



CommunityTies
of America, Inc.

Care Management, Therapy and Consulting Services

**Adult Day Care Center (ADCC)
New 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 Centers (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:

1. A written statement of services and operating policies of the applicant's proposed center.
2. Information relating to the applicant's proposed center's organization and administration.
3. Information on the number of staff members and the staff member's duties, educational background, and work experiences.
4. Floor plans of the applicant's proposed center and its location on the property.
5. Reports of compliance with applicable county building and zoning codes, fire codes, and state sanitation requirements.

Note: CTA has 60 days from the date of this application to process for approval or denial.

Responsible Person <i>(Print Full Name)</i>	Title/Position
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Signature	Date
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