



## **ADULT DAY HEALTH CARE (ADHC) APPLICATION TO ADD ADULT DAY PROGRAM SERVICES**

Mail the "original" application to the California Department of Public Health (CDPH), Licensing and Certification at the following address:

### **California Department of Public Health**

Licensing and Certification - Centralized Application Branch

PO Box 997377, MS 3207

Sacramento, CA 95899-7377

Carefully read all instructions and answer all applicable questions on the appropriate forms below with complete and accurate information. Ensure information provided is consistent on all forms (licensee/center name, addresses, etc.) before you submit your application to the CDPH Centralized Application Branch.

Please visit our website to access the required forms

[https://aging.ca.gov/Providers\\_and\\_Partners/Community-Based\\_Adult\\_Services/Forms\\_and\\_Instructions/Application\\_Materials/](https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/Application_Materials/)

### **Required Forms:**

Complete and submit the information below, as applicable. Please do not use acronyms:

1. "Licensure & Certification Application," HS 200 (02/2021), signed by the licensee. *Please do not enclose the licensing fee renewal check, as indicated in section A.3 of this form.*
2. "Proposal to Share Space," ADH 0007 (02/2021)
3. "Applicant Individual Information," HS 215A (02/2008). *Only submit for new owners, officers, directors, board members, or administrators as instructed on the form.*

Please contact the CBAS Bureau if you have any questions: (916) 419-7545;  
[CBASCDA@aging.ca.gov](mailto:CBASCDA@aging.ca.gov)