

Instructions: Complete all sections of the application and submit to Central Office. Additional guidance can be found in 18 NYCRR Parts 485.2 and 492.

1. Operator and Facility Information:

FACILITY NAME _____ TYPE OF FACILITY _____

STREET AND NUMBER _____

CITY _____ COUNTY _____ ZIP _____

OPERATING CERTIFICATE NUMBER _____ OPERATOR _____

STREET AND NUMBER _____

CITY _____ COUNTY _____ ZIP _____

2. ACF Program Configuration: Check each level of licensure or certification currently in place and list the number of beds on each level of license or certification.

Type AH EHP ALP ALR EALR SNALR
Current Number of Beds _____

3. Day Program for Non-Residents Proposed Configuration:

a. In the table below, list the hours of operation for each day of week that the day program will be open:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation	_____	_____	_____	_____	_____	_____	_____

b. List the number of participants you wish to be approved for each portion of the day, and the hours of each offered option:

- 1. Day Program: _____ (Hours: _____ to _____)
- 2. Evening Program: _____ (Hours: _____ to _____)
- 3. Overnight Care: _____ (Hours: _____ to _____)

Schedule 7D - Application to Operate a Day Program for Non-Residents

4. Program Director Qualifications: Day programs must have their own program director if they have 15 or more participants. If the approval is sought for less than 15 participants, the ACF administrator or program coordinator, case manager or activities director can serve as the program director.

a. Name of Day Care Program Director _____

b. Is the person named above the ACF administrator or program coordinator, case manager or activities director? Yes No

If no, answer question c. If Yes, skip to question 5.

c. Describe the qualifications of the proposed Program Director in the space below.

5. Written Description of the Proposed Day Program: Attach a description of the proposed day program, including the following information:

- a. A description of the services to be provided to non-residents and a description of how such services would be coordinated with the services provided to permanent residents. Include a description of the range of services to be provided, procedures for participant intake, a schedule of activities, list of modified diets offered and 3 weeks of menus for the snacks provided.
- b. A description of the physical space to be used including square footage and plans for how such space is to be used and coordinated with the space used by the permanent residents; include sketches of leisure and any dining space to be used by the day care participants, and location of any beds used for overnight program participants and/or for rest areas during the day or evening.
- c. The number of new staff or staff newly assigned that are engaged in delivering services to non-residents, including duties, hours to be worked and staff qualifications and how such staff would be coordinated with existing staff.
- d. A description of how the participants' service plan, if any, will be used and coordinated with the non-resident services program.
- e. A description of the information and referral services to be provided to participants and the participants' caregivers.
- f. The transportation services, if any, which are available to the participants.
- g. The program's rate and service chart which includes fees charged for the program and provisions for a sliding fee schedule if applicable. Include a copy of the proposed day care program budget.
- h. It is anticipated that Day Service participants will be involved fully in those services and activities of the adult care facility which are available to full-time residents. Describe any services, activities, etc., available to permanent residents that may not be available to the Day Service participants and the reasons not available.
- i. Plans to ensure that participants, staff and volunteers are included in the provisions for disaster and emergency planning contained in sections 487.12 and 488.12 of Title 18.

6. Program Forms: Provide copies of all forms to be used, including:

- Agreements which non-residents must sign
- Medical evaluation form
- Pre-admission interview form
- Written plan for services
- Daily attendance record
- If a form is being substituted for the chronological admission and discharge register (DSS-3026), submit this for approval.

Certification of Applicant

I declare that to the best of my knowledge all information provided herein is true, correct and complete. Further, if this application is approved, I agree to operate the approved program in accordance with all Department regulations and the proposal contained herein.

SIGNATURE

DATE

PRINT OR TYPE NAME

TITLE