

PERSONAL QUALIFYING INFORMATION

Section 63.2-1702 of the Code of Virginia requires an investigation of the character and reputation of an applicant for licensure.

NAME OF PERSON: _____

OFFICES HELD OR OWNERSHIP IN CHILD WELFARE OR ADULT CARE FACILITIES

The purpose of this form is to obtain a listing of any affiliations as referenced below with which the individual has been associated in the past 10 years in Virginia or in another state. Affiliation, for the purposes of this form, includes serving as either a voting officer, director, or a principal stockholder of any child welfare (child day center, child-placing agency, children's residential facility, family day home, family day system, or independent foster home), assisted living, adult day care, nursing home, behavioral or mental health facility, program or agency requiring licensure. Include facilities for which applications were previously disapproved or withdrawn.

Where you note affiliations in states other than Virginia, use the Compliance Report on page 5 of this form to obtain documentation from each of those states' appropriate regulatory agency that reflects that the affiliated facilities, programs and agencies operated in substantial compliance with applicable laws and regulations for the past 10 years (or for the period of your affiliation, whichever is shorter). A *sample letter* of inquiry is provided on page 8 to assist you in securing this information.

From	To	Name of Facility	Address of Facility	Type of Facility
Office Held/Nature of Interest			Name of Licensing Agency	Address of Licensing Agency

From	To	Name of Facility	Address of Facility	Type of Facility
Office Held/Nature of Interest			Name of Licensing Agency	Address of Licensing Agency

From	To	Name of Facility	Address of Facility	Type of Facility
Office Held/Nature of Interest			Name of Licensing Agency	Address of Licensing Agency

From	To	Name of Facility	Address of Facility	Type of Facility
Office Held/Nature of Interest			Name of Licensing Agency	Address of Licensing Agency
From	To	Name of Facility	Address of Facility	Type of Facility
Office Held/Nature of Interest			Name of Licensing Agency	Address of Licensing Agency

ADMINISTRATIVE SANCTIONS

During the period of your affiliation, were any of the facilities subject to administrative sanctions taken by the state regulatory agency due to the facility's violation of applicable laws and regulations (including revoking or denying renewal of a license; assessing a civil penalty; placing the facility on probation; reducing the licensed capacity; mandating training for facility staff; preventing the licensee from receiving public funds; requiring licensees to contact families in writing regarding health and safety violations; issuing a summary order of suspension of the license; requiring a facility to contract with a licensed administrator to administer, manage or operate the facility on an interim basis; or petitioning the court to appoint a receiver for the facility)?

Yes No

If "Yes," please provide the following information:

Nature of Violation
Enforcement or Administrative Action
Agency or Body Enforcing Violation (Name and Address)

Has the enforcement or administrative action been resolved? Yes No

If "No," please provide an explanation:

RECORD OF LEGAL ACTIONS

1) Have you ever been named as a defendant in any civil action, including, but not limited to, malpractice, fraud or breach of fiduciary responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

2) Are there now or have there ever been any civil or administrative actions against you or any professional/business entity or facility (other than an agency or facility caring for people) with which you are affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are there now or have there ever been any insurance arbitration awards against you or any professional/business entity with which you are affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to any of the above questions is "Yes," complete the sections below:

DATE OF ACTION Month/Day/Year	TYPE OF ACTION	LOCATION OF ACTION

PERSON AND/OR FACILITIES INVOLVED

GIVE ANY FURTHER DETAILS

5) Have you ever changed your name or used an alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If yes, provide details below:

--

6) During the last 10 years, have you been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has such license held by you during such period been suspended, revoked or otherwise subjected to administrative action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

7) Have you ever been involved in an action or proceeding brought by any public or governmental licensing agency or regulatory authority for violation of any securities, insurance, or health law or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

8) Have you ever been an officer, director, trustee, member, manager, partner, management employee or stockholder of any business entity, including this applicant's business entity, where you occupied any such position or served in any	
---	--

such capacity wherein the company:	
a) became insolvent, declared or was forced to declare bankruptcy, or was placed in receivership or conservatorship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) was enjoined from or ordered to cease and desist from violating any securities, insurance, or health law or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) was the subject of an investigation by either federal or state law enforcement agencies on issues related to Medicare or Medicaid fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) suffered the suspension of its certificate of authority or license to do business in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is "Yes," to Questions 6, 7, or 8, attach an explanation including, where applicable, the date, type, and location of the action and all relevant details.	

Virginia Department of Social Services

Compliance Report

_____ (Applicant) has submitted an application for establishment of a licensed facility to the Virginia Department of Social Services. In conjunction with the application, the Department requests compliance information regarding the facility/agency (facility) named below, which has been operated or affiliated with the applicant for the specified time period. Please respond to the questions and provide details of any enforcement or administrative actions taken against the operator of this facility. Please also consider the operator's complaint history. It is requested that this form be returned to the Virginia Department of Social Services by _____.
(Due Date)

TO BE COMPLETED BY APPLICANT:

NAME OF FACILITY TO BE REVIEWED:	
ADDRESS OF FACILITY:	
LICENSE OR CERTIFICATE NUMBER:	
TIME PERIOD TO BE REVIEWED:	

TO BE COMPLETED BY STATE REGULATORY AGENCY:

1. Time period reviewed, if different from requested time period:

2. Is the facility currently operational? Yes No

If yes, is the facility currently in compliance with all applicable codes, rules and regulations?

Yes No

If the facility is not currently in compliance, describe below the nature of the non-compliance.

Virginia Department of Social Services

3. Were any enforcement or administrative actions taken against the facility during the specified time period? Yes No

If yes, specify the number of actions.

If no, skip to Question 5.

4. Provide further details regarding **each** enforcement or administrative action taken.

- a. Cite the violations specific to each enforcement or administrative action. Include dates of surveys relative to each.

- b. Were any of these actions for repetitive violations? Yes No

If yes, please explain below.

- c. Has the enforcement or administrative action(s) been resolved?

Yes No

- d. If yes, indicate the date the action(s) was resolved and specify any civil fine paid or corrective measures taken to resolve the action.

Virginia Department of Social Services

- e. If no, indicate the current status of the enforcement or administrative action and if possible, indicate when it is expected to be resolved.

--

5. Are there any other issues regarding this facility which you feel the Virginia Department of Social Services should be aware of in determining the character and competence of the applicant?

Yes No

If yes, please explain.

--

Print or Type Below Name of Contact Person
Title of Contact Person:
State:
Phone (Include Area Code):
E-mail Address:
Date:

SAMPLE LETTER FROM APPLICANT FOR OUT-OF-STATE REVIEW

Dear (State Regulatory Agency):

The Virginia Department of Social Services is currently reviewing an application for establishment of a facility submitted by (Applicant). As part of the regulatory requirements for establishing the character and reputation of (Applicant), the Department must receive documentation that affiliated facilities/agencies/programs located in your state have been in substantial compliance with all applicable codes, rules and regulations.

Please complete the enclosed Compliance Report responding to the questions and providing any additional information, as applicable. If this documentation is not available for the entire time period requested, please indicate the dates for which you conducted your review. Please return the form by _____ directly to
(Due Date)
the Virginia Department of Social Services at: _____.

A stamped, addressed envelope is enclosed for your convenience.

Your assistance with this matter is appreciated. Should you have any questions, please contact _____ with the Virginia Department of Social Services at _____.

Sincerely,

Enclosure