

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

## PURPOSE OF APPLICATION:

**New Facility:** A new agency or an agency that has had an agency/facility name change, agency/facility address change or a change in the legal entity name. **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.

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:** Community Residential Rehabilitation Service, 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.  
**Intellectual Disability Facilities:** Intermediate Care Facility/Intellectual Disability (ICF/ID).  
**Children, Youth and Families Facilities:** Adoption Services, County Children and Youth Agency, Day Care Center, Day Treatment Program, Foster Family Care Agency Services, Group Day Care Home, Mobile Programs, Non-Secure Residential Services, Outdoor Program, Private Children and Youth Agency, Residential Child Care Facility, Secure Care Program, Secure Detention Facilities, Secure Residential Services, Supervised Independent Living Program, Transitional Living Program.  
**Human Service Programs:** Intermediate Care Facility for Other Related Conditions (ICF/ORC), Personal Care Home, Assisted Living.
6. **REQUESTED/LICENSED CAPACITY:** This column applies only to Personal Care Homes and Assisted Living Residences. If this is an application for a new facility or renewal fill in requested capacity.
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 will be considered operating for profit unless it provides satisfactory proof otherwise.  
**NONPROFIT:** Operating other than for profit. Copy of tax exempt certificate should be submitted with the initial application.
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. **ATTACHMENTS:** Attach Current Certificate of Occupancy, Articles of Incorporation, State Fictitious Name Approval.
12. **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.

**PURPOSE OF APPLICATION**

New Facility/Agency

Renewal

Certificate # \_\_\_\_\_

**IDENTIFICATION**

<p><b>1. NAME and ADDRESS OF AGENCY/FACILITY</b></p> <p>NAME _____</p> <p>NUMBER and STREET _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>EMAIL ADDRESS (if available) _____ PHONE NUMBER _____</p>	<p><b>2. NAME and ADDRESS OF LEGAL ENTITY</b></p> <p>NAME _____</p> <p>P.O. BOX or NUMBER and STREET _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>EMAIL ADDRESS (if available) _____ PHONE NUMBER _____</p>				
<p><b>3. COUNTY and MUNICIPALITY/CITY/TOWNSHIP/BOROUGH</b></p>	<p><b>4. RESPONSIBLE PERSON</b></p> <p>NAME _____ TITLE _____</p>				
<p><b>5. TYPE OF AGENCY/FACILITY SERVICE</b></p>	<p><b>6. REQUESTED/LICENSED CAPACITY</b> (Assisted Living, Personal Care Homes ONLY)</p>				
<p>7. <input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER or  <input type="checkbox"/> SOCIAL SECURITY NUMBER OF LEGAL ENTITY _____</p>					
<p><b>8. TYPE OF OPERATION</b></p> <p><input type="checkbox"/> PROFIT    <input type="checkbox"/> NON-PROFIT</p>					
<p><b>9. TYPE OF OWNERSHIP/CONTROL</b></p> <p> <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 </p>					
<p><b>10. PRIOR LICENSE STATUS</b> (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?</p>					
	<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"/>				
<p><b>11. HAS THE LEGAL ENTITY, OWNER OR OPERATOR:</b>  Ever been convicted of a felony; convicted of a crime involving child abuse, child neglect, moral turpitude, or physical violence; named a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Services Law or the Care-Dependent Services Act (18 Pa.C.S.Ch.632713)?</p>					
	<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"/>				
<p><b>12. IS THE LEGAL ENTITY, OWNER OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?</b></p>					
	<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"/>				

**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 municipality.)
- **Articles of Incorporation** (if the facility or agency is operated by a corporation.)
- **State Fictitious Name Approval** (if the facility or agency is operated for profit and a fictitious name is used.)

**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 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 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 to the best of my knowledge.

\_\_\_\_\_  
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)