

**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
APPLICATION FOR CHANGE OF ADMINISTRATOR  
ASSISTED HOUSING PROGRAMS**

**PLEASE COMPLETE AND RETURN TO:**

**Division of Licensing and Regulatory Services  
Community Services Programs  
State House Station # 11  
442 Civic Center Drive  
Augusta, ME 04333**

**For Agency Use Only**

**SBI** \_\_\_\_\_ **Prog. Spec.** \_\_\_\_\_  
**H.F.S.** \_\_\_\_\_

- 1) THIS APPLICATION FORM MUST BE COMPLETE OR THE APPROVAL PROCESS COULD BE DELAYED.
- 2) FOR LEVELS I, II, III, AND IV RESIDENTIAL CARE FACILITIES **RETURN THIS APPLICATION AND RELATED DOCUMENTS, AND TWO (2) ADDITIONAL COPIES** TO THE ADDRESS ABOVE. FOR ASSISTED LIVING PROGRAMS **RETURN THIS FORM AND (1) ADDITIONAL COPY** TO THE ADDRESS ABOVE.
- 3) THIS APPLICATION MUST BE ACCOMPANIED BY THREE (3) LETTERS OF REFERENCE.
- 4) A RESUME MAY BE SUBMITTED IN LIEU OF COMPLETING THE SECTIONS ON EDUCATION, EXPERIENCE & EMPLOYMENT.
- 5) THIS APPLICATION MUST BE ACCOMPANIED WITH A **CHECK FOR THE AMOUNT OF \$ 25.00**. MAKE CHECKS PAYABLE TO: TREASURER STATE OF MAINE

**FACILITY IDENTIFICATION:** Level I \_\_\_\_\_ Level II \_\_\_\_\_ Level III \_\_\_\_\_ Level IV \_\_\_\_\_ (See Section 2.49)  
 Level I (PNMI) \_\_\_\_\_ Level II (PNMI) \_\_\_\_\_ Level III (PNMI) \_\_\_\_\_ Level IV (PNMI) \_\_\_\_\_ (See Section 2.40)  
 Assisted Living: Type I \_\_\_\_\_ Type II \_\_\_\_\_ (See Section 2.8)

Name of Facility \_\_\_\_\_

Mailing Address of Facility \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ 2nd Phone \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**ADMINISTRATOR:**

\_\_\_\_\_

First Middle Last

\_\_\_\_\_

(home address) Street Town State Zip Code

\_\_\_\_\_

Phone Number Date of Birth Social Security Number

INDICATE OTHER NAMES KNOWN BY (I.E., MAIDEN NAME, ALIASES) \_\_\_\_\_

**EDUCATION OF ADMINISTRATOR:**

School Name	City/State	Last Grade Completed	Degree	Year

**SPECIAL QUALIFICATIONS: (Enclose Copy of all pertinent Credentials)**

Multi-Level Administrator's License       Residential Care Administrator's License  
 Registered Professional Nurse                       Licensed Practical Nurse  
 Certified Nurse Aide                       Certified Residential Medication Aide  
 Sign Language                       Other Language(s) Spoken \_\_\_\_\_  
 CPR                       Resident Care Specialist I certified  
 Personal Support Specialist                       Direct Support Specialist

Other (explain): \_\_\_\_\_

**OTHER RELEVANT EXPERIENCE:** Describe previous paid, volunteer, or family experiences or training in working with elderly or disabled populations. (Attach separate sheet, if necessary)

**The following questions are used to help evaluate the safety and security of residents/consumers who will be living in the facility. Issues in the following areas do not automatically mean a license will be denied.**

1) Have you ever been convicted of a criminal offense? \_\_\_\_\_

If so, explain. \_\_\_\_\_

2) Have you (or an employer, if applicable) ever had a license for any long term care facility denied, suspended or revoked in this state or any other state? \_\_\_\_\_

If so, by whom? Please explain. \_\_\_\_\_

3) Have you ever been *investigated* for child abuse or adult abuse? \_\_\_\_\_

If so, explain. \_\_\_\_\_

4) Have you ever been treated for drug/alcohol abuse? \_\_\_\_\_

If so, explain. \_\_\_\_\_

5) Have you ever been an inpatient in a mental health facility? \_\_\_\_\_

If so, explain. \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Give last five years' employment history (attach separate sheet if necessary):

<u>Name and Address of Employer</u>	<u>Job Responsibilities</u>	<u>Dates</u> <u>From</u>	<u>To</u>	<u>Reasons For Leaving</u>

DATE OF HIRE OF NEW ADMINISTRATOR: \_\_\_\_\_

The Department of Health and Human Services reserves the right to request/review any additional information that will be necessary to determine the suitability of the applicant for administrator.

I, \_\_\_\_\_, being duly authorized to assume responsibility for the conduct of the assisted living facility herein described, do hereby certify that the above information is true and correct to the best of my knowledge. I/We understand that the signing of this application effectively serves as a release of information and gives permission to the Department to obtain any criminal history and Bureau of Motor Vehicle record which may be on file in any county or state office.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Proposed Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

I have received a copy of the regulations governing the facility which I will be administering and have reviewed the requirements of these regulations.

Signature of Proposed Administrator: \_\_\_\_\_

**REFERENCES - INCLUDE THREE (3) WRITTEN LETTERS OF REFERENCE FOR THE PROPOSED ADMINISTRATOR FROM PERSONS WHO ARE NOT RELATED BY BLOOD OR MARRIAGE. THE QUESTIONNAIRE BELOW NEEDS TO BE COPIED AND GIVEN TO REFERENCES TO COMPLETE.**

## REFERENCE FOR ASSISTED HOUSING PROVIDERS

Name of Proposed Administrator: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

**Please respond to the following questions (use the back of this sheet, if necessary):**

1. How long have you known the applicant?
2. In what capacity do you know this person?
3. Are you familiar with this person's experiences in serving people who are elderly or disabled? If yes, please describe.
4. Describe this person's ability to give care and services to people who are elderly or disabled.
5. Describe this person's strengths and weaknesses in the following areas:
  - A. Coping with problems and stress:
  - B. Working with other people:
  - C. Decision-making:
  - D. Communication and listening skills:
  - E. Ability to work with outside resources such as social workers, medical professionals, state agencies, friends and families of residents/consumers, etc.:
6. Do you have any concerns about this person's ability to work in an Assisted Housing Program?  
 Yes       No
7. Do you recommend that this person be given the opportunity to work in or operate an Assisted Housing Program?  
 Yes       No
8. Additional comments:

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### Reference Information

Name of person completing form: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_