

# Department of County Human Services



Aging, Disability and Veterans Services Division, Adult Care Home Program

## REQUEST CHANGE OF RESIDENT MANAGER

**MCAR 023-070-510:** Before a Resident Manager can be approved to work in an Adult Care Home, Operators are required to request a change in Resident Managers and to obtain approval from the ACHP licenser. The proposed new Resident Manager must satisfy the requirements listed in MCAR 023-070-510. The Operator must request modification of the license to identify the change in Resident Managers within seven (7) days from the date of change. Upon a determination by the ACHP that the applicant meets the current requirements of a Resident Manager, a revised license will be issued with the name of the new Resident Manager.

Name of Operator:	License:	Classification:	
Adult Care Home Address:	City:	State:	Zip:

1. Do you currently have any exceptions for residents whose classification level exceeds your license?     Yes     No

2. Proposed Resident Manager: \_\_\_\_\_  
*(Last name, first name, middle initial)*

3. Resident Manager's Date of Birth: \_\_\_\_\_

4. Resident Manager's Planned Start Date: \_\_\_\_\_

**Please attach a copy of the proposed new staffing plan.**

Operator's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

*For ACHP Use Only*

Approved                       Not Approved

Comments:

  
  
  

Licenser's Signature: \_\_\_\_\_                      Date \_\_\_\_\_