

**Intermediate Care Facility/Developmentally Disabled (ICF/DD)
ICF/DD-Habilitative (ICF/DD-H)
Report of Change Application Checklist for
Change of Administrator**

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 ADMINISTRATOR

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • 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

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	DS 1852	<p>HEALTH FACILITY PROGRAM PLAN APPLICATION</p> <p>ICF/DD and ICF/DD-H: Health and Safety Code (HSC) section 1267.7 ICF/DD: Title 22 California Code of Regulations (CCR) section 76307 and 76309 ICF/DD-H: 22 CCR section 76856(a)</p> <p>Submit a copy of the DS 1852, received from the California Department of Developmental Services, recommending approval of the Administrator</p>
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION</p> <p>ICF/DD: Title 22 California Code of Regulations (CCR) section 76205 (a)(5) and 76225(a) ICF/DD-H: 22 CCR section 76851(a)(1)</p> <p>Tips</p> <ul style="list-style-type: none"> • 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 start and end dates 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

	Supporting Documents	<p>FACILITY INFORMATION SHEET</p> <p>The administrator 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 Service. The following must be completed for each facility and/or agency:</p> <ul style="list-style-type: none"> • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement
<i>Use this space to check if included</i>	Forms and supporting documents	<p style="text-align: center;">Additional Instructions (Each form listed also has instructions on the form)</p>
	Supporting Documents	<p>RESUME</p> <p>A resume is required for the Administrator</p>
	Criminal Record Clearance Letter	<p>CRIMINAL RECORD CLEARANCE LETTER ICF/DD and ICF/DD- H: HSC section 1265.5 ICF/DD: 22 CCR section 76209(a) and 76513(b) ICF/DD-H: 22 CCR section 76845</p> <ul style="list-style-type: none"> • 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 owners and Administrator. For detailed instructions refer to the OAG website or instructions on the form itself. The "ORI" code must be "A1226" • Do not submit the BCIA 8016 form to CDPH, CAB

	CDPH 322	<p>TRANSMITTAL APPLICATION FOR CRIMINAL RECORD CLEARANCE ICF/DD and ICF/DD-H: HSC section 1265.5 ICF/DD: 22 CCR section 76209(a) and 76513(b) ICF/DD-H: 22 CCR section 76845</p> <p>Complete the CDPH 322 form for new Administrator</p> <p>Note: Mail this form to the address indicated on the form</p>
<i>Use this space to check if included</i>	Forms and supporting documents	<p style="text-align: center;">Additional Instructions (Each form listed also has instructions on the form)</p>
	CDPH 325	<p>CRIMINAL RECORD CLEARANCE SUBMISSIONS ICF/DD and ICF/DD-H: HSC section 1265.5 ICF/DD: 22 CCR section 76209(a) ICF/DD-H: 22 CCR section 76845</p> <p>Submit the CDPH 325 form for new Administrator</p>