



**North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Adult Care Licensure Section
 2708 Mail Service Center
 Raleigh, North Carolina 27699-2708
 (919) 855-3765**

Annual Registration Form for Multi-Unit Assisted Housing with Services (MAHS)

This registration form must be completed and submitted with the facility’s current disclosure statement to the Division of Health Service Regulation along with a nonrefundable **registration fee of \$350** as required by G.S. 131D-2.5(b). It must be signed by the individual owner, administrative officer, member of the governing board, or other designated individual on whom rests the responsibility for the operation of the residence. Please check appropriate boxes below and/or fill in the blanks. Complete all parts of the form. Put N/A if not applicable. If additional space is required, please attach to this form.

1. Legal Identity of Registrant:

_____ [Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise for which this form is submitted]

Doing Business As (d/b/a) - names(s) under which the facility is advertised or presented to the public:

Primary: _____

Other: _____

Facility Site Address: _____

City/State/Zip Code: _____ County: _____

Business Telephone Number: _____ Fax Number: _____

E-mail Address _____

Business Mailing Address _____

2.

For-Profit	Not For-Profit	
		Corporation: Chartered by the State of North Carolina
		Corporation: Chartered by another State
		Partnership
		Individual
		Church Affiliation: _____
		Other Affiliation: _____

3. Parent Corporation (Name/Mailing Address): _____

 Publicly Traded Privately owned Other: _____

4. Name of the legal entity responsible for the financial and contractual obligations of the facility:

5. Number and Types of units in the Multi-Unit Assisted Housing with Services:

Number of Units	Type of Units
	Studio or Efficiency Units
	One Bedroom Units
	Two Bedroom Units
	More Than Two Bedroom Units
	Other

Total # of beds in all of the units listed above: _____

6. The licensed home care or hospice agency with which applicant facility has a financial interest, affiliation or formal written agreement to make personal care services accessible to residents who need them:
Name: _____ License Number: _____
7. The undersigned submits this registration in accordance with North Carolina General Statute 131D-2.1(10). To the best of my knowledge the information provided in this registration is true and correct.

Name of Operator of the MAHS (Please print or type)

Title: _____

Date:

Signature

Name and telephone number of contact person concerning this registration form:

Name: _____ Telephone Number: _____

For office Use Only
Data Entry _____
Date Received _____
Disclosure Received _____
Accept _____ Denied _____



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Disclosure Statement Format for Multi-Unit Assisted Housing with Services (MAHS)

The disclosure statement must address each of the items in the order in which they are listed below. It must be submitted with the initial registration form and annually to the Division of Health Service Regulation along with a nonrefundable annual registration fee of \$350 as required by G.S. 131D-2.5(b). Please refer to the legal requirements for registration and disclosure for Multi-unit Assisted Housing with Services which offer details regarding the specific items to be addressed. (www.ncdhhs.gov/dhsr/acls/multiunitlegal.html)

- a. Organization/Facility Introduction and Information;
- b. Limitations of services;
- c. Limitations of tenancy;
- d. Resident responsibilities;
- e. Procedures for required initial and annual resident screening and referrals for services;
- f. Financial/legal relationship between housing management and home care or hospice agencies;
- g. Emergency response system;
- h. An appeals process;
- i. Charges for services offered;
- j. A listing of all home care or hospice and other community services in the area;