



Minnesota Department of **Human Services**

Dear License Applicant:

All residential and nonresidential programs required to be licensed under Minnesota Statutes, Chapter 245A, Human Services Licensing Act, must complete a license application, the license applicant privacy notice and agreement, any related materials and must pay the \$550 license application fee. The application fee is not prorated, is non-refundable, and is in lieu of the annual license fee for the initial license that expires on December 31.

This letter and all the attachments constitute the application packet. It provides the required forms and instruction for their completion. Additional information is provided on the applicable licensing requirements. License holders are responsible for understanding and remaining current on all applicable licensing requirements.

Please sign and return the completed license application, license applicant privacy notice and agreement, and any related materials, with the license application fee to the address below. Retain a copy of all submissions for your records.

Mail your completed license application forms and \$550 license application fee to:

DHS License – Deposit Code 150
Initial License Application
PO Box 64837
St. Paul, MN 55164-0837

The Licensing Division will not process an incomplete application or an application submitted before the application fee is paid

Notice to applicants:

- Under Minnesota Statutes, section 245A.03, subdivision 3, it is a misdemeanor to provide a residential or nonresidential program that is subject to licensure without a license.
- Under no circumstances will the DHS issue a license dated prior to the completion of the license application study.
- Under Minnesota Statutes, Chapter 245A.04, the DHS has 90 working days after receipt of a complete application to conduct a license application study and act on the application. A complete application includes all required documents and reports for DHS and from other state or local agencies or departments.
- A decision by the commissioner to issue a license does not guarantee that any person or persons will be placed or cared for in the licensed program.
- A license shall not be transferable to another individual, corporation, partnership, voluntary association, other organization, controlling individual, or to another location.

Subsequent annual license fee and license reviews:

Licenses are effective from January 1 to December 31 of each calendar year regardless of the date when the initial license was issued. Licenses are re-issued annually and license holders must submit payment for the license by December 31 in order for their license to remain effective. See the license fee schedule in Minnesota Statutes, section 245A.10. After a license is issued, the Licensing Division will conduct periodic licensing reviews, including unscheduled drop-in visits and complaint investigations.

**Minnesota Department of Human Services
 Division of Licensing
 Residential Services for Adults with Mental Illness
 Minnesota Statutes, Chapter 245A (Human Services Licensing Act)
 Minnesota Rules, parts 9520.0500 through 9520.0690**

Read and follow the detailed instructions provided on pages 6 through 10 for completion of this application form.
 Please type or neatly print using black ink. Complete all items. If any item is not applicable, please enter N/A.

1. License Type

Residential facilities for adults with mental illness are licensed under [Minnesota Rules, parts 9520.0500 to 9520.0690](#). The rule establishes requirements governing services including: conducting assessment of persons receiving services; developing programming to respond to identified needs of the individual; ensuring rights of persons receiving services; meeting staff qualifications, staff orientation and staff training requirements; meeting service expectations to ensure health and safety of persons receiving services; and developing policy and procedures for the program.

Is this the type of service that you intend to provide? YES

2. License History

DO YOU HOLD OTHER DHS ISSUED LICENSES? NO YES

IF YES, LIST THE LICENSE(S) BY NUMBER(S), ATTACH ADDITIONAL PAGE AS NEEDED:

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HAVE YOU EVER HAD A DHS LICENSE DENIED OR REVOKED? NO YES

IF YES, LIST THE DATE OF DENIAL OR REVOCATION AND THE LICENSE TYPE OR THE LICENSE NUMBER(S), AND ATTACH ADDITIONAL PAGE AS NEEDED:

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3. License holder information

FULL LICENSE HOLDER NAME				
ADDRESS				
CITY	COUNTY		STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER	SOCIAL SECURITY NUMBER	OWNERSHIP CODE	
FEDERAL EMPLOYER ID (FEIN)	MINNESOTA TAX ID NUMBER	TAXPAYER NAME AS IT APPEARS ON YOUR TAX FORMS		

4. Controlling individual(s) information (Attach additional pages as needed.)

FULL LEGAL NAME	POSITION/TITLE	TELEPHONE NUMBER
ADDRESS	CITY, STATE ZIP	OWNER % OF INTEREST

FULL LEGAL NAME -	POSITION/TITLE	TELEPHONE NUMBER
ADDRESS	CITY, STATE ZIP	OWNER % OF INTEREST

5. Program name and location

PROGRAM NAME			
PROGRAM ADDRESS			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		

6. Billing address

NAME AND TITLE			
PROGRAM NAME			
ADDRESS			
CITY	COUNTY	STATE	ZIP

7. Mailing address

NAME ANDTITLE			
PROGRAM NAME			
ADDRESS			
CITY	COUNTY	STATE	ZIP

8. Licensing action recipient

NAME AND TITLE OF CONTROLLING INDIVIDUAL			
ADDRESS			
CITY	COUNTY	STATE	ZIP

TELEPHONE NUMBER	FAX NUMBER
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9. Background study information contact

NAME AND TITLE				
ADDRESS				
CITY			STATE	ZIP
TELEPHONE NUMBER		FAX NUMBER		

10. Program director / contact

NAME AND TITLE				
ADDRESS				
CITY			STATE	ZIP
TELEPHONE NUMBER		FAX NUMBER		

11. License application fee You must submit a \$550 application fee with this license application.

NUMBER ON CHECK OR MONEY ORDER

License Applicant Privacy Notice and Agreement

Purpose and intended use of the information: Minnesota Statutes, section [245A.04](#), requires the Department of Human Services (DHS) to conduct an inspection of the program before issuing a license. These inspections are to be completed according to the requirements of Minnesota Statutes, chapter 245A. The information requested on the forms contained in this packet will be used to facilitate this inspection and the issuance of a license.

May I refuse or am I legally required to provide the information? Minnesota Statutes, section 245A.04, subdivisions 5 and 7, require an applicant to give the commissioner of DHS access to necessary information whenever the program is in operation and such information is relevant to inspections or investigations conducted by the commissioner. Failure to comply fully with applicable laws or rules, or to knowingly withhold relevant information from or give false or misleading information, may result in the non-issuance of a license or the suspension or revocation of your license if the license is based on false or misleading information.

What happens if I do not answer the questions asked? We need information about you and your program to determine that conditions for the license have been met. Without some information, we may not be able to issue you a license. Minnesota Statutes, section 245A.04, subdivision 5 requires applicants and license holders to give the commissioner of DHS access to necessary information whenever the program is in operation and such information is relevant to inspections or investigations conducted by the commissioner. Giving us incorrect information on purpose may result in investigating and charging you with fraud.

With whom may we share the information about your program? We may give private and public information about you and your program to the following agencies, if they need it for investigations or to help you or help us help you. This does not mean we always share information about you with these people. It only says that there is a law that says we may share with these people or anyone else whom the law says we must provide the information. If you have questions about when we give these agencies information, contact your licensor. Failing to supply this information may jeopardize or delay the issuance of your license.

Unless otherwise noted as “not public,” the information requested by this application is considered to be public information and may be shared with a member of the public in accordance with the Minnesota Data Practices Act.

FEDERAL

US Dept. of Health & Human Services
 Food and Drug Administration
 US Dept. of Labor
 Internal Revenue Service
 Federal auditors

STATE

Minnesota Departments of:
 Corrections, Economic Security,
 Education, Health, Human Services,
 Labor & Industry, Public Safety, and
 Revenue; State Auditors;
 MN Attorney General’s Office; and
 Ombudsman for Mental Health and
 Developmental Disabilities

LOCAL

County social/human service boards
 Child and adult protection teams
 City and county attorneys
 City and county law enforcement

I have read and understand the privacy notice provided herein, and agree that the information that I have provided on this application form is true, accurate, and complete. If the commissioner of Human Services grants me a license, I agree to comply with the requirements contained in Minnesota Statutes, chapter 245A, at all times during the terms of the license. I agree that the commissioner’s representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect the facility/service at any time during the hours that services are provided. Further, I agree that the documentation and inspection required by Statutes and Rules is necessary for the commissioner to determine whether I am complying with Minnesota Rules and Laws.

Finally, I understand that the commissioner may fine, suspend, revoke or make conditional, or deny a license if an applicant or a license holder fails to comply fully with the applicable laws or rules, or knowingly withholds relevant information from or gives false or misleading information to the commissioner in connection with an application for a license or during an investigation.

An individual applicant must personally sign the License Applicant Privacy Notice and Agreement. A controlling individual or an officer must sign for a business or other organizational applicant.

NAME AND TITLE OF APPLICANT (Please print)	
SIGNATURE OF APPLICANT	DATE

NAME AND TITLE OF CO-APPLICANT (Please print)	
SIGNATURE OF CO-APPLICANT	DATE

LICENSE APPLICATION INSTRUCTIONS

Under Minnesota Statutes, section [245A.04, subdivision 1](#), the license application must be made on the forms and in the manner prescribed by the commissioner of the Department of Human Services (DHS). Retain a copy of your completed license application for your records. Submit your completed license application, license application fee and any related material to:

DHS License – Deposit Code 150
Initial License Application
PO Box 64837
St. Paul, MN 55164-0837

Applicants are solely responsible for ensuring their applications are complete before submitting them for review. Incomplete applications will be returned to the license applicant. Submitting an incomplete application will result in a delay of the approval or the denial of your application and the application fee will be forfeited. If your license is denied, you will be informed at that time of your right to contest the denial.

The commissioner shall act on an application within 90-working days after a complete application and any required reports, approvals, or inspections have been received from other state agencies or departments, counties, municipalities, or other political subdivisions. The commissioner shall not consider an application to be complete until the commissioner receives all of the information required under section [245C.05](#).

The information provided here will be on the license certificate and will be used by people trying to find DHS licensed programs using the DHS [Licensing Look Up](#) search from the DHS website at: <http://www.dhs.state.mn.us>.

1. LICENSE TYPE

Does this description indicate the type program or service you will be operating under the license.

2. LICENSE(S) CURRENTLY HELD BY APPLICANT

Enter any license identification numbers for licenses currently held by the applicant.

3. LICENSE HOLDER INFORMATION

"License holder" means an individual, corporation, partnership, voluntary association, or other organization that is legally responsible for the operation of the program. This information is on your license certificate under, "Issued To:"

Name: Enter your business or organization name. Provide the full name, do not abbreviate. If you are an individual, enter your name as it appears on your on state-issued identification (e.g., driver's license). Do not write in, "ATTN" with another person's name next to the license holder name. You will indicate who should receive mail or licensing actions under the sections for the Mailing Address and the Licensing Action Recipient.

Address: Enter the street address of the physical location of your business or organization. A Post Office Box is not considered a business address. An applicant seeking licensure in Minnesota with headquarters outside of Minnesota must have a program office located within the state.

Telephone and Fax Numbers: Enter the telephone and fax numbers, including area code.

Ownership code: Enter the appropriate code to indicate the nature of your business. For information on the types of business ownership go to the Business Center on the Minnesota Secretary of State web site at: <http://www.sos.state.mn.us>.

1 Non Profit Corporation

3 Business Corporation

5 Limited liability corporation

2 Sole Owner

4 State/Public

6 Limited liability partnership

Tax Identification Information: Under Minnesota Statutes, section [270C.72](#), DHS is required to provide the Minnesota Commissioner of Revenue the tax identification numbers and the Social Security number of each license applicant. Under the Minnesota Government Data Practices Act, we must advise you that:

- This information may be used to deny the issuance or renewal of your license, or to revoke your license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.

- DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

Federal Employer ID: If you or the business has a federal employer identification number (FEIN), you must supply it.

Taxpayer Name: If you indicate an FEIN on the application, use the name as it appears on your tax forms.

Social Security Number: If the FEIN and the Social Security Number (SSN) are both entered, the FEIN will be used for tax purposes and the SSN will be used for identification purposes only.

MN Tax ID: The Minnesota Department of Revenue requires a business to have a Minnesota Tax ID if:

- (1) It collects sales tax on retail sales in Minnesota;
- (2) It has employees and collects withholding taxes; or
- (3) It is a corporation doing business in Minnesota and files a tax return with the Department of Revenue.

For information on registering for a Minnesota Tax ID, go to the Minnesota Department of Revenue web site at: http://www.taxes.state.mn.us/taxes/business_taxpayers

4. CONTROLLING INDIVIDUAL INFORMATION

List the name and address of each person, business or organization with a direct or indirect ownership or controlling interest of 5% or more in the provider. List the person with the highest level of decision making authority over the program first. If an individual, list the home address; if a business or organization, list the headquarters address. Attach additional pages as needed.

"Controlling individual" means a public body, governmental agency, business entity, officer, owner, or managerial official whose responsibilities include the direction of the management or policies of a program, as identified in section [245A.02, subdivision 5a](#).

- "Owner" means an individual who has direct or indirect ownership interest in a corporation, partnership, or other business association issued a license under this chapter.
- "Managerial official" means those individuals who have the decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services, or employees of the program.

Controlling individual does not include:

- (1) a bank, savings bank, trust company, savings association, credit union, industrial loan and thrift company, investment banking firm, or insurance company unless the entity operates a program directly or through a subsidiary;
- (2) an individual who is a state or federal official, or state or federal employee, or a member or employee of the governing body of a political subdivision of the state or federal government that operates one or more programs, unless the individual is also an officer, owner, or managerial official of the program, receives remuneration from the program, or owns any of the beneficial interests not excluded in this subdivision;
- (3) an individual who owns less than five percent of the outstanding common shares of a corporation:
 - (i) whose securities are exempt under section [80A.45\(6\)](#); or
 - (ii) whose transactions are exempt under section [80A.46\(2\)](#); or
- (4) an individual who is a member of an organization exempt from taxation under section [290.05](#), unless the individual is also an officer, owner, or managerial official of the program or owns any of the beneficial interests not excluded in this subdivision. This clause does not exclude from the definition of controlling individual an organization that is exempt from taxation.

5. PROGRAM NAME AND LOCATION

A street address is required for all programs licensed to provide services at a specific location that are owned or leased by the license holder. A Post Office Box is not acceptable. This information is on your license certificate under, "Doing Business At:"

6. BILLING ADDRESS

This must identify the individual and address designated by the license applicant for receiving all invoices for payment of annual license fees or fines issued by DHS Licensing. The designated individual's name or title, address, and telephone number must be provided. It is the responsibility of the license applicant to ensure that any mail received at this address from DHS is distributed as needed and a response provided within stated times when required.

7. MAILING ADDRESS

This is the individual designated by the license holder to receive and act on all license certificates, general correspondence, and invoices for payment of annual license fees issued by DHS Licensing. The designated individual's name or title, address and telephone number must be provided. It is the responsibility of the license holder to ensure that any mail received at this address from DHS is distributed as needed and a response provided when required within stated timelines.

8. LICENSING ACTION RECIPIENT

This is the individual designated by the license holder to receive and act on all licensing actions issued by DHS Licensing, including correction orders, orders of conditional license, orders for licensing sanctions including fines, license suspensions or revocations, and maltreatment investigations and determinations. This person must be a controlling individual as required under section [245A.04](#), subdivision 1, (b) and must be listed under section 4 of the application form. The designated individual's name, title, address, and telephone number must be provided. It is the responsibility of the license holder to ensure that any mail received at this address from DHS is distributed as needed and a response provided when required within stated timelines.

9. BACKGROUND STUDY INFORMATION CONTACT

This is the individual designated by the license holder to maintain all background study documentation submitted to and received from DHS as required under Minnesota Statutes, sections [245C.07](#) and [245C.20](#). The individual's name, title, address, and telephone number must be provided. It is the responsibility of the license holder to ensure that any mail received at this address from DHS is distributed as needed and a response provided when required within stated timelines.

For license holders who own multiple programs or services (or controls multiple licenses) licensed by DHS, Department of Health or Department of Corrections, only one background study is required for an individual who provides direct contact services in one or more of the licensed programs or services if:

- (1) the license holder designates one individual with one address and telephone number as the person to receive sensitive background study information for the multiple licensed programs or services that depend on the same background study; and
- (2) the designated individual is capable of determining, upon request of DHS, whether a background study subject is providing direct contact services in one or more of the license holder's programs or services and, if so, at which location(s).

10. PROGRAM DIRECTOR/CONTACT

This is the individual designated by the license holder to represent the program when contacted by DHS. The designated individual's name, title, address, and telephone number must be provided.

11. WORKERS COMPENSATION INSURANCE VERIFICATION

Minnesota Workers' Compensation law states all employers are required to purchase workers' compensation insurance or become self-insured. This is often referred to as "mandatory coverage." Employers are generally defined as those that hire another to perform services. Employees are generally defined as people performing services for another, for hire, including minors and workers who are not citizens.

Under Minnesota Statutes, section [176.182](#), DHS is prohibited from issuing or renewing a license until the applicant presents acceptable evidence of compliance with the worker's compensation insurance requirement of section [176.181, subdivision 2](#).

Complete information as requested unless exempt by the Minnesota Department of Labor and Industry (DOLI). For information on Worker's Compensation Insurance requirements go to the DOLI web site at: <http://www.dli.mn.gov/WorkComp.asp>.

12. LICENSE FEE

Minnesota Statutes, section [245A.10, subdivision 3, paragraph \(a\)](#), establishes an initial license application fee of \$500. However, Laws of Minnesota [2009, Chapter 101, Article 2, Section 59](#), requires state agencies to collect a temporary surcharge of 10 percent on each business, commercial, professional, or occupational license for development of a statewide electronic licensing system. Therefore, the initial license application fee plus the temporary license surcharge is \$550. The \$550 application fee is not prorated, is nonrefundable, and is in lieu of the annual license fee for the initial license that expires on December 31.

THE LICENSING DIVISION WILL NOT PROCESS AN APPLICATION BEFORE
THE APPLICATION FEE IS PAID

13. LICENSE APPLICANT PRIVACY NOTICE AND AGREEMENT

The privacy notice and agreement must be signed by the license applicant, co-applicant if any, or a controlling individual.

Related materials required

Unless otherwise specified, the following related material must be submitted with your application for your application to be complete.

Background Study Order Form

Complete the [Background Study Order Form](#) and submit it with your completed license application packet.

1. When the Division of Licensing receives your application packet, you will be sent specific instructions and tools for submitting background studies.
2. Background studies are required for persons a, b and c, below:
 - a. The person who signs the license application.
 - b. The person with the highest degree of decision-making authority over the program.
 - c. Each staff person who will have direct contact with persons served by the program, before the staff person has direct contact.
3. Background studies for persons identified in a and b must be cleared by DHS before a license will be issued as required under Minnesota Statutes, [section 245A.04, subdivision 1](#).

Workers compensation insurance verification

Minnesota Workers' Compensation law requires all employers to purchase workers' compensation insurance or become self-insured. This is often referred to as "mandatory coverage." Employers are generally defined as those that hire another to perform services. Employees are generally defined as people performing services for another, for hire, including minors and workers who are not citizens. Complete **the [Certificate of Compliance Minnesota Workers' Compensation Law \(MN LIC 04\) form](#)** and submit it with your license application. This form is available online from the Minnesota Department of Labor and Industry (DOLI) Workers Compensation miscellaneous forms section.

Under **Minnesota Statutes, section [176.182](#)**, DHS is prohibited from issuing or renewing a license until the applicant presents acceptable evidence of compliance with the worker's compensation insurance requirement of [section 176.181, subdivision 2](#).

For information on workers' compensation insurance requirements visit the DOLI website at:
<http://www.dli.mn.gov/WorkComp.asp>

Board of Directors – submit a list of all board members, identifying the board chair and officers.

Program Policies and Procedures

The applicant must develop program policies and procedures necessary to maintain compliance with licensing requirements under MN Statutes and MN Rules, in accordance with MN Statutes, [section 245A.04, subdivision 14](#). The following policies and procedures are required under Minnesota Rules, parts 9520.0500 through 9520.0690 and MN Statutes, section 245A.04, unless specified otherwise, and must be submitted by all license applicants.

1. Policies and procedures for the prevention and reporting of maltreatment of vulnerable adults that includes:

- a) A written program abuse prevention plan as required under sections [245A.65](#), subdivision 2(a), and [626.557](#), subdivision 14.
 - b) Policy and procedures for the internal and external reporting of suspected or alleged maltreatment of vulnerable adults as required under section [245A.65](#), subdivision 1. **See [DHS recommended reporting policy](#).
2. Policies and procedures to ensure that an internal review is completed and that corrective action is taken if necessary to protect the health and safety of children in care when the facility has reason to know that an internal or external report of alleged or suspected maltreatment of a minor has been made, as required under section 245A.65.
 3. A grievance procedure that permits persons served by the program and their authorized representatives to bring a grievance to the highest level of authority in the program as required under section [245A.04](#), subdivision 1, (d).
 4. A program evaluation process as required by part 9520.0580.
 5. Personnel policies, procedures, and training plan as required by part 9520.0590.
 6. Admission, discharge, and transfer criteria and policies as required by part 9520.0610.
 7. A description of the services as required by part 9520.0620.
 8. Policies and procedures regarding client rights as required in 9520.0630.
 9. The procedure to be used whenever the license holder assists a person served by the program with the safekeeping of funds or other property that complies with the requirements of section [245A.04](#), subdivision. 13.
 10. A personnel policy that prohibits the license holder, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care, as required by section [245A.04](#), subdivision 1.

Pre-licensing inspections Fire, Building Code, and Health Inspections and zoning approvals are required for residential programs. An on-site inspection by the DHS licenser is required for all new programs.

Fire Marshal Inspection - The applicant must contact the fire marshal to request the inspection. Under Minnesota Statutes, section [245A.151](#), an inspection by a fire marshal to determine compliance with the State Fire Code under section [299F.011](#) is required. A local fire code inspector approved by the state fire marshal may conduct the inspection. If a community does not have a local fire code inspector or if the local fire code inspector does not perform the inspection, the state fire marshal must conduct the inspection. A \$50 inspection fee must be paid to the state fire marshal for each inspection.

A form to request a fire code inspection will be sent to the applicant by DHS Licensing upon receipt of the application. A completed and approved fire code inspection report must be submitted to DHS before the DHS physical plant inspection is conducted and a license is issued.

Building Inspection - The license applicant must contact their local building inspector to request a building code inspection to determine compliance with local building code. If there is no building code inspection required for the program location, then the license applicant must obtain documentation from the local authority (city) that there is no code requirement.

A form to request a building code inspection will be sent to the applicant by DHS Licensing upon receipt of the application. A completed and approved inspection report must be submitted to DHS before the DHS physical plant inspection is conducted and a license is issued.

Zoning Notice - The Commissioner will provide 30 days notice to the affected municipality where the applicant is seeking a license to provide services as identified in section [245A.04](#), subdivision 2 when the independent living assistance services will be provided in a centralized location. An absence of objection by the local authority will be considered approval.

Physical Plant Inspection - Once the license application is determined to be complete and DHS Licensing has received all of the additional materials and inspection reports, a DHS licenser will conduct an onsite inspection of the physical plant as required under section [245A.04](#), subdivision 4, to determine the following:

- The environment is safe and hazard-free;
- Equipment, vehicles, supplies and materials owned by applicant are in good condition;
- Any conditions of occupancy made by any inspector(s) have been met;
- That the required postings are posted in a prominent location in the program, including the Program Abuse Prevention Plan and the internal and external reporting policies and procedures.
- The physical plant meets the requirements of part 9520.0650