Adult Day Health Center (ADHC)
Report of Change Application Checklist for Change of Governing Board

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

CHECKLIST AND INSTRUCTIONS - *Please submit your documents in this order*

REQUIRED DOCUMENTS FOR A CHANGE OF GOVERNING BOARD

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Cover Letter	**COVER LETTER** Letter on company letterhead with the following information: • License number • Facility name and address • Facility ID number (if known) • Brief description of request • Contact information (name, title, phone number, and e-mail address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature

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	HS 200	**LICENSURE & CERTIFICATION APPLICATION** [Health and Safety Code (HSC) section 1575.2(d) and 1575.1] [Title 22 California Code of Regulations (CCR) section 78401(c)(4)] **Tips** • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN) • Page 3, section C, item 7 — When listing the names of individuals owning direct or indirect ownership of the facility in section C, provide the EIN (do not enter a social security number in this field)
	Supporting Documents	**B.3 - ORGANIZATIONAL CHART – OWNER TYPE** [22 CCR section 78205(a)(4)] Submit an organizational chart if the owner is a for profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following: • Applicant's owners, including ownership percentages, Tax IDs/EINs and all directors, board members, corporate officers, LLC members/managers, and/or partners **Note:** Submit the HS 215A form for each of these individuals • Management company of applicant, if applicable, and all of their facilities • Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating- see B.6

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	HS 215A	**APPLICANT INDIVIDUAL INFORMATION** [HSC section 1575.1] [22 CCR section 78205(d)(6) and 78401(c)(4)] This form must be completed and signed for the following individuals: • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization and/or Management Company **Tips** • Page 1, section A — The date of birth is an identifier, as several people may have the same name. This will ensure that each individual is associated with the correct facility or entity • Page 2, section D — Submit ten years of employment history, indicating the term of employment, job title, employer name and address. The applicant may submit a resume in lieu of completing section D; however, the resume must contain all required information requested in section D • Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet

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	HS 215A Page 3	**FACILITY INFORMATION SHEET** [22 CCR section 78205(a)(6)] Each individual must complete and submit the Facility Information Sheet for each facility and/or agency with which the individual has a current or past relationship within the last three years. This sheet must also include any facilities licensed by the California Department of Social Services. The following must be completed for each facility and/or agency: • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement
	HS 309 1st Page	**ADMINISTRATIVE ORGANIZATION** Along with the HS 309, the following supporting documents according to organizational type must be submitted:
	Supporting Documents	**CORPORATION** [22 CCR section 78205(a)(3)] • Filing Statement from the Secretary of State • Articles of Incorporation • By-Laws • List of Board of Directors (only if additional space is needed to input all board of directors) **Tip** • Page 1, item 3 — The incorporation date is located in the top right corner of the applicant Articles of Incorporation

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	Supporting Documents	**LIMITED LIABILITY COMPANY (LLC)** • Filing Statement from the Secretary of State • Articles of Organization • Operating Agreement • List of Managing Members (only if additional space is needed to input all managing members)
	HS 309 2nd Page	**ORGANIZATIONAL STRUCTURE** [22 CCR 78205(a)(4)] Only complete fields that are applicable to applicant's entity type **Tip** • Page 2, item 1 — Health care districts will fill in the circle for other
	Supporting Documents	**PUBLIC AGENCY** [HSC section 1575] [22 CCR section 78401(e)] Copy of signed Resolution
	Supporting Documents	**PARTNERSHIP** Copy of signed Partnership Agreement
	Criminal Record Clearance Letter	**CRIMINAL RECORD CLEARANCE LETTER** [HSC section 1575.7] • Submit clearance letter for Fiscal Officer • Submit a copy of the clearance letter to California Department of Public Health (CDPH), Centralized Applications Branch (CAB) • To receive the criminal record clearance letter, you must complete the BCIA 8016 form located on the Office of Attorney General (OAG) website for the Fiscal Officer. For detailed instructions refer to the OAG website or

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		instructions on the form itself. The "ORI" code must be "A1226" • **Do not** submit the BCIA 8016 form to CDPH, CAB
	CDPH 322	**TRANSMITTAL APPLICATION FOR CRIMINAL BACKGROUND INVESTIGATION** [HSC sections 1575.7(a)(1)] • Complete and submit for the Fiscal Officer • Submit this form to the address indicated on the form • Do **not** return this form to CDPH CAB