



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION

CHANGE OF ADMINISTRATOR/MANAGER IN A LONG-TERM CARE FACILITY

FACILITY INFORMATION

NAME OF FACILITY		
FACILITY ADDRESS	CITY	ZIP
<input type="checkbox"/> SKILLED NURSING FACILITY	<input type="checkbox"/> INTERMEDIATE CARE FACILITY	<input type="checkbox"/> ASSISTED LIVING FACILITY**
<input type="checkbox"/> ASSISTED LIVING FACILITY	<input type="checkbox"/> RESIDENTIAL CARE FACILITY*	<input type="checkbox"/> RESIDENTIAL CARE FACILITY

ADMINISTRATOR INFORMATION

NAME OF THE PERSON IN GENERAL ADMINISTRATIVE CHARGE OF THIS FACILITY:	EFFECTIVE DATE OF CHANGE:
IF THE PERSON IS LICENSED AS A MISSOURI NURSING HOME ADMINISTRATOR, INDICATE THE CURRENT LICENSE NUMBER:	

PLEASE PROVIDE CONTACT INFORMATION OTHER THAN THE LONG-TERM CARE FACILITY TELEPHONE NUMBER:

TELEPHONE NUMBER:	E-MAIL ADDRESS:
CELL PHONE NUMBER:	OTHER EMERGENCY NUMBER:

DOES THE PERSON IN GENERAL ADMINISTRATIVE CHARGE OF THE FACILITY CURRENTLY SERVE OTHER FACILITIES AS ADMINISTRATOR? YES NO *IF YES, LIST FACILITY NAME, CITY, AND NUMBER OF BEDS OF ALL OTHER FACILITIES:*

FACILITY NAME	CITY	NUMBER OF BEDS

IS THE PERSON IN GENERAL ADMINISTRATIVE CHARGE OF THE FACILITY CURRENTLY EMPLOYED IN ANOTHER POSITION? YES NO *IF YES, LIST OF THE OTHER POSITIONS HELD:*

PREVIOUS ADMINISTRATOR'S NAME:
LAST DATE OF EMPLOYMENT:

AFFIDAVIT

I attest by my signature that the statements contained in this form are true and correct to the best of my knowledge and belief. I further affirm that I have the express authority to sign this form on behalf of the operator.

AUTHORIZED SIGNATURE	DATE
PRINTED OR TYPED NAME	TITLE OF SIGNATORY

**PLEASE RETURN THIS COMPLETED FORM BY MAIL, FAX OR E-MAIL:
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR LONG-TERM CARE REGULATION
 LICENSURE UNIT
 920 WILDWOOD DRIVE
 P.O. BOX 570
 JEFFERSON CITY, MO 65102
 FAX # (573) 751-8493
 E-MAIL ADDRESS: LTCAPPLICATION@HEALTH.MO.GOV**

**Licensed as an assisted living facility (ALF) and chooses to accept or retain individuals with a physical, cognitive or other condition that prevents them from safely evacuating the facility with minimal assistance.
 *Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules and regulations that were in place on August 27, 2006 for a residential care facility II.