



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

**CORRECTIONS FOR LONG-TERM CARE FACILITY LICENSE APPLICATION**

All forms may be found on our website at <http://www.dhss.mo.gov/NursingHomes/AppsForms.html>

FACILITY NAME

FACILITY ADDRESS

LICENSE(S)  
 SNF     ICF     ALF\*\*     ALF     RCF\*     RCF  
 \*\*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.

REASON FOR CORRECTION  
 CORRECT ERROR ON PENDING APPLICATION  
 NOTIFICATION OF CHANGE - EFFECTIVE THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

IN ORDER TO COMPLY WITH SECTION 198.018.4, RSMo, I HEREBY REQUEST THAT MY APPLICATION FOR LICENSE TO OPERATE A LONG-TERM CARE FACILITY BE CORRECTED AS FOLLOWS:

APPLICATION QUESTION NUMBER	CORRECTION
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**CORRECTIONS FOR LONG-TERM CARE FACILITY LICENSE APPLICATION**

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IN ADDITION, THE FOLLOWING DOCUMENTS ARE ATTACHED

THESE CORRECTIONS AND ATTACHED DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AUTHORIZED SIGNATURE OF APPLICANT (OPERATOR)

DATE

PRINTED OR TYPED NAME

TITLE