

COMPONENT ONE | CHECKLIST

Submission Date: _____

Legal Name of Program Operator: _____

TYPE OF DOCUMENTATION		MUST BE SUBMITTED BY...
<input type="checkbox"/>	Application for Certification	All applicants
<input type="checkbox"/>	Certificate of Incorporation	All applicants
<input type="checkbox"/>	Certificate of Assumed Name or filing receipt for Certificate of Assumed Name	Applicants that plan to operate under an assumed name (See section 1.1, page 1)
<input type="checkbox"/>	Federal Tax ID form CP-575	All applicants (Must match federal employer ID # given in section 1.1, page 1)
<input type="checkbox"/>	Corporate organizational chart	Applicants that have a parent organization or any subsidiaries (See section 2.1, page 3)
<input type="checkbox"/>	Resume for medical respite program administrator	All applicants (See section 2.2, page 3)
<input type="checkbox"/>	List of additional board members and/or corporate officers	Applicants that have more than 8 additional officers (See section 2.3, page 3-4)
<input type="checkbox"/>	Statement(s) of moral character; and <input type="checkbox"/> Supporting documentation for statement(s) of moral character	Applicants that respond yes to one or more questions in section 2.4, page 5
<input type="checkbox"/>	Description of community relationships	All applicants (See Part 3, page 5)
<input type="checkbox"/>	Documentation to support plan for providing minimum required medical care	All applicants (See section 5.1, page 6)
<input type="checkbox"/>	Internal policies and/or procedures related to: <ul style="list-style-type: none"> • Eligibility assessment and service plan • Care coordination • Services • Medication • Discharge planning • Discharge appeals process • Staff • Infection control • Incident Reporting • Grievance and complaint process • Quality Improvement Program process 	All applicants (See Part 6, page 7)
<input type="checkbox"/>	Forms* to be used for: <ul style="list-style-type: none"> • Eligibility Assessment • Recipient Rights • Recipient Rules and Code of Conduct • Medication Rules • Admission Agreement • Service Plan • Discharge Summary • Complaint/Grievance Form • Recipient Transfer Form • Daily Census • Certificate of Interpretation • Certificate of Translation <p><i>*Click here to view currently available templates. Programs may adopt these templates, modify the templates to suit program needs, or make their own forms. Please attach copies of all forms listed above, even if the program plans to adopt the DOH template.</i></p>	All applicants (See Part 6, page 7)
<input type="checkbox"/>	Proof of authorization to attest on behalf of the medical respite program	Applicants that have a signatory who is not an established corporate officer (See Part 7, page 7)

Legal Name of Program Operator: _____

TYPE OF DOCUMENT		MUST BE SUBMITTED BY...
<input type="checkbox"/>	Physical Plant Description and Safety Plan	All applicants
<input type="checkbox"/>	Certificate of Occupancy	All applicants
<input type="checkbox"/>	Deed, lease, or assignment of lease	All applicants
<input type="checkbox"/>	Statement explaining how the operator has control over the facility and the operator's relationship with the landlord/leaseholder.	Applicants that are: <ul style="list-style-type: none"> • Located in a leased facility; and • Operated by an entity that is not a party to the lease or a party to the assignment of lease for the facility (See section 2.1, page 2)
<input type="checkbox"/>	Supporting documentation for outstanding building code violations	Applicants that respond yes to section 2.2, page 2
<input type="checkbox"/>	Detailed floor plans or architectural drawings	All applicants
<input type="checkbox"/>	Copies of contracts for all facilities services (e.g., property management, security, pest control, trash removal, snow removal, high-speed internet, etc.)	All applicants
<input type="checkbox"/>	Emergency/disaster response plan; must include: <ul style="list-style-type: none"> <input type="checkbox"/> Evacuation floor plan with any areas of refuge identified 	All Applicants (See Part 5, page 5)
<input type="checkbox"/>	Documentation of fire safety inspections, including: <ul style="list-style-type: none"> • Fire alarm system • Sprinkler system • Fire suppression system • Fire extinguishers • Fire escape and/or approval for installation of new fire escape(s) 	All applicants
<input type="checkbox"/>	Documentation of: <ul style="list-style-type: none"> • Elevator inspection performed by a licensed entity; or • Approval for installation of new elevator 	As appropriate based on design of facility
<input type="checkbox"/>	Documentation of readiness to provide food service, such as: <ul style="list-style-type: none"> • Food service permit • Evidence of compliance with NYS Sanitary Code Part 14 (commercial kitchens) • Contract for food service 	All applicants
<input type="checkbox"/>	Documentation of additional inspections for appliances/systems associated with the safety and security of this facility, such as: <ul style="list-style-type: none"> • Backup battery or generator • Compactor/incinerator • HVAC system servicing • Boiler • Residential furnace servicing • Backflow prevention 	All applicants
<input type="checkbox"/>	Water treatment permit (alternate to normal water supply during flooding emergencies)	As appropriate based on design of facility
<input type="checkbox"/>	Component One Checklist (completed)	All applicants