

Nursing Home Initial Certification Checklist

For an initial license to operate a Nursing Home, please submit the following information:

1. Application – completed and signed by the **Owner**
If a corporation – include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the Nursing Home
If partnership – include Partnership Agreement
If Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for **ALL** LLCs with an interest in the personal care home
If a non-profit – include documentation of non-profit status [501(c) 3]
2. An original completed Affidavit of Personal Identification
3. FI Enrollment Application Approval Letter
4. CMS 671 – LTC Facility Application for Medicare / Medicaid
5. HHS 690 – Assurance of Compliance (OCR form)
6. CMS 1561 – Health Insurance Benefits Agreement (**2 signed**)
7. CMS 2572 – Statement of Financial Solvency
8. OCR clearance requested (send copy of certification letter)
9. Disclosure of Ownership & Control
10. Required Fee – \$300.00 for Processing the Application
[Click here to Download Payment Coupon](#)

By my signature below, I (print name) _____ affirm that I have submitted all the above identified documents.

Signature

Date