



**CommunityTies**  
of America, Inc.

*Care Management, Therapy and Consulting Services*

**Adult Day Care Center (ADCC)  
Re-certification Application**

I hereby apply for a certificate to operate an adult day care center, in compliance with Chapter 17-1424, Licensing of Adult Day Care Center (ADCCs), Hawaii Administrative Rules.

Name of ADCC: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Maximum Number of  
Adults to be Serviced: \_\_\_\_\_

Documents attached to this application:

- \* *Only if changed since the last application*, an updated statement of services and operating policies of the applicant's center.
- \*\* For any new staff members, information on the number of new staff members and the staff member's duties, educational background, and work experience.

\_\_\_\_\_  
Responsible Person (*Print Full Name*)

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date