

Ownership and Business Management Form

FACILITY NAME: _____

- 1. Identify the persons and entities with 5% or greater direct or indirect ownership or controlling interest in the Applicant. (If additional space is needed, continue on a separate sheet of paper and clearly label). Please be sure that the address listed on the form matches the address on the Applicant's State Identification Card.**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

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NAME: _____

ADDRESS: _____

TELEPHONE: _____

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2. List the name, address, and health care experience of the individual who is responsible for the overall business direction of the Application. *(If additional space is needed, continue on a separate sheet of paper and clearly label).* **(Project Director)**

NAME: _____

ADDRESS: _____

***Resume must be submitted.

Resume Submitted

3. List the name, address, and health care experience of the individual to be appointed by the Applicant to act on its behalf in the overall management and operation of the facility/NTP regardless of form of ownership. *(If additional space is needed, continue on a separate sheet of paper and clearly label).* **(Facility Director)**

NAME: _____

ADDRESS: _____

***Resume must be submitted.

Resume Submitted

4. If you are also applying for a Certificate of Approval as a Narcotic Treatment Program, provide the name, address and health care experience of the individual who will serve as the Medical Director. *(If additional space is needed, continue on a separate sheet of paper and clearly label).*

NAME: _____

ADDRESS: _____

***Resume must be submitted.

Resume Submitted

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5. Have you ever applied to DDAP to open a facility before? If so, what the name listed on the application? (If additional space is needed, continue on a separate sheet of paper and clearly label).

YES (explanation below)

NO

NAME OF FACILITY ON APPLICATION: _____

WHEN YOU APPLIED: _____

OUTCOME: _____

NAME OF FACILITY ON APPLICATION: _____

WHEN YOU APPLIED: _____

OUTCOME: _____

NAME OF FACILITY ON APPLICATION: _____

WHEN YOU APPLIED: _____

OUTCOME: _____

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6. Names, addresses, and type(s) or facilities/NTPs currently or previously owned, managed, or operated by Applicant(s): *(If additional space is needed, continue on a separate sheet of paper and clearly label).*

APPLICANT NAME: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

FACILITY TYPE: _____

APPLICANT NAME: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

FACILITY TYPE: _____

APPLICANT NAME: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

FACILITY TYPE: _____

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7. Description of any adverse action taken by any state or federal agency against any of the facilities/NTPs identified in #5 and any documentation regarding the action taken and its resolution. *(If additional space is needed, continue on a separate sheet of paper and clearly label).*

YES (explanation below)

NO

8. Have any of the facilities/NTPs identified and/or individual(s) identified in this document been subject of CRIMINAL CHARGES? *(If additional space is needed, continue on a separate sheet of paper and clearly label).*

YES (If yes, provide information below)

NO (If no, skip to #8)

Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

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Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

9. Have any of the facilities/NTPs identified and/or individual(s) identified in this document been subject of CIVIL FRAUD CHARGES? *(If additional space is needed, continue on a separate sheet of paper and clearly label).*

YES (If yes, provide information below)

NO (If no, skip to #9)

Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

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Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

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10. Have any of the facilities/NTPs identified and/or individual(s) identified in this document been subject to MEDICARE AND/OR MEDICAID FRAUD AND/OR ABUSE? (If additional space is needed, continue on a separate sheet of paper and clearly label).

YES (If yes, provide information below)

NO (If no, skip to #10)

Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

Facility or individual name: _____

Nature of Crime: _____ Date(s): _____

Provide documentation regarding the action taken and its resolution in the space provided below: **(Must attach official court documents)**

**11. Been ordered to pay a civil monetary penalty (other than previously listed)? (If additional space is needed, continue on a separate sheet of paper and clearly label).
Must attach official court documents.**

YES (If yes, provide information below)

NO

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12. Is there any ongoing fraud and abuse investigations involving any facility or individual(s) previously identified in this document? *(If additional space is needed, continue on a separate sheet of paper and clearly label).* **Must attach official court documents.**

YES (If yes, provide information below) NO

13. A description of the Applicant's intentions with respect to the level of charity and uncompensated care to be provided.

APPLICANT PRINT NAME

APPLICANT SIGNATURE (no electronic signature)

DATE (no electronic date)