

APPLICATION DOCUMENTS  
FOR  
**FACILITY FOR HOSPICE CARE (HFS)**  
INITIAL/CHOW APPLICATION

DATE TO HCQC	DOCUMENT	REFERENCE
	<b>APPLICATION FORM</b> (must be NOTORIZED ORIGINAL)	NRS 449.040
	<b>FEE OF \$3988.00 + FEE PER BED OF \$352.00</b>	NAC 449.016
	<b>BUSINESS LICENSE ZONING APPROVAL</b>	NAC 449.011(4)(e) NRS 449.040(10)
	<b>LEASE AGREEMENT</b> (if applicable)	NAC 449.011(4)(f)
	<b>PARTNERSHIP AGREEMENT</b> (if applicable)	NAC 49.011(4)(a)(4)
	<b>ARTICLES OF INCORPORATION</b> (for corporations only) <b>ARTICLES OF ORGANIZATION</b> (for LLC's only)	NAC 449.011(4)(g)
	<b>GOVERNING BODY BYLAWS</b> (for corporations only) <b>OPERATING AGREEMENT</b> (for LLC's only)	NAC 449.011(4)(g)
	<b>3 YEAR BUSINESS HISTORY</b> (if less than 3 year history, then resume(s) and 3 letters of reference for the applicant(s) including corporate officers)	NAC 449.011(3)
	<b>FINANCIAL STATUS INFORMATION or STATEMENT</b>	NAC 449.011(3)
	<b>3 LETTERS OF REFERENCE FOR ADMINISTRATOR</b>	NAC 449.011(3)
	<b>MEDICAL LABS ATTESTATION</b>	NRS 652.080
	<b>CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHAL</b>	NRS 449.150(1)
	<b>FLOOR PLAN WITH DIMENSIONS</b>	NRS 449.040(7)
	<b>BILL OF SALE</b> (for CHOW only)	NRS 449.040(7)
	<b>RENEWAL NOTICE ATTESTATION</b>	

Posted 12/7/2011