

Limited License

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| <input type="checkbox"/> | Limited Scope License application |
| <input type="checkbox"/> | License application form Available at http://www.aging.ks.gov/HCBSPProvider/IDD_Licensing.html |
| <input type="checkbox"/> | A Previous relationship w/ the person seeking services or specialized skills that would not be necessary to support the person and are not readily available in the current service system |
| <input type="checkbox"/> | One year of paid work experience in human services Or, Completion of college of Direct Support curriculum or the full license owner/operator prerequisites |
| <input type="checkbox"/> | Updated Person Centered Support Plan (PCSP) |
| <input type="checkbox"/> | Complete background checks that meets HCP/CSS background check" Policy <ul style="list-style-type: none"> • APS • CPS • KBI • KDOA – Nurse Aide Registry • KDADS- ANE Findings |
| <input type="checkbox"/> | Business plan |
| <input type="checkbox"/> | Financial Plan |
| <input type="checkbox"/> | Person Centered Support Plan (PCSP) must identify the services and supports being requested to be provided through the Limited scope License, and indicate support the services by the support network |
| <input type="checkbox"/> | Applicable Statues and Regulations to comply with the requirements of state regulations of Article 63. |
| <input type="checkbox"/> | Comply w/ both State Fire Marshal and local codes http://www.ksfm.ks.gov/forms-regulations/facilities |
| <input type="checkbox"/> | 3 Letters of reference |
| <input type="checkbox"/> | First aid and CPR certification |
| <input type="checkbox"/> | Copies of forms agency will use regarding providing services |

*****Note-** Applicants who have co-owners/VPs/COO's will need to submit the resume, background check, 3 letters of references individually.

All applicants will need to submit an application and all required documents together. Failure to provide required documentation may cause a delay in the licensing process. If you have any questions please contact, KDADS 785-296-4740. To submit your application you may mail to:

KDADS
Attn: Sam Phrakonekham
503 S Kansas Avenue
Topeka, KS 66604
Or
Fax to (785) 296-0256

Or email to sam.phrakonekham@kdads.ks.gov.