



STATE OF WEST VIRGINIA  
 DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
 Office of Inspector General  
 Office of Health Facility Licensure and Certification

Earl Ray Tomblin  
 Governor

408 Leon Sullivan Way  
 Charleston, West Virginia 25301-1713  
 Telephone: (304) 558-0050 Fax: (304) 558-2515

Karen L. Bowling  
 Cabinet Secretary

**REGISTRATION OF SERVICE PROVIDER**  
**LEGALLY UNLICENSED HEALTH CARE HOME**  
**§16-5E-1**

Please read carefully and complete this registration in full. Type or print legibly with permanent ink. Failure to complete the registration form may result in delay of approval as a service provider.

**Legally Unlicensed Health Care Home:** Any residence in this state that provides accommodations, personal assistance and supervision, whether for compensation or not, for a period of more than twenty-four (24) hours, to one (1) to three (3) persons who are not related to the operator by blood or marriage within the degree of consanguinity of second cousin. These persons may be dependent upon the services of others by reason of physical or mental impairment or may require limited and intermittent nursing care, including those individuals who qualify for and are receiving services by a licensed hospice.

The words, clinic, hospital, nursing home, assisted living residence, or any other words which suggest a type of facility other than an unlicensed home, shall not be used in the name of the home or in any of the home's advertising.

A criminal record check must be conducted prior to approval as a Registered Service Provider on all individuals who provide services to residents in the home. To set up an appointment to have your criminal background check completed, you can go to L-1's website at [www.L1enrollment.com](http://www.L1enrollment.com) or call (855) 766-7746. **\*\*A state background check is all that is required. A federal background check is recommended; but not required.**

\_\_\_\_\_ A receipt is attached verifying that a criminal background check has been completed (you must have a receipt for everyone in the home over the age of 18).

\_\_\_\_\_ The Policy Statement Title VI Civil Rights Act of 1964" is attached.

\_\_\_\_\_ The Registration form is completed and signed.

\_\_\_\_\_ A signed and dated copy of, "**What is a Legally Unlicensed Home?**"

**Return the completed form and documents to:**  
 Office of Health Facility Licensure and Certification  
 Assisted Living Program  
 408 Leon Sullivan Way  
 Charleston, West Virginia 25301-1713



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**LEGALLY UNLICENSED HEALTH CARE HOME  
REGISTRATION FORM  
(Chapter 16, Article 5E)**

<b>Name</b>		<b>Phone Number</b>	
<b>Physical Address</b>			
<b>Mailing Address</b>			
<b>County</b>			<b>Yes</b> <b>NO</b>
<b>Total Number of Residents in your care</b>		<b>Are residents/services provided at this location? (If no, complete the physical address section below-identifying the location of the home).</b>	
		<b>Are you an approved Adult Family Care (AFC) home?</b>	
<b>Total number of individuals in the home, including relatives</b>		<b>Have you ever been an approved AFC home?</b>	

<b>Directions from Charleston:</b>

**IN SIGNING THIS REGISTRATION FORM, YOU ARE CERTIFYING:**

- You are aware that in order to operate as a Service Provider, you are required to comply with the Legally Unlicensed Health Care Home standards and that all information provided in this registration form is true.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**YOU ARE REQUIRED TO NOTIFY THIS OFFICE IF:**

- \* YOU CEASE OPERATIONS AND ARE NO LONGER PROVIDING SERVICES TO RESIDENTS
- \* YOU MOVE OR CHANGE THE LOCATION OF THE HOME
- \* CHANGE THE NAME OR PHONE NUMBER OF THE SERVICE ADDRESS