

**APPLICATION FOR RENEWAL OF OPERATING CERTIFICATE
AND ASSISTED LIVING RESIDENCE BIENNIAL FEE**

(Return entire form with requested material)

Directions for Applicant

This certification is to be completed by a responsible agent of the facility such as an officer of the Board of Trustees or the operator of the facility. Type or print in the space provided below. Attach additional sheets, if necessary. Please note if you have not been licensed as an Assisted Living Residence please disregard #4.

Operating Certificate #: _____

Expiration Date: _____

1. Name and address of Operator(s) – (agency, association, corporation or other legal entity operating the facility:

2. Name, Address & Zip Code of Facility

_____, New York
_____ County

3. Approved Resident Capacity _____

Classification

Prop ☐ Public ☐ Not for Profit ☐

☐ Other, please specify _____

4. To Be Completed By All Facility's Renewing ALR Licensure and EALR/SNALR Certification - Biennial Fee Calculation

ALR Licensure Fee Calculation:

(fee may not exceed \$5,000)

a. # of ALR residents on : _____

(90 Days Prior to Expiration)

whose income exceeded 400% FPL: _____

b. Base ALR fee: \$500.00

c. Total ALR licensure fee = [(a X \$50) + b]
or \$5,000, whichever is less.

(X \$50) + \$500 = \$ _____.

this amount exceeds \$5,000, the ALR license is \$5,000.

EALR and/or SNALR Certification Fee:

a. EALR only fee = \$2,000

b. SNALR only fee = \$2,000

c. EALR and SNALR fee = \$3,000

d. Total certification fee = \$ _____

Total fee (add ALR licensure fee and EALR/SNALR certification fee):

\$ _____. Attach a check made out to If the New York State Department of Health fee for the amount of the total fee.

- 5.** The Workers' Compensation Law, Section 57 of the Workers Compensation Law, requires that employers obtain and continuously keep in effect workers' compensation coverage for all their employees. Please submit proof of coverage and check the corresponding box below for the documentation you are submitting:

_____ Workers' compensation insurance policy; or
_____ Self-insured policy for workers' compensation; or
_____ Evidence of legal exemption from the requirement to provide workers' compensation coverage

*Items 6 and 7 must be submitted as they apply to your particular operation **only if there have been any changes since your last operating certificate was issued.***

6. Statement of Facility and Property Ownership

- Names and capital contributions of each operator/partner
- If leased, name of leasing company, members of corporation and their respective interests

7. Current Purchase/Lease Agreements for Property and Facility

Certification of Applicant(s)

I (We) declare that to the best of my (our) knowledge and belief all information provided herein is true, correct and complete.

Also I (We) agree to comply with the provision of the Civil Rights Act of 1984 (P. L. 88-352) and all requirements imposed pursuant thereto, to the extent that no person shall, on the grounds of race, color or national origin be excluded from participation in, be denied benefit of, or be subjected to discrimination in the provision of any assistance, care or services.

(signature)

(date)

(signature)

(date)

Forward completed forms to:
Valerie A. Deetz, Director
Division of Adult Care Facilities &
Assisted Living Surveillance
Attention: Licensure Unit
875 Central Avenue Albany, New York 12206