

PURPOSE OF APPLICATION New Facility/Agency Renewal Revision Certificate # _____

IDENTIFICATION

1. NAME and ADDRESS OF AGENCY/FACILITY NAME _____ NUMBER and STREET _____ CITY _____ STATE _____ ZIP CODE _____ EMAIL ADDRESS (if available) _____ PHONE NUMBER _____	2. NAME and ADDRESS OF LEGAL ENTITY NAME _____ P.O. BOX or NUMBER and STREET _____ CITY _____ STATE _____ ZIP CODE _____ EMAIL ADDRESS (if available) _____ PHONE NUMBER _____				
3. COUNTY and MUNICIPALITY/CITY/TOWNSHIP/BOROUGH	4. RESPONSIBLE PERSON NAME _____ TITLE _____				
5. TYPE OF AGENCY/FACILITY SERVICE (see #5 on the instruction page)	6. REQUESTED/LICENSED CAPACITY (see Number 6 on the instruction page)				
7. <input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER or <input type="checkbox"/> SOCIAL SECURITY NUMBER OF LEGAL ENTITY _____	8. TYPE OF OPERATION <input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT				
9. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER					
10. PRIOR LICENSE STATUS (If YES to any of the items 10 through 12 inclusive, explain on a separate sheet of paper.) Has the agency/facility (item 1), or Legal Entity (item 2), or the Person Responsible (operator) (item 4), or the person signing the application ever been denied a Certificate or license, had a Certificate of Compliance or license revoked, or had a Certificate of Compliance or license non-renewed in Pennsylvania or any other state?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
11. HAS THE LEGAL ENTITY, OWNER OR OPERATOR: <input type="checkbox"/> a) Ever been convicted of a felony or misdemeanor? <input type="checkbox"/> b) Ever been named a perpetrator in an indicated or founded report of abuse in accordance with the Child Protective Services Law (23 Pa C.S. Ch. 63), the Adult Protective Services Act (35 P.S. Ch. 57), or the Older Adult Protective Services Act (35 P.S. Ch. 58)?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><input type="checkbox"/></td> <td style="width:50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="width:50%; text-align: center;"><input type="checkbox"/></td> <td style="width:50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
12. IS THE LEGAL ENTITY, OWNER OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><input type="checkbox"/></td> <td style="width:50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				

ATTACHMENTS

If this is an **Initial Application** for a new facility/agency or a **Revision Application**, submit the required copies of the documents with this application. The list of required documents is found in number 12 of the attached instructions.

DECLARATION (Any false information or statement knowingly given in this application is punishable under Section 4904 of the Pennsylvania Crimes Code.)

I understand that the Certificate of Compliance will be issued to me on the condition that I will meet and will operate the above-named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI and Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act of 1955, and the Americans with Disabilities Act of 1990.

Specifically, the above-named facility will not engage in or permit discrimination on the basis of color, race, religious creed, disability, ancestry, national origin, age or sex in any aspect of service delivery and employment.

I hereby declare that the information given in this application is true and correct to the best of my knowledge, information and belief. This application is made subject to the penalties under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

NAME/TITLE (print or type)
(Where the legal entity is a corporation, the individual must be a corporate officer.)

ADDRESS

SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE

DATE (mm/dd/yyyy)

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR A FACILITY OR AGENCY, HS 633

PURPOSE OF APPLICATION:

New Facility: A brand-new facility, new agency, or an agency/facility physical address change. Changes include a sale to another organization or a change in the organization or management, a change in the legal entity name that will result in a new Federal Employer Identification Number (FEIN).

Renewal: Any agency/facility applying to renew their existing Certificate of Compliance. The name and address of the agency/facility and the name of the legal entity should be the same as it is on the existing Certificate of Compliance. If it is a renewal application, supply the Certificate of Compliance number.

Revision: Any agency/facility applying to change the name of the legal entity (without changing the FEIN), the name of the facility, the legal entity mailing address and/or the facility address.

Certificate number – Enter the current certificate number only for a Renewal or Revision. If New, it will be unknown.

1. **NAME, ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBER OF PHYSICAL SITE OF AGENCY/FACILITY:** Indicate name, address, email address and telephone number of the physical facility or agency where the services will be provided. If the application is for renewal, the name and address of the facility or agency should be the same as on the previous application unless there is a change in name or address.
2. **NAME, MAILING ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBER OF LEGAL ENTITY:** Indicate the name of the legal entity, for example, the person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility or agency and mailing address, email address and telephone number of legal entity.
3. **COUNTY AND MUNICIPALITY/TOWNSHIP/BOROUGH:** Indicate the name of the county in which the facility or agency is located. Indicate the municipality/township/borough in which the facility or agency is located.
4. **RESPONSIBLE PERSON:** Indicate the full name and title of the person who is responsible for the daily operation of the facility or agency.
5. **TYPE OF AGENCY/FACILITY/SERVICE:** Use the most specific type available -

Mental Health Facilities: The Office of Mental Health and Substance Abuse Services (OMHSAS)

Community Residential Rehabilitation Service - Adults, Community Residential Services – Host Homes for Children, Crisis Intervention Programs, Family Based Services, Long Term Structured Residence, Partial Hospitalization, Private Psychiatric Hospital, Psychiatric Outpatient Clinic, Psychiatric Rehabilitation Facility, Residential Treatment Facilities Adults, Peer Support Services, Intensive Behavioral Health Services, Assertive Community Treatment, Hospital Based Programs, Psychiatric Units.

Children, Youth and Families Facilities: The Office of Children, Youth, and Families (OCYF)

Adoption Services, County Children and Youth Agency, Day Treatment Program, Foster Family Care Agency Services, Mobile Programs, Non-Secure Residential Services, Outdoor Program, Private Children and Youth Agency, Secure Care Program, Secure Detention Facilities, Supervised Independent Living Program, Transitional Living Program, Professional Foster Family Care.

Human Service Programs:- The Office of Long-Term Living/Bureau of Human Services Licensing (BHSL)

Personal Care Homes, Assisted Living Residences.

Include all specialty care offered such as Secure Care Dementia Unit, Secure Care Unit, Residential Rehabilitation, Brain Injury, Mental Health.

Intellectual Disability Facilities: The Office of Developmental Programs (ODP).

Community Home, Family Living Home, Intermediate Care Facility, Intermediate Care Facility for Other Related Conditions, Adult Training Facility, Vocational Facility. **To provide one of the service types for people with Intellectual Disabilities, the application must be completed electronically at this link:** [Services for Providers in Pennsylvania \(state.pa.us\)](http://ServicesforProvidersinPennsylvania.state.pa.us)

6. **REQUESTED/LICENSED CAPACITY:** This column applies only to any Type of Service in which there will be residents living and receiving services at the address in #1 above. Examples of required capacity are the Types of Services underlined in #5. If this is an application for a new facility, revision of capacity or renewal, fill in requested capacity. If specialty care services are provided within the facility, the total capacity should be broken out to include the capacity for the specialty care services. EX: Personal Care =120 with a Secure Care Dementia Unit=20, total 140.
7. **FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OF LEGAL ENTITY:** Indicate the social security number or FEIN of the person, partnership, association, organization, corporation, or governmental body responsible for the operation of the facility or agency. (Disclosure of a Social Security number is voluntary. DHS requests a Social Security number under its authority to create application forms pursuant to 62. P.S. § § 1003, 1072(a), and 55 Pa. Code § 20.21(c). The number will be used as a unique provider identifier for purposes of tracking, linking providers to services delivered, payment and reporting.

8. **PROFIT:** Operating with the expectation of providing a financial benefit to someone or something other than the facility or agency itself. The focus is upon the ultimate aim of the enterprise, not the financial results of any particular period of operation. The focus is also upon the particular premises involved and not the legal entity which operates the facility or agency. A non-profit legal entity may be considered as operating a facility or agency for profit if the particular premises involved provides a financial benefit to the parent legal entity. Any legal entity not possessing a certificate of tax-exempt status form from the Internal Revenue Service (IRS) or the PA Department of Revenue will be considered operating for profit unless it provides satisfactory proof otherwise.

NONPROFIT: Operating other than for profit. Copy of tax exempt documentation from the IRS or the PA Dept of Revenue should be submitted with the initial application. Or a copy of any documentation from the IRS stating the entity is nonprofit.

9. **TYPE OF OWNERSHIP/CONTROL:** Fill in the type of ownership.

10. Please answer YES or NO and explain any YES response on a separate piece of paper.

11. Please answer both parts of the question YES or NO and explain any YES response on a separate piece of paper.

HAS THE LEGAL ENTITY, OWNER, OR OPERATOR:

- a) ever been convicted of a felony or misdemeanor?
- b) ever been named a perpetrator in an indicated or founded report of abuse in accordance with the Child Protective Services Law (23 Pa. C.S. Ch. 63), the Adult Protective Services Act (35 P.S. Ch. 57), or the Older Adult Protective Services Act (35 P.S. Ch. 58)?

12. **ATTACHMENTS:**

If this is an Initial Application for a new facility/agency or change of name of legal entity, submit copies of the following documents with this application.

- **Certificate of Occupancy** (issued from Department of Health, Department of Labor and Industry or local municipality where the services are to be provided.) The Certificate must indicate the following: the same address as the Facility Address listed on the application, the Uniform Construction Code (UCC) classification for the occupancy of the dwelling, and the maximum number of residents permitted to live in the dwelling. All types of service require a Certificate of Occupancy.
- **Articles of Incorporation** (if the facility or agency is operated by a corporation, an LLC or any other type of entity approved by the PA Dept of State, a copy of the filing must be submitted with this application. PA Dept of state website link: [Resources \(pa.gov\)](#) or [Initial Forms | An Official Pennsylvania Government Website \(pa.gov\)](#))
- **State Fictitious Name Approval** - if the facility or agency is operated by a for profit legal entity and name of the facility or agency is something other than the exact legal entity name, a fictitious name approval is required to be filed with the PA Dept of State. A copy of the approval is required to be submitted with this application. PA Dept of state website link: [Resources \(pa.gov\)](#) or [Initial Forms | An Official Pennsylvania Government Website \(pa.gov\)](#)
- **Foreign Business authorization to do business in Pennsylvania** (if the corporation or LLC was formed in a state other than PA, an authorization from the PA Dept of State is required to be filed. A copy of the authorization is required to be submitted with this application. PA Dept of state website link: [Resources \(pa.gov\)](#) or [Initial Forms | An Official Pennsylvania Government Website \(pa.gov\)](#))
- If the legal entity is a nonprofit entity, then proof of nonprofit status must be submitted with this application. Accepted verification is in the form of nonprofit status from the IRS, 501(c)(3) or from the PA Dept of Revenue.
- **Civil Rights Compliance Form - The Civil Rights Compliance Form (HS2126) is part of the application process and must be submitted with this application.** The link for the CRC Form is: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/clearances-and-licensing/documents/app-hsl/hs-2126-civil-rights-compliance-requirements.pdf>
- Application fee **only applies** to Personal Care Homes, 55 Pa.Code Chapter 2600 and Assisted Living Residences, 55 Pa.Code Chapter 2800. Application fees are required for the initial application and the renewal application. An application fee is not required for a revision. Application fees must be submitted with this application in the form of a check or money order made payable to DHS.

The application fee for **Personal Care Homes**, is determined by the number of beds requested to be licensed:

- For 4-20 beds, the total fee is \$15.00
- 21-50 beds, the total fee is \$20.00
- 51-100 beds, the total fee is \$30.00
- 101 or more beds, the total fee is \$50.00.

The application fee for an **Assisted Living Residence**, the fee is based on the type of service to be licensed:

- For an Assisted Living Residence with **NO SPECIAL CARE** unit, the application fee is \$300.00.
- For an Assisted Living Residence **with a Special Care Unit**, the application fee is \$450.00.

For any Assisted Living Residence, when the Certificate of Compliance is ready to be issued, a per bed fee request letter will be emailed to the legal entity address listed on this application. The per bed fee is \$35 for each bed that is licensed. **DO NOT** include this fee with this application as it will be due at the time the license is issued.)

13. **DECLARATION:** The declaration must be signed by the legal entity. If the legal entity is a partnership, association, or organization, the person authorized to sign such documents must sign. Where the legal entity is a corporation, the signature must be of a corporate officer. Type or print name and title of person signing.

14. The application and supporting documents must be submitted to the following email addresses or physical address. Only the applications that include an application fee must be sent to the physical address.

Applications for The Office of Mental Health and Substance Abuse Services (OMHSAS):

Email to: RA-PWLICADOMHSASPRO@pa.gov

Applications for The Office of Children, Youth, and Families (OCYF):

Email to: RA-PWLICADOCYFPRO@pa.gov

The supporting documents for The Office of Developmental Programs (ODP):

Email to: RA-PWLICADMINODP@pa.gov

The application is submitted electronically, see number 5 above under the heading **Intellectual Disability Facilities**

The physical mailing address for The Office of Long-Term Living/Bureau of Human Services Licensing (BHSL) for an **INITIAL** application accompanied by a check or money order:

Via USPS:

**DHS/Licensing Administration
Room 623
PO Box 2675
Harrisburg, PA 17105-2675**

Or via courier:

**DHS/Licensing Administration
Health & Human Services Bldg., Rm 623
625 Forster Street
Harrisburg, PA 17120**

Renewal applications for The Office of Long-Term Living/Bureau of Human Services Licensing (BHSL) can be emailed if the renewal application fee was made electronically.

Electronic payment instruction link:

<https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Documents/PCH%20ALR%20Documents/SNAP-PAY%20INSTRUCTIONS.pdf>

Electronic payment portal link:

<https://www.bpp.ob.pa.gov/Custom/PaymentForm>

Email the renewal application and Civil Rights Compliance Renewal (HS2125) to: RA-PWLICADBHSLPRO@pa.gov

Contact information:

The telephone number for more information concerning the application for a Certificate of Compliance for any Type of Service noted above is 717-705-0383, then choose from one of these prompts:

- 1 - The Office of Developmental Programs (ODP)
- 2 - The Office of Children, Youth, and Families (OCYF)
- 3 - The Office of Mental Health and Substance Abuse Services (OMHSAS)
- 4 - The Office of Long-Term Living/Bureau of Human Services Licensing (BHSL)

For more information on the Regulations and information on next steps following the submission of the application and supporting documents, follow these links:

- ❖ The Office of Developmental Programs (ODP)
 - <https://www.myodp.org/course/index.php?categoryid=303>
- ❖ The Office of Children, Youth, and Families (OCYF)
 - <https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Pages/Children-and-Youth-Residential-Licensing.aspx>
 - <https://www.dhs.pa.gov/Services/Children/Pages/Child-Welfare-Services.aspx>
- ❖ The Office of Mental Health and Substance Abuse Services (OMHSAS)
 - https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Documents/MH%20Residential%20Licensing/License-App-Instructions_1-23.pdf
 - <https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Pages/Mental-Health-Programs-Licensing.aspx>
- ❖ The Office of Long-Term Living/Bureau of Human Services Licensing (BHSL)
 - <https://www.dhs.pa.gov/Licensing/BHSL-Licensing/Documents/Prospective%20Licensee%20Guide-8.9.2023.pdf>
 - <https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Pages/App-for-License.aspx>
 - <https://www.dhs.pa.gov/Licensing/BHSL-Licensing/Pages/PCH-ALR-Licensing.aspx>