

**Application for authority to offer
continuing care in residence services in Texas
under Health and Safety Code Section 246.0025(b)
(CCRC Form 1a)**

CCRC Certificate of Authority license number

Date

Name of provider

DBA if applicable

We are applying for authority to offer continuing care in residence services in Texas in compliance with 28 TAC Section 33.102.

Required items:

1. Proposed form for disclosure statement for continuing care in residence (FIN389 - CCRC Form 6b).
2. Business plan which includes all the following:
 - a. Three-year financial projection with associated assumptions.
 - b. Geographic region proposed for continuing care in residence services.
 - c. Evidence of the actuarial review for entrance fee (and related amortization schedule) and service fee amounts.
 - d. Information about resident qualifications.
 - e. Marketing and advertising activities.
 - f. Information regarding refund procedures applicable before a resident begins receiving continuing care in residence services.
3. Certified copy of assumed name certificate (DBA), if applicable.

If the requested information is already included in the draft disclosure statement, the provider can refer to the business plan portion of the disclosure statement. Questions about this application should be directed to the provider to the attention of:

Name: _____

Email: _____

Phone: _____

We, _____ as _____ and
Corporate officer Title

_____ as _____ of
Corporate officer Title

Provider

certify that we are authorized to execute this verification on the provider's behalf and, to the best of our knowledge and belief, this application for authority includes all items required by the rules governing the provider and is true, accurate, and complete.

Corporate officer's signature

Corporate officer's signature

To be filled out by a notary public:

State of: _____

County of: _____

Before me, notary public, on this day personally appeared _____
Corporate officer's name

known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Notary seal)

Notary public's signature

State of: _____

County of: _____

Before me, notary public, on this day personally appeared _____
Corporate officer's name

known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Notary seal)

Notary public's signature

 Email filing to CLRFilings@tdi.texas.gov

► Questions?

Email us at CompanyLicense@tdi.texas.gov or call 512-676-6365.