DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY

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

1. Applicant Name: _____

2. Program Name: _____

3. Program Address: _____

4. City: _____ County: _____ Zip Code: _____

5. Telephone: _____

6. _____
(Name of person(s) authorized by applicant/licensee)

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.

I WILL NOTIFY THE DEPARTMENT OF HEALTH CARE SERVICES, IN WRITING, WITHIN 10 DAYS OF ANY CHANGE IN THE ABOVE AUTHORIZATION.

7. _____
Signature of applicant(s)/licensee(s)

8. Title: _____

9. Address: _____

10. City: _____ County: _____ Zip Code: _____