

## 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 to add individuals, continue 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: \_\_\_\_\_

- \_\_\_\_\_
2. List the name and address 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).* **(Licensee, Officer, or other Representative)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*\*\*Resume must be submitted.

**Resume Submitted**

- \_\_\_\_\_
3. List the name and address of the individual who is responsible for the overall management and operation of the Recovery House. *(If additional space is needed, continue on a separate sheet of paper and clearly label).* **(Recovery House Manager)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*\*\*Resume must be submitted.

**Resume Submitted**

\_\_\_\_\_

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4. Have you ever applied to DDAP to open a facility or drug and alcohol recovery house 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: \_\_\_\_\_

5. Names, addresses, and type(s) or facilities 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: \_\_\_\_\_

6. Description of any adverse action taken by any state or federal agency against any of the facilities 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

\_\_\_\_\_  
\_\_\_\_\_

## Ownership and Business Management Form

7. Have any of the facilities or individual(s) identified in this document been subject to **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): \_\_\_\_\_

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



8. Have any of the facilities or individual(s) identified in this document been subject to **CIVAL FRAUD CHARGES?** *(If additional space is needed to add individuals, 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): \_\_\_\_\_

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



9. Have any of the facilities or individual(s) identified in this document been subject to **MEDICARE AND/OR MEDICAID FRAUD AND/OR ABUSE?** *(If additional space is needed to add individuals, 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): \_\_\_\_\_

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



## Ownership and Business Management Form

10. Have any of the facilities or individual(s) identified in this document been ordered to pay a civil monetary penalty? *(If additional space is needed to add individuals, continue on a separate sheet of paper and clearly label).*

YES (If yes, provide information below)                       NO

Facility or individual name: \_\_\_\_\_

Nature of Crime: \_\_\_\_\_ Date(s): \_\_\_\_\_

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



11. 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).*

YES (If yes, provide information below)                       NO

Facility or individual name: \_\_\_\_\_

Nature of Crime: \_\_\_\_\_ Date(s): \_\_\_\_\_

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



\_\_\_\_\_  
APPLICANT PRINT NAME

\_\_\_\_\_  
APPLICANT SIGNATURE (no electronic signature)

\_\_\_\_\_  
DATE (no electronic date)