

## Application for Renewal of Operating Certificate and Assisted Living Residence Biennial Fee

*(Return entire form with requested material)*

<p style="text-align: center;"><b>Directions for Applicant</b></p> <p>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 #5.</p>	<p>Operating Certificate #: _____</p> <p>Expiration Date: _____</p>
<p><b>Name of Administrator/ EHP Coordinator:</b></p>	<p><b>Effective Date for the Administrator/EHP Coordinator:</b></p>
<p><b>1. Name and Address of Operator(s) – (agency, association, corporation or other legal entity operating the facility):</b></p>   	
<p><b>2. Name, Address &amp; Zip Code of Facility:</b></p> <p>_____</p> <p>Name _____</p> <p>Address _____, New York</p> <p>City _____</p> <p>County _____ Zip Code _____</p>	<p><b>3. Approved Resident Capacity:</b> _____</p> <p style="text-align: center;"><b>Classification</b></p> <p><input type="checkbox"/> Proprietary      <input type="checkbox"/> Public      <input type="checkbox"/> Not-for-Profit</p> <p>Other, please specify: _____</p>
<p><b>4. Facility 10-digit SFS Vendor ID:</b></p> <p>_____</p>	
<p><b>5. To Be Completed by All Facilities Renewing ALR Licensure and EALR/SNALR Certification – Biennial Fee Calculation</b></p>	
<p><b>ALR Licensure Fee Calculation:</b> (fee may not exceed \$5,000)</p> <p>a. # of ALR residents on: _____ (90 Days Prior to Expiration) whose income exceeded 400% FPL: _____</p> <p>b. Base ALR fee: \$500.00</p> <p>c. Total ALR licensure fee = [( a X \$50 ) + b] or \$5,000, whichever is less.</p> <p>( _____ X \$50 ) + \$500 = \$ _____</p> <p>If this amount exceeds \$5,000, the ALR license fee is \$5,000.</p>	<p><b>EALR and/or SNALR Certification Fee:</b></p> <p>a. EALR only fee = \$2,000</p> <p>b. SNALR only fee = \$2,000</p> <p>c. EALR and SNALR fee = \$3,000</p> <p>d. Total certification fee = \$ _____</p> <p><b>Total fee</b> (add ALR licensure fee and EALR/SNALR certification fee):</p> <p>\$ _____. Attach a check made payable to the New York State Department of Health for the amount of the total fee.</p>

*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**

**8. 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 that will be submitted:**

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

**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.

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(signature)

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(date)

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(signature)

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(date)

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