**RENEWAL APPLICATION** To Conduct a Facility and/or Service(s)

**INSTRUCTIONS:** This application form is for use by applicants who currently hold license(s) and are applying for renewal of said license(s). This application for license renewal may only be used when the applicant is applying to continue present facility/service operation(s) under the same ownership or operator, and under the same conditions and classifications of the currently held license(s). ***If a current facility/service needs to be converted to one of the new facility/service(s), a completed “Application Fact Sheet” (DIDD-0634) must be submitted for each facility/service needing conversion***. Please read carefully and complete this form and its attachments in full. Please type or print legibly. This application may be made by the individual owner, chief executive officer, director or other member of the governing body on whom rests the authority and responsibility for maintaining standards, policies, and procedures for the facility/service to be operated.

1. **DATE OF APPLICATION** Month: Day: Year:

1. **NAME OF** **AGENCY** Identify the agency, partnership, corporation, association, or governmental agency applying to continue

present facility/service operation(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CHIEF EXECUTIVE OFFICER OR DIRECTOR** Identify below the person who will be responsible for the overall daily management and oversight of the facility/service to be operated by the applicant. This person may be the same as the individual applicant(s) in the case of a proprietorship or partnership. This person may be someone who is hired or appointed by the applicant, such as in the case of a corporation, association or other organization which employs a chief executive officer, director, etc. Or, the person may be employed by a management firm with which the applicant has contracted to oversee the daily operation of the facility/service. Check one (1) of the following statements:

[ ] The facility/service will be managed and overseen on a daily basis by a person hired by the applicant. Identify this person.

 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] The facility/service will be managed and overseen by a person employed by the management firm under contract with the applicant. Identify the person and the firm: (See note below)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm'sAddress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: **A copy of the current contractual agreement between the applicant and the management firm must be on file with the Department.** If the copy previously submitted is of a contract still in effect, please check here. \_\_\_ if a new contract is in effect, a copy of the contract/agreement must be submitted with this application. If a new person has been appointed or hired to serve as chief executive officer or director responsible for overall daily management of the Licensee’s facilities or services, the individual(s) must supply fingerprint samples for a criminal history/background records check to be conducted by the Tennessee Bureau of Investigation or release information for a criminal background check by a state-licensed private investigation company. The criminal background check shall include previous state(s) of residence, if any. A copy of the criminal background investigation report must be submitted to the appropriate regional licensure office.

1. **AGENCY ADDRESS** Give the street address (and mailing address, if different) of the agency’s primary place of business or residence:

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **AGENCY OFFICE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **AGENCY ELECTRONIC MAIL (E-MAIL) ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **FACILITY/SERVICE LICENSE(S) TO BE RENEWED** Identify below the license(s) that you currently hold and for which you are applying for renewal. For each license you currently hold, list below the license number, the name and location of the licensed facility/service the distinct category facility/service authorized at the site and if federal reimbursement is received for providing this service. Also, for any license currently held for a residential facility site, give the current number of beds authorized at the site. (List the information exactly as it appears on the license certificate.)

**Federal Funding?** Check **Y**[ ]  **or N**[ ] , if yes to Federal funding reimbursement through which waiver?

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| --- | --- | --- | --- |
| **License Number** | **Facility/Service Name** | **Address/Location** | **Category of Facility/Service and if applicable, Number of Beds** |
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(If necessary, continue listing on separate sheet and check here ❑.)

1. **ANNUAL REPORT** Read the following statements carefully. Answer each question by checking an appropriate box and supplying the requested information for any question answered "Yes.”
2. Has the agency; or the agency’s chief executive officer, director or other person charged with daily management and oversight responsibility for a facility/service, or has any member-of the applicant’s governing body (board of directors, etc.) been convicted of, or currently charged with, any offense against the law which has not been previously reported to the Department?(You may exclude any traffic violation for which a fine of $100.00 or less was paid and any offense which was committed before the person’s eighteenth birthday and which was finally adjudicated in a juvenile court or under a youth offender law.)

[ ]  NO [ ]  YES If yes, give the person's name, the nature, date and place of the charge, and the court ruling or current disposition:

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1. Has any negative sanction or action been taken against any other license (if any) held by the applicant from any other state agency of Tennessee or from any other state?

[ ]  NO [ ]  YES If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Has any negative sanction or action been taken against accreditation or certification (If any) currently or previously held by the applicant? (Including Medicaid/ Medicare certification.)

[ ]  NO [ ]  YES If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has there been any investigation by federal, state, or local authorities (other than by this Department) into any allegations of abuse, neglect, dereliction of duty or mismanagement in the operation of any facility/service of the applicant which may not have been previously reported to this Department?

[ ]  NO [ ]  YES If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has any negative sanction or action been taken against a professional license or certification held by the individual owner or operator, or the applicant’s chief executive officer, director of any other person charged with overall management, supervisory, habilitation, or treatment responsibility for a facility/service? (For example, licensed physician, nurse, counselor, psychologist, attorney, etc.)

[ ]  NO [ ]  YES If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you begun, or do you plan to begin operating any other facility or providing any other service not currently authorized by your license(s)? [ ]  NO [ ]  YES If yes, immediately contact the applicable Regional Licensure Office as operation of a facility/service without a license is a violation of state law. (TCA 33-2-405)

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1. **FINANCIAL RESOURCES** (Note: This item does not apply to state-operated facilities/services.) The applicant must show continued financial solvency and responsibility to operate facility/service-The applicant must provide a financial statement or other information which is current, complete and sufficient in showing the total assets, liabilities and income of the applicant for the operation of the facility/service to be licensed-Attach copy of the most recent (within [12] months) fiscal report or financial statement. The financial statement form included with this application may be used for completing a financial statement.

**(A FINANCIAL STATEMENT MUST ACCOMPANY THIS APPLICATION)**

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1. **CORPORATION/ASSOCIATION INFORMATION** This item applies only to applicants who have an incorporated or associated type of organizational structure, such as corporations, associations, and churches. (This item does not apply to proprietorships, partnerships, governmental agencies, or state universities.) A current and up-to-date listing of the members of the organization’s governing body must be included with this application.

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1. **ACCREDITATION/CERTIFICATION STATUS**

(Note: Accreditation or certification of an applicant's facility/service is optional and is not required in order to be approved for license.)

Participation in any of the following accreditation or certification programs may qualify a facility/service to be deemed into compliance with certain programmatic rules of licensure. To be considered for deemed status, the applicant must submit documentation showing current accreditation or certification status, the facility/service covered by such status, the effective dates of the status, and the findings of the accrediting or certifying body including any deficiencies with plans of correction.

The following accreditation and certification programs are recognized; check any applicable participation:

|  |  |
| --- | --- |
| [ ]  The Joint Commission[ ]  Council on Accreditation of Rehabilitation Facilities (CARF)[ ]  National Commission on Accreditation for Special Education  Services (NCASES) | [ ]  Council on Accreditation[ ]  Council on Quality and Leadership (CQL)[ ]  Department of Intellectual & Developmental Disabilities QA Survey[ ]  Department of Health ICF/IID Survey |

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1. **APPLICATION PROCESSING FEE FOR LICENSE RENEWAL** **A fee is required to be submitted by the applicant for the processing of the application for license renewal**. The amount of total fee to be submitted is based on the number of distinct, non-residential categories to be operated at each non-residential site; and on the total number of service recipient beds to be operated at each distinct, residential site. (This information is found on the face of the license certificate(s) you currently hold.)

**Electronic Payment Option.**

Payments may be made electronically now via a payment portal webpage. The PayDirect Site URL link can be found here: <https://paydirect.link2gov.com/TnDIDD-ServiceProviderPYMT/> and a process guide on how to navigate the PayDirect Support Escalation can be found here: <https://bit.ly/3GRCFtf>

In the “name of agency” section please list the agency name exactly like it appears on the invoice. We have agencies with similar names and omitting even a single word can result in the fees being applied to the wrong agency. In the “additional notes” section please add this is for Licensure and the license location/region that the fee is to be applied to. There will be a non-refundable fee equal to 2.5% of the payment for using this option. At the end there is an option to get a receipt for the payment, please choose this option.

**The “Licensure Application Fees Invoice**" along with the identified fee(s) must be submitted separately from this renewal application.

The fee(s) and Invoice must be submitted to the Fiscal Services address noted on the Invoice form.

**Do not send fees or the Invoice to the Regional Office of Licensure.**

**Do Not Send Cash.** Fees are to be submitted by check or money order made payable to the State of Tennessee.

**Fees Are Non-Refundable.**

**Applications will not be processed until the correct fee has been submitted.**

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1. **CERTIFICATION OF APPLICATION**

This certification is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership; or the chairperson or other equivalent officer in the case of a corporation or other association; or the person charged with the oversight of the facility/service by the appointing authority in the case of a governmental agency or state university.

I HEREBY DECLARE THAT THIS APPLICATION AND ITS ACCOMPANYING ATTACHMENTS HAVE BEEN CAREFULLY READ AND COMPLETED, AND TO THE BEST OF MY KNOWLEDGE, THEY ARE TRUE, CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION AND AGREE TO COMPLY WITH THE RULES PROMULGATED UNDER TENNESSEE CODE ANNOTATED, TITLE 33, CHAPTER 2, PART 4, FOR THE CONDUCT OF A FACILITY/SERVICE PROVIDING PERSONAL SUPPORT SERVICES.

**Signature of Applicant or Authorized Agent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name and Title of Person Signing Above**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTICE**: The application and required attachments are to be submitted to the applicable Regional Licensure Office below:

* The fees must be submitted to the Department’s **Fiscal Services** Office per the address on the “Application Fee Invoice Form”.
* Proper submission of the application and fees to the **separate addresses** will reduce the time needed to process the application.

**ADDRESSES FOR REGIONAL LICENSURE OFFICES:**

**EAST TENNESSEE** **MIDDLE TENNESSEE WEST TENNESSEE**

DIDD DIDD DIDD

Attn: Licensure Office Attn: Licensure Office Attn: Licensure Office

Alder Building, 123 Fir Building Lowell Thomas Building

4850 East Andrew Johnson Highway 309A Stewarts Ferry Pike 225 Dr. Martin Luther King Drive, 4th Floor Tower B

Greeneville, TN 37745 Nashville, TN 37214 Jackson, TN 38301