



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

CONTINUING CARE RETIREMENT COMMUNITIES

S.C. Code Ann. § 37-11-10 et seq.

www.consumer.sc.gov

(803) 734-4200

Street Address
293 Greystone Blvd., Ste. 400
Columbia, SC 29210-8004

APPLICATION FOR CCRC RENEWAL LICENSE

The application fee for a Renewal License for a Continuing Care Retirement Community (CCRC) is: Two Thousand Dollars (\$2,000.00). Please make all checks payable to the **South Carolina Department of Consumer Affairs**.

License Number: _____ Expiration Date: _____

1. Name of Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Website: _____

2. Name of Operator: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Website: _____

3. The operator is (check one):

Corporation

Limited Liability Company

General Partnership

Limited Partnership

Sole Proprietorship

Other (specify)

4. Chief Executive Officer:

Street Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Telephone #:

Fax #:

Email Address:

5. Affiliated Parent or
Subsidiary:

Street Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Telephone #:

Fax #:

Website:

6. Name of Owner: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Website: _____

7. The owner is (check one):
 Corporation Limited Liability Company
 General Partnership Limited Partnership Sole Proprietorship
 Other (specify) _____

8. Primary Regulatory Contact: _____
Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Email Address: _____

PLEASE NOTE: ALL EXHIBITS LISTED BELOW MUST BE ATTACHED. IF THE EXHIBIT(S) ARE NOT APPLICABLE OR AVAILABLE, ATTACH AN EXPLANATION IN PLACE OF THE REQUIRED EXHIBIT(S) STATING THE REASON(S) THEY ARE NOT APPLICABLE OR AVAILABLE.

9. (Attach as Exhibit A) A description of any material change with respect to any information provided with the previous application. Please attach appropriate documentation. Examples of material changes include, but are not limited to the following: Change in the corporate status, ownership interest, management, information provided under South Carolina Code § 37-11-30 (B) (2), contracts, services provided, fees charged, (including entrance fees), and escrow agreements. Any questions or doubts should be resolved with the Staff of the Department of Consumer Affairs.)
10. (Attach as Exhibit B) A statement disclosing any litigation, orders, judgments, or decrees which might affect the facility.
11. (Attach as Exhibit C) A statement of any changes that have occurred with respect to your admission and disclosure policies. If none occurred, please state so.
12. (Attach as Exhibit D) The number of living units constructed and the current number of residents of the facility that are provided services pursuant to a contract for continuing care; the number of reservation agreements and/or the number of people on the waiting list; and, if applicable, a current occupancy status of a nursing home, community residential care facility, or a similar facility or accommodation.
13. (Attach as Exhibit E) A copy of all written complaints handled through your facility's complaint system since your last application and a statement of the average time taken to resolve a complaint.
14. (Attach as Exhibit F) A representative sample of advertisements for your facility since your last application.
15. (Attach as Exhibit G) Copies of any DHEC license that you hold or a list of licenses for which you have applied. Please state specifically whether the DHEC license you have and/or have applied for are community-based or restricted.
16. (Attach as Exhibit H) A statement as to whether or not your facility (or any of its components) is eligible for Medicare and/or Medicaid. If the facility is not eligible for Medicare and/or Medicaid, the following statement must be inserted verbatim in bold face type in your disclosure statement:

This facility is currently (not) eligible for (Medicare and/or Medicaid) (insert whichever is applicable). In case a resident exhausts his available financial resources prior to or following admission into our nursing home or assisted living accommodations, the resident might have no choice but to apply for admission to a facility that is eligible for these payments.
17. (Attach as Exhibit I) A copy of a disclosure statement conforming in all respects to South Carolina Code § 37-11-60 and South Carolina Code Regulation 28-600(G). This Exhibit must be accompanied by a duly notarized affidavit by the operator that prospective residents will or are receiving this disclosure statement.
18. (Attach as Exhibit J) The certified financial statements of the operator. These statements shall include a balance sheet as of the end of your most recent fiscal year and statements of income and expenses for your two most recent fiscal years or for all of the years in existence if less than three

(3) years. The statements shall be in accordance with generally accepted accounting principles and shall also contain: (i) an accountant's opinion; and (ii) notes to the financial statements considered customary or necessary to full disclosure or adequate understanding of the financial statements, financial condition, and operation. **IF THE FISCAL YEAR ENDED MORE THAN ONE HUNDRED TWENTY DAYS BEFORE THE DATE OF FILING, PLEASE SUBMIT YOUR PREVIOUS CERTIFIED FINANCIAL STATEMENT TOGETHER WITH AN UNCERTIFIED STATEMENT FOR THE PERIOD BETWEEN THE DATE THE FISCAL YEAR ENDED AND A DATE NOT MORE THAN NINETY DAYS BEFORE THE DATE THE APPLICATION IS FILED.**

19. (Attach as Exhibit K) A projected annual budget of the facility for one year.
20. (Attach as Exhibit L) If the facility has had a feasibility study made in the past two years, please submit a copy of the study.
21. (Attach as Exhibit M) A statement of financial responsibility as required in South Carolina Code § 37-11-40.
22. (Attach as Exhibit N) A copy of all continuing care contracts, conforming in all respects with South Carolina Code § 37-11-35 and South Carolina Code Regulation 28-600(F).
23. **Please note that the Application must be signed by the Chief Executive Officer of the Facility and by the person who prepared the Application. These signatures must be duly notarized by a Notary Public.**

AFFIDAVIT OF APPLICANT

I swear or affirm and certify that I have completed and/or reviewed all information on this form and submitted with this Application, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact which would have a bearing upon the South Carolina Department of Consumer Affairs' decision to grant the requested license. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

x	x
Signature	Signature
Type or Print your name	Type or Print your name
Title	Title
Date	Date

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

The completed Application should be submitted to:

South Carolina Department of Consumer Affairs
Attn: CCRC Licensing and Regulation

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

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Columbia, SC 29210-8004

Do not fax this form. An original, signed and notarized form is required.

The South Carolina Freedom of Information Act may require the S.C. Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.