completion of information on the form. Specifically, the numbered items were reordered with information regarding Workers' Compensation being moved from item #7 to item #5. Previous numbered items #5 and #6 are now items #6 and #7. No other changes were made to the form.

The Division of ACF/Assisted Living Surveillance will continue to review and update existing forms and notify you of changes. If you have questions regarding the revised form, please contact the Division of ACF/Assisted Living Surveillance at (518) 408-1133 for further clarification.

Sincerely,

A handwritten signature in blue ink, appearing to read "Valerie A. Deetz".

Valerie A. Deetz, Director
Division of ACF and Assisted Living Surveillance

Attachments