

A-4 – DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY

Applicants who are corporations shall attach board resolutions authorizing a delegation to the Program Director and/or Administrator or other appropriate staff.

Applicant Name(s):		
Program Name:		
Program Address:		
City:	County:	Zip Code:
Telephone:	Email Address:	
Name of person(s) listed below (authorized by applicant(s) is hereby designated as administrator, program manager, or agent of the above-named program and is authorized to receive at the above named program on my behalf, any documents including reports of inspections and consultations, accusations, and civil and administrative processes.		
Name	Title	Telephone
PER SECTION 10561(C)(3), I WILL NOTIFY THE DEPARTMENT OF HEALTH CARE SERVICES, WITHIN 10 WORKING DAYS OF ANY CHANGE OF THE ADMINISTRATOR OF THE FACILITY.		
Signature of applicant:		
Print Name:		Title:
Address:		
City:	County:	Zip Code:
Signature of applicant:		
Print Name:		Title:
Address:		
City:	County:	Zip Code:
Signature of applicant:		
Print Name:		Title:
Address:		
City:	County:	Zip Code: