



NOTICE OF INTENT

FACILITY INFORMATION

Select all that apply

- MEDICARE CERTIFICATION MEDICAID CERTIFICATION STATE LICENSING

PROPOSED NAME

ADDRESS CITY

STATE ZIP CODE ANTICIPATED OPENING DATE

CONTACT INFORMATION

All correspondence and documentation will be mailed to the contact address.

CONTACT NAME PHONE NUMBER

STREET ADDRESS City State ZIP

MAILING ADDRESS City State ZIP

EMAIL ADDRESS

ALTERNATE CONTACT PHONE NUMBER

CONSTRUCTION INFORMATION

- NEW CONSTRUCTION ADDITION OR REMODEL

EXISTING LICENSED CAPACITY NEW ADDITION CAPACITY NET CAPACITY AT COMPLETION

ANTICIPATED CONSTRUCTION START DATE ANTICIPATED CONSTRUCTION COMPLETE DATE

ARCHITECT INFORMATION

FIRM NAME

MAILING ADDRESS

CITY STATE ZIP CODE

CONTACT PERSON PHONE NUMBER

EMAIL ADDRESS

SERVICES TO BE PROVIDED

Please check the service(s) you intend to provide

NURSING CARE FACILITY

- SNF/NF SNF
 NF ICF/IID

NUMBER OF BEDS

SECURE UNIT BEDS

SMALL HEALTH CARE FACILITY

- 16 BEDS OR LESS
 TYPE 'N' (3 BEDS OR LESS)
 ICF/IID

NUMBER OF BEDS

ASSISTED LIVING

- TYPE I TYPE II

BEDS

SECURE UNIT

ABORTION CLINIC

- TYPE I TYPE II

TREATMENT ROOMS

HOSPITAL

- GENERAL
 CRITICAL ACCESS
 CHEMICAL DEPENDENCY
 LTAC
 PSYCHIATRIC
 ORTHOPEDIC
 REHABILITATION
 SATELLITE

NUMBER OF BEDS

HOSPITAL SPECIALTY PROGRAMS

- SWING BED BEDS
 PPS REHAB BEDS
 PPS PSYCH BEDS

HOME HEALTH AGENCY

- SKILLED AGENCY
 BRANCH

PERSONAL CARE AGENCY

- PERSONAL CARE AGENCY
 BRANCH

HOSPICE

- OUTPATIENT AGENCY
 INPATIENT AGENCY
 BRANCH

NUMBER OF BEDS

OTHER PROVIDER TYPE

- PORTABLE X-RAY BIRTHING CENTER SUITES
 CORF MAMMOGRAPHY STATIONS
 OPT/SP ESRD STATIONS
 RHC ASC OR's

I have read the contents of this application. By my signature, I certify that the information contained herein is true, correct, and complete, to the best of my knowledge, and I authorize the Office of Licensing to verify this information. If I become aware that any information in this application is not true, correct or complete, I agree to notify the Office of Licensing of this fact immediately.

SIGNATURE

DATE

PRINT NAME

If we have not received the formal Licensing/Certification Application and/or the associated licensing fees, this request will be considered closed after 12 months.