

10. Program Plan -- Only applies to ICF/DD, ICF/DD-H and ICF/DD-N:
 Indicate if the program plan has been approved by the Department of Developmental Services. The "current licensee" can grant permission for their Program Plan to be used for 6 months if a letter is submitted to CDPH. If "no" is checked, the application package will be held until a copy of the approved program plan letter is received.
- Submit** a letter to CDPH from the "current" licensee that the "proposed" licensee has their permission to use the "current" licensee's Program Plan for up to 6 months, if applicable.
 - Submit** a copy of the Program Plan approval letter, if "yes".

D. PROPERTY INFORMATION

1. Licensee must show evidence of control of property.
 - Submit** a copy of the deed and/or bill of sale, if property is owned.
 - Submit** a copy of the rental agreement, if property is rented.
 - Submit** a copy of the lease agreement, if property is leased.
 - Submit** a copy of the original lease plus a copy of the sublease, if property is subleased.
 - Submit** appropriate evidence if "other" is checked.
2. Provide name and address of the Owner of Record, Lessee and Sub-lessee as applicable.

E. MANAGEMENT COMPANY INFORMATION

(Complete Sections A1, C1-5, F & ATTACHMENT E-1)

F. STATEMENT OF RESPONSIBILITIES

Application must be signed by licensee or authorized representative.

ATTACHMENT E-1

MANAGEMENT COMPANY INFORMATION ONLY FOR SNF's OR ICF's

1. If the proposed facility, agency, or clinic will be operated by a management company, under a management contract between the proposed owner and a management company, provide the name, address, and federal tax ID number of Management Company and name of facility to be managed.
 - Submit** a copy of the Management Agreement.
2. Provide the name, address, and percent of ownership for each person having a **5 percent** or more interest in the Management Company.
 - Submit** an attachment for additional names. This attachment must include all of the required information.
3. Provide a list of all facilities, agencies, or clinics that you have contracted to manage.
 - Submit** an attachment for additional facilities, agencies, or clinics. This attachment must include all of the required information.

