

Texas Department of Aging  
and Disability Services  
Regulatory Services (E-330)  
P.O. Box 149030  
Austin, TX 78714-9030  
512-438-2630 Fax: 512-438-2727

**Application for State License  
to Operate a Prescribed Pediatric Extended  
Care Center (PPECC)**

**For DADS Use Only**

Application Approval Date:	
Application No.	Reviewer Initials:
Driver License No.	Effective Date of License

**Item 1. Center Information**

Center Name			Center Identification No. (DADS will complete for initial licensure)		
Physical Address – Street		City	State	ZIP Code	County
Center Area Code and Telephone No.	Center Area Code and Fax No.	Center Email Address			
Mailing Address – Street or P.O. Box (if different from physical address)			City	State	ZIP Code
Center Operating Hours From: To:		Requested Licensed Capacity (Max 60)			

**Item 2. Type of Application**

Check all that apply

**Initial**     
  **Relocation** – Effective Date:     
  **Licensed Capacity Increase/Decrease** – Effective Date:

**Renewal**     
  **Change of Ownership** – Effective Date:

**Note: For Initial or Relocation applications please attach plan review approval documentation.**

**Updates:**

Change of Center Administrator or Financial Officer: Effective Date:

Change in Center Operating Hours: From: To: Effective Date:     
  Transfer of Ownership Interest: ..... Effective Date:

Other Update (explain): Effective Date:     
  Real Estate Change: .....Effective Date:

Management Company: .....Effective Date:

**Fee Schedule**

<b>Initial</b> -----	\$1,750.00	<b>Renewal</b> -----	\$1,750.00
<b>Change of Ownership</b> -----	\$1,750.00	<b>Late Renewal</b> -----	\$50.00 per day after 60 day submission deadline (max \$500)
<b>Relocation</b> -----	\$1,750.00	<b>Capacity Increase</b> -----	\$875.00
		<b>Fee Enclosed</b> -----	\$

**Item 3. Center Administrator/Financial Officer**

Name of Administrator		Social Security No.		
Address		City	State	ZIP Code
Name of Financial Officer		Social Security No.		
Address		City	State	ZIP Code

Applicant Name	Center Name	Center Identification No.
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**Item 4. Applicant Information**

Legal Name of Applicant				Employer Identification No.	
Physical Address – Street		City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)		City	State/Province	ZIP/Postal Code	Country
Area Code and Telephone No.	Area Code and Fax No.	Email Address			
Business Entity Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust, Living Trust or Estate <input type="checkbox"/> Other, specify:				Government Entity Type <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Hospital District/Authority	

**Applicant Contact Information**

Last Name		First Name		MI	Jr., Sr., etc.
Area Code and Telephone No.	Area Code and Fax No.	Email Address			
Title or Relationship to Applicant					

**Item 5. Application Preparer**     Same as Applicant Contact

Preparer Firm/Business Name					
Address		City		State	ZIP Code
Preparer Name			Preparer Title		
Preparer Area Code and Telephone No.	Preparer Area Code and Fax No.	Preparer Email Address			

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Applicant Name	Center Name	Center Identification No.
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**Item 6. Applicant Ownership and Controlling Person Information**

Legal Name of Applicant (corporation, LLC, partnership, sole proprietorship, etc.)
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Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
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Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
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Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

<b>Follow-up questions for all business entity types</b>	
Has 100% ownership interest been disclosed in this section? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, answer the following questions:	
Do each of the remaining individual shareholders own less than 5%? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the shares publicly traded? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership shares unassigned? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining shares held in treasury of the company? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership percentage investment funds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Copy this page to use as an attachment if more entries are required.**

Applicant Name	Center Name	Center Identification No.
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**Item 6. Applicant Ownership and Controlling Person Information: Next Level(s) (Continued)**

Legal Name of Business Entity Disclosed on This Page (corporation, LLC, partnership, sole proprietorship, etc.)
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Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

<b>Follow-up questions for all business entity types</b>	
Has 100% ownership interest been disclosed in this section? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, answer the following questions:	
Do each of the remaining individual shareholders own less than 5%? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the shares publicly traded? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership shares unassigned? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining shares held in treasury of the company? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership percentage investment funds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Copy this page to use as an attachment if more entries are required.**

Applicant Name	Center Name	Center Identification No.
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**Item 7. Management Company Information**

Legal Name of Business Entity (if other than individual)		Business Entity Type		Employer Identification No.	
Physical Address – Street		City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)		City	State/Province	ZIP/Postal Code	Country
Area Code and Telephone No.	Area Code and Fax No.	Email Address			

**Management Company Contact Person Information**

Last Name		First Name		MI	Jr., Sr., etc.
Area Code and Telephone No.	Area Code and Fax No.	Email Address			
Title or Relationship to the Management Company					

(This space intentionally left blank.)

Applicant Name	Center Name	Center Identification No.
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**Item 7. Management Company Ownership and Controlling Person Information**

Legal Name of Management Company (corporation, LLC, partnership, sole proprietorship, etc.)
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Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
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Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
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<b>Follow-up questions for all business entity types</b>	
Has 100% ownership interest been disclosed in this section? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, answer the following questions:	
Do each of the remaining individual shareholders own less than 5%? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the shares publicly traded? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership shares unassigned? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining shares held in treasury of the company? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership percentage investment funds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Applicant Name	Center Name	Center Identification No.
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**Item 7. Management Company Ownership and Controlling Person Information: Next Level(s) (Continued)**

Legal Name of Business Entity Disclosed on This Page (corporation, LLC, partnership, sole proprietorship, etc.)
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Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

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Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
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Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

<b>Follow-up questions for all business entity types</b>	
Has 100% ownership interest been disclosed in this section? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, answer the following questions:	
Do each of the remaining individual shareholders own less than 5%? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the shares publicly traded? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership shares unassigned? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining shares held in treasury of the company? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership percentage investment funds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Copy this page to use as an attachment if more entries are required.**

Applicant Name	Center Name	Center Identification No.
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**Item 8. Other Controlling Entity/Person Information**

Legal Name of Business Entity (if other than individual)				Business Entity Type	Employer Identification No.	
Last Name (if an individual)		First Name		MI	Jr., Sr., etc.	
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address (if different from physical address) – Street or P.O. Box			City	State/Province	ZIP/Postal Code	Country
Relationship to Applicant						

**Other Controlling Entity/Person Contact Person Information**

Last Name		First Name		MI	Jr., Sr., etc.
Area Code and Telephone No.	Area Code and Fax No.		Email Address		
Title or Relationship to the Other Controlling Entity/Person					

**Copy this page to use as an attachment if more entries are required.**

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Applicant Name	Center Name	Center Identification No.
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**Item 8. Other Controlling Entity Ownership and Controlling Person Information (Continued)**

Legal Name of Controlling Entity (corporation, LLC, partnership, sole proprietorship, etc.)
---

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
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Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence	
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
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Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

<b>Follow-up questions for all business entity types</b>	
Has 100% ownership interest been disclosed in this section? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, answer the following questions:	
Do each of the remaining individual shareholders own less than 5%? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the shares publicly traded? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership shares unassigned? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining shares held in treasury of the company? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership percentage investment funds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Applicant Name	Center Name	Center Identification No.
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**Item 8. Other Controlling Entity Ownership and Controlling Person Information: Next Level(s) (Continued)**

Legal Name of Controlling Entity (corporation, LLC, partnership, sole proprietorship, etc.)
---

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Employer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
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Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
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Title or Position Held (with the entity disclosed on this page)			Start Date of Association (with the entity disclosed on this page)			

<b>Follow-up questions for all business entity types</b>	
Has 100% ownership interest been disclosed in this section? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, answer the following questions:	
Do each of the remaining individual shareholders own less than 5%? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the shares publicly traded? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership shares unassigned? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining shares held in treasury of the company? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all remaining ownership percentage investment funds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Copy this page to use as an attachment if more entries are required.**

Applicant Name	Center Name	Center Identification No.
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**Item 9. Real Estate Information**

A. 1. Is the applicant the sole owner of the real property where the center will be located? .....  Yes  No  
 If Yes, complete A.2., A.3. and Section B. For an initial license application, change of ownership application, or update application for a real estate change, provide a copy of property ownership document(s) (deed, deed of trust, special warranty deed, etc.).

If No, complete Sections B through O. For an initial license application, change of ownership application, or update application for a real estate change, submit a copy of property ownership document(s) (deed, deed of trust, special warranty deed, etc.).

2. Is the real property encumbered by any liens, or is other interest secured by the real property, such as deeds of trust, tax liens, mechanics liens, judgments, etc? .....  Yes  No

If Yes, describe the nature of the lien or judgment:

\_\_\_\_\_

3. Is the property owner currently in default on any obligation secured or potentially secured by the real property? .....  Yes  No

If Yes, describe the nature of the default:

\_\_\_\_\_

B. 1.

Legal Name of Business Entity or Individual that owns the real property where the center will be located			
Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

2. Real Property Owner Contact Person

Last Name	First Name	MI	Jr., Sr., etc.
Area Code and Telephone No.	Area Code and Fax No.	Email Address	

C. Does the applicant lease the property from the property owner? .....  Yes  No

If Yes, provide a copy of the lease agreement for an initial license application, change of ownership application, or update application for a real estate change, or renewal application with a real estate change.

If No, identify in Section D the business entity(ies) or individual(s) that leases from the real property owner, or identify in Section K the applicant's entitlement to occupy the real property.

D.

Legal Name of Business Entity or Individual that leases from the real property owner			
Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

E. Does the applicant sublease the property from a business entity(ies) or individual(s) identified in Section D? .....  Yes  No

If Yes, provide a copy of the primary lease agreement and all sublease agreements for an initial license application, change of ownership application, or update application for a real estate change, or renewal application with a real estate change.

If No, identify in Section F the business entity(ies) or individual(s) that subleases the property from the business entity(ies) or individuals identified in Section D, or identify in Section K the applicant's entitlement to occupy the real property.

F.

Legal Name of Business Entity or Individual that subleases the property from a business entity(ies) or individual(s) identified in Section D			
Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

G. Does the applicant sublease the property from a business entity(ies) or individual(s) identified in Section F? .....  Yes  No

If Yes, provide a copy of the primary lease agreement and all sublease agreements for an initial license application, change of ownership application, or update application for a real estate change, or renewal application with a real estate change.

If No, identify in Section H the business entity(ies) or individual(s) that subleases the property from the business entity(ies) or individuals identified in Section F, or identify in Section K the applicant's entitlement to occupy the real property.

Applicant Name	Center Name	Center Identification No.
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**Item 9. Real Estate Information (Continued)**

H. Legal Name of Business Entity or Individual that subleases the property used to operate the center from a business entity(ies) or individual(s) identified in Section F

Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

I. Does the applicant sublease the property used to operate the center from a business entity(ies) or individual(s) identified in Section F?  Yes  No

If Yes, provide a copy of the primary lease agreement and all sublease agreements for an initial license application, change of ownership application or update application for a real estate change, or renewal application with a real estate change.

If No, identify in Section J the business entity(ies) or individual(s) that subleases the property used to operate the center from the business entity(ies) or individuals identified in Section H, or identify in Section K the applicant's entitlement to occupy the real property used to operate the center.

J. Legal Name of Business Entity or Individual that subleases the property from a business entity(ies) or individual(s) identified in Section H

Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

K. If the applicant does not lease or sublease the property used to operate the center from a business entity or individual, then specify the type of property document that entitles the applicant to occupy the real property:

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L. Does the applicant hold assignment of the lease or other entitlement to occupy the real property used to operate the center from a business entity(ies) or individual(s) identified in Section D, F, H or J?  Yes  No

If Yes, provide a copy of the assignment agreement or other entitlement to occupy the real property used to operate the center for an initial license application, change of ownership application, or update application for a real estate change, or renewal application with a real estate change.

If No, identify in Section M the business entity(ies) or individual(s) that holds assignment of the lease or other entitlement to occupy the real property used to operate the center from the business entity(ies) or individuals identified in Section D, F, H or J.

M. Legal Name of Business Entity or Individual that holds assignment of the lease or other entitlement to occupy the real property used to operate the center from a business entity(ies) or individual(s) identified in Section D, F, H or J

Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

N. Does the applicant hold assignment of the lease or other entitlement to occupy the real property used to operate the center from a business entity(ies) or individual(s) identified in Section M?  Yes  No

If Yes, provide a copy of the assignment agreement(s) or other entitlement to occupy the real property used to operate the center for an initial license application, change of ownership application, or update application for a real estate change, or renewal application with a real estate change.

If No, identify in Section O the business entity(ies) or individual(s) that holds assignment of the lease or other entitlement to occupy the real property used to operate the center from the business entity(ies) or individuals identified in Section M.

O. Legal Name of Business Entity or Individual that holds assignment(s) of the lease or other entitlement to occupy the real property used to operate the center from a business entity(ies) or individual(s) identified in Section M

Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

Applicant Name	Center Name	Center Identification No.
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**Item 10. Disclosure of Center/Agency/ Facility Association**

List all Centers/Agencies/Facilities operated by the applicant or a controlling party that are located **outside the state of Texas** or are not licensed by DADS.

Center/Agency/Facility Name	Center/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Center/Agency/Facility Name	Center/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Center/Agency/Facility Name	Center/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Center/Agency/Facility Name	Center/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Center/Agency/Facility Name	Center/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Center/Agency/Facility Name	Center/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Center/Agency/Facility Name	Center/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Center/Agency/Facility Name	Center/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Center/Agency/Facility Name	Center/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

**Copy this page to use as an attachment if more entries are required.**

Applicant Name	Center Name	Center Identification No.
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**Item 10. General Disclosure Questions:** Have any of the individuals or entities identified in Item 6, 7 or 8:

A. Been convicted of a state or federal crime that carries a penalty of incarceration? .....  Yes  No

If Yes, explain below:

Individual/Entity		Identified in Item(s)	
		<input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8
Date of Conviction	Conviction	Terms of Sentence	

B. Been excluded or debarred from participating in federal government programs? .....  Yes  No

If Yes, explain below:

Individual/Entity		Identified in Item(s)	
		<input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8
Date of Exclusion or Debarment	Reason	Start Date	End Date

C. Been excluded or otherwise disqualified from holding a license in the state of Texas or any other state? .....  Yes  No

If Yes, explain below:

Individual/Entity		Identified in Item(s)	
		<input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8
Date of Exclusion or Disqualification	Reason	Start Date	End Date

D. Been subject to orders from a court restraining or enjoining the individual or entity from operating a center, agency or facility? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s)	
		<input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8
Order Issued Against	Nature/Type of Court Order		
Court Issuing Order	Terms of Court Order		
Date Order Issued	Current Status		

**Item 10. Five-Year Disclosure Questions:** Have any of the individuals or entities identified in Item 6, 7 or 8:

E. Been held liable for civil damages by a court, or settled such a suit out of court, based upon alleged negligent conduct or intentional misconduct on their part, individually or in association with others; or owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that has been held liable for civil damages by a court, or settled such a suit out of court, based upon alleged negligent conduct or intentional misconduct on their part, individually or in association with others in relation to any center, agency or long-term care facility (for example, malpractice, wrongful death, other care-related issues)? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s)	
		<input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)		Center/Agency/Facility Identification No.	National Provider Identifier No.
Name of Plaintiff/Complainant		Nature of Allegations	
Outcome:	Verdict	Verdict Date	Verdict Amount \$
	Judgment	Judgment Date	Judgment Amount \$
	Settlement	Settlement Date	Settlement Amount \$
Status:			
<input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):			

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Applicant Name	Center Name	Center Identification No.
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**Item 10. Five-Year Disclosure Questions (Continued):** Have any of the individuals or entities identified in Item 6, 7 or 8:

- F. Filed for bankruptcy protection (reorganization or liquidation) or been placed in receivership based on failure or inability to meet financial obligations in the regular course of business, or been subject to an involuntary filing for, bankruptcy or receivership; or owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that has filed for, bankruptcy or receivership based on failure or inability to meet financial obligations in the regular course of business of any center, agency or long-term care facility; or been subject to an involuntary filing for reorganization, bankruptcy or receivership? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)	Center/Agency/Facility Identification No.	National Provider Identifier No.
Name and Type of Business (if applicable)		
Type of Filing <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Receiver		Date Filed
Status: <input type="checkbox"/> In Progress <input type="checkbox"/> Discharged <input type="checkbox"/> Dismissed <input type="checkbox"/> Confirmed		

- G. Ever owed any overdue payroll taxes, unemployment taxes, franchise taxes or workers' compensation payments; or owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that has owed any overdue payroll taxes, unemployment taxes, franchise taxes or workers' compensation payments in relation to any center, agency or long-term care facility?  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)	Center/Agency/Facility Identification No.	National Provider Identifier No.
Amount Owed \$	Name of Individual/Entity Owed	Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):

- H. Ever had fines or penalties assessed to any center, agency or long-term care facility related to payroll taxes, unemployment taxes or workers' compensation; or owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that has had fines or penalties assessed to any center, agency or long-term care facility related to payroll taxes, unemployment taxes or workers' compensation? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)	Center/Agency/Facility Identification No.	National Provider Identifier No.
Basis for Fine or Penalty	Date Penalty Imposed	Amount Owed \$
Name of Individual/Entity Owed		
Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):		

- I. Owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that has failed to pay any state licensing fees (for example, probationary/initial/renewal license fee, license capacity increase fee, change of administrator fee, background information fee, trust fund fee, Alzheimer's certification fee, etc.)? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)	Center/Agency/Facility Identification No.	National Provider Identifier No.
Type of Fee Not Paid	Amount Owed \$	Due Date

- J. Owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that has failed to reimburse the Nursing and Convalescent Home Trust Fund following placement of a state trustee? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)	Center/Agency/Facility Identification No.	National Provider Identifier No.
Date Trustee Placed in the Center	Date Trustee Removed	Amount of Emergency Assistance Funds Not Reimbursed \$

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Applicant Name	Center Name	Center Identification No.
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**Item 10. Five-Year Disclosure Questions (Continued):** Have any of the individuals or entities identified in Item 6, 7 or 8:

- K. Had (or currently have) an unsatisfied (unpaid) judgment against them, either individually or in association with others, by a creditor or claimant, as a result of a financial default or dispute, or settled such a suit out of court, or entered into a settlement agreement to resolve a financial default or dispute; or owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that has had a judgment obtained against it by a creditor or claimant as a result of a financial default or dispute (for example, slip and fall, employment issues, etc.), settled such a suit out of court, or entered into a settlement agreement as a result of a financial default or dispute? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)	Center/Agency/Facility Identification No.	National Provider Identifier No.
Amount of Judgment or Settlement \$	Name of Creditor or Claimant	Date of Judgment or Settlement
Nature of the Default or Dispute		Amount Unpaid

- L. Owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that has been evicted from any property or space used as a center, agency or long-term care facility? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)		
Center/Agency/Facility Identification No.	National Provider Identifier No.	Date of Eviction

- M. Owned, operated, managed or otherwise been involved in any center, agency or long-term care facility, hospital, boarding home, child care center, or drug or alcohol treatment center whose license(s) has been denied, revoked or suspended? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)	Center/Agency/Facility Identification No.	National Provider Identifier No.
Type of Action: <input type="checkbox"/> Denial <input type="checkbox"/> Revocation <input type="checkbox"/> Suspension	Effective Date	

- N. Owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that has had a state trustee or federal temporary manager placed? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)	Center/Agency/Facility Identification No.	National Provider Identifier No.
Date Trustee/Manager Placed in the Center	Date Trustee/Manager Removed	

- O. Owned, operated, managed or otherwise been involved in any center, agency or long-term care facility that surrendered a license in lieu of revocation, allowed a license to expire while revocation action was pending, or withdrew the appeal of a revocation action while the action was pending? .....  Yes  No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Center/Agency/Facility Name (if applicable)	Center/Agency/Facility Identification No.	National Provider Identifier No.
Outcome: <input type="checkbox"/> Surrendered a License <input type="checkbox"/> Allowed a License to Expire <input type="checkbox"/> Withdrew the Appeal	Effective Date	

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Applicant Name	Center Name	Center Identification No.
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**Item 10. Five-Year Disclosure Questions (Continued):** Have any of the individuals or entities identified in Item 6, 7 or 8:

P. Owned, operated, managed or otherwise been involved in any center, agency or long-term care facility located outside of the state of Texas that has been subject to federal or state sanctions, penalties or enforcement actions? .....  Yes  No

If Yes, complete the following:

Center/Agency/Facility Name	Center/Agency/Facility Identification No.	National Provider Identifier No.
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Type of Action and Outcome (check all applicable boxes and fill in each applicable blank):

<b>1. <input type="checkbox"/> Suspension of Admissions</b>	Visit Exit Date	Start Date	End Date
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

<b>2. <input type="checkbox"/> Involuntary Closure</b>	Date of Closure
Individual/Entity	
Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	

<b>3. <input type="checkbox"/> Denial of Payment for New Admissions</b>	Visit Exit Date	Start Date	End Date
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

<b>4. <input type="checkbox"/> Directed Plan of Correction</b>	Visit Exit Date
Individual/Entity	
Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	

<b>5. <input type="checkbox"/> Termination of Certification/Contract</b>	Visit Exit Date	Date of Certification/Contract Termination
Individual/Entity		
Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		

<b>6. <input type="checkbox"/> Downgrade of the Status of a Center, Agency or Long-Term Care Facility License</b>	Effective Date
Individual/Entity	
Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	

<b>7. <input type="checkbox"/> Administrative Penalty</b>	Amount \$	Visit Exit Date	Imposition Date	Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):
Individual/Entity				
Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8				

<b>8. <input type="checkbox"/> Civil Penalty</b>	Amount \$	Visit Exit Date	Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):
Individual/Entity			
Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			

<b>9. <input type="checkbox"/> Civil Money Penalty</b>	Amount \$	Visit Exit Date	Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):
Individual/Entity			
Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			

<b>10. <input type="checkbox"/> Other</b>	Action	Date of Action	Outcome/Explanation
Individual/Entity			
Identified in Item(s) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			

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