

*Continuing Care at Home (CCaH)*  
*Application for Preliminary Certificate of Registration*

Date Submitted: \_\_\_\_\_

[Section 10-457 of the Human Services Article of the Annotated Code of Maryland](#) and [COMAR 32.02.02.06](#), Subsection B and C, fully states requirements for information to be submitted when applying for a Preliminary Certificate of Registration. This application represents part three of the application process. If the provider has not completed part two, please complete and submit the application for feasibility study before proceeding.

<b>1.</b>	Name of the Provider:	
	Geographic Area(s) of Service:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	
	State of Incorporation, or governing the formation of the partnership, trust, or limited liability corporation.	

<b>2.</b>	Chief Executive Officer to the Facility:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	

<b>4.</b>	Name of any affiliate, parent, or subsidiary person (as defined in COMAR 32.02.02.01B(26)) or business entity	
	Chief Executive Officer of any affiliate, parent, or subsidiary person per COMAR 32.02.02.06B(3):	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	

<b>5.</b>	<b>Please be advised that the Department may charge an additional fee, not to exceed the original fee, if resubmission of a feasibility study is required as per <a href="#">COMAR 32.02.02.03</a>.</b>
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**The following should be marked as indicated and attached to this application:**

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| Exhibit A | <p>Description of the organizational structure and management of the provider, including, but not limited to, the names and occupations of the provider's officers, directors, trustees, managing or general partners, and non-stock corporation members, and an individual having a 10% or greater equity interest or beneficial interest in the provider.</p> <p>A description of each financial interest in, or occupation with, the provider of each individual identified in Exhibit A above.</p>  |
| Exhibit B | <p>If it is anticipated that a business entity will provide to the provider goods, premises, or services with a value of \$10,000 or more within any fiscal year, and if a person identified in Exhibit A has a financial interest of 10% or more in the business entity, include:</p> <ul style="list-style-type: none"><li>(a) The name and address of the business entities;</li><li>(b) A description of the goods, premises, or services; and</li><li>(c) The anticipated yearly costs the provider will incur for the goods, premises, or services.</li></ul> <p>Subsections (a)–(c) do not require the disclosure of salary, age, or benefit information of employees of the provider.</p>   |
| Exhibit C | <p>A copy of all current documentation concerning the legal organization of the provider, including corporation charter, bylaws, articles of association, membership agreement, trust agreement, partnership agreement or similar instruments or agreements.</p>  |
| Exhibit D | <p>A statement of any current or prior affiliation with a religious, charitable, or other nonprofit organization, and the extent, if any, to which the affiliate organization will be responsible for the financial and contractual obligations of the provider.</p>  |
| Exhibit E | <p>Certified financial statements of the provider for the 3 most recent fiscal years for which certified financial statements are obtainable under generally accepted accounting principles. If the most recent fiscal year ended more than 90 days prior to the date of filing this application, also submit an Income Statement, which need not be certified, that covers a period that begins on the date the fiscal year ended and ends on a date that is within 90 days of the date of the filing.</p>   |
| Exhibit F | <p>A statement of the current or proposed utilization of any insurance program or publicly funded benefit program in the financing of care.</p>   |
| Exhibit G | <p>A copy of proposed agreements to be entered into between the provider and subscribers for continuing care at home and contractual arrangement between the provider and any assisted living or comprehensive care providers.</p> <p>The proposed continuing care at home agreement shall include the following statement set forth in print no smaller than the largest type used in the body of the agreement:</p> <p>“A certificate of registration is not an endorsement or guarantee of this continuing care at home provider by the State of Maryland. The Maryland Department of Aging urges you to consult an attorney and a suitable financial advisor before signing any documents.”</p> |
| Exhibit H | <p>A table of the most current fee structure, including escalator or other automatic adjustment provisions.</p>   |

**Department of Aging, Continuing Care**  
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Exhibit I      The form and substance of any proposed advertisements, advertising campaigns, or other promotional materials for the program that is available at the time of filing the

application and that has not been filed previously with the Department.

If a provider that has submitted a feasibility study desires to advertise a continuing care at home project before an initial certificate of registration has been issued, the provider shall submit that advertising so it is received by the Department at least 3 working days before the advertising is to be aired, distributed, or otherwise used; the provider shall indicate in prominent type that the contents are proposed advertising materials for a project that does not have an initial certificate of registration.

Exhibit J      A description of the arrangements that have been or will be made to obtain the personnel or outside services necessary to provide continuing care at home.

Exhibit K      A description of the arrangements that have been or will be made to obtain the personnel or outside services necessary to provide continuing care at home shall accompany the application.

Exhibit L      A statement explaining any differences between information submitted with this application from information on the application submitted with the Feasibility Study.

Exhibit M      A copy of the fully executed escrow agreement, if one was not filed with the Feasibility Study Application; if a fully executed copy does not accompany this application, estimate on the line below when a copy will be filed with the Department.

\_\_\_\_\_

Date

A copy of the proposed Disclosure Statement which shall be provided to a prospective subscriber before payment of any part of the entrance fee or, if earlier, the execution of a continuing care agreement.

The initial Disclosure Statement shall be submitted to the Department for review at least 45 days before distributing the statement to any prospective subscribers.

Other Exhibits      Addenda: Additional pertinent information may be labeled as Addendum 1, 2, ...and attached to this application.

Email your application or any questions to the Department's intake email address:  
[ccrchousingservices.mdoa@maryland.gov](mailto:ccrchousingservices.mdoa@maryland.gov)

The undersigned attests that the information submitted herein is true and accurate.

Applicant Statement:

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(Signature)

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(Title)

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(Date)