Office of Health Facilities

Application for Assisted Living Residency

Reference Guide for New Applicants

Let’s begin!

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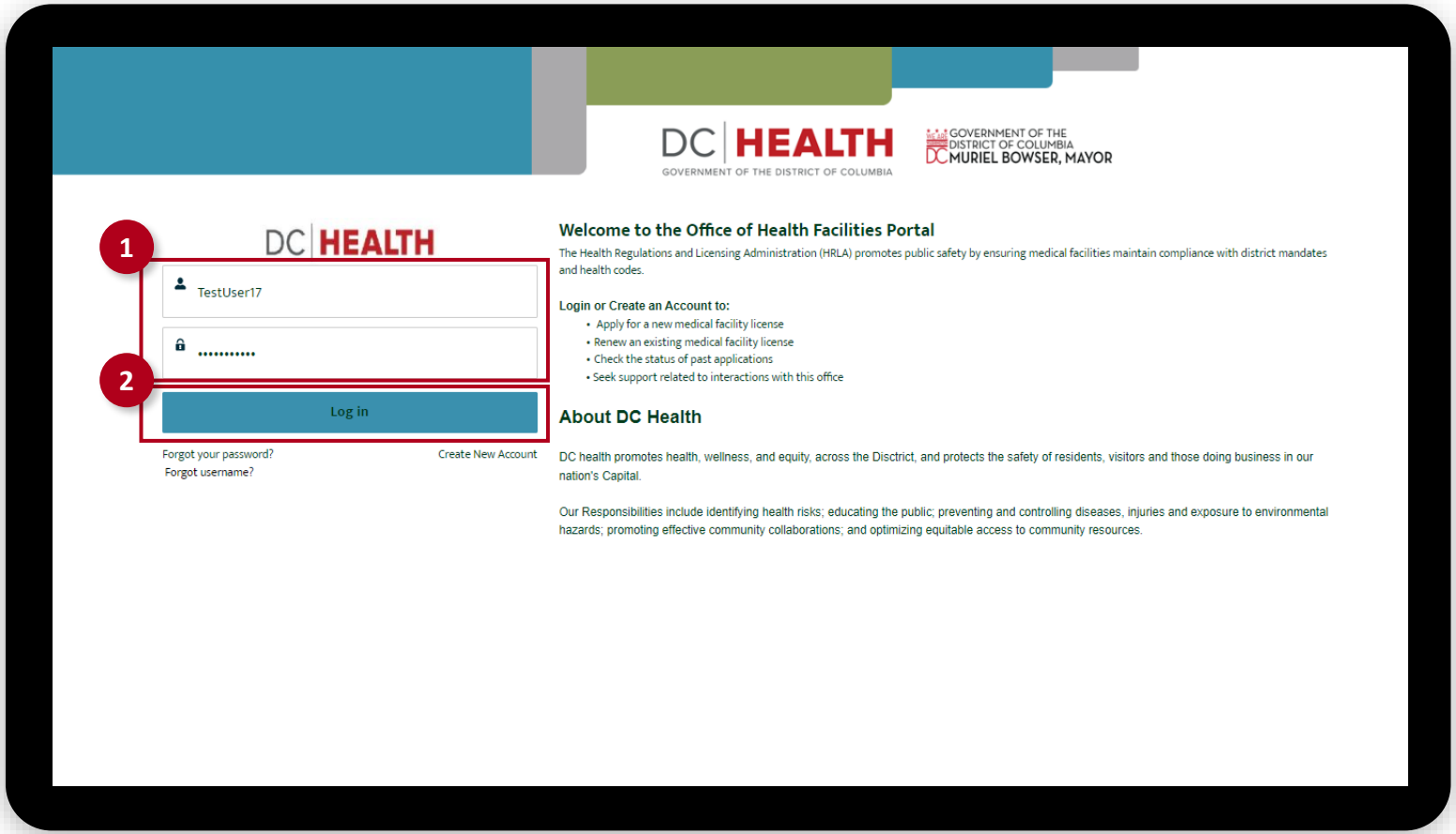
Log In to the platform

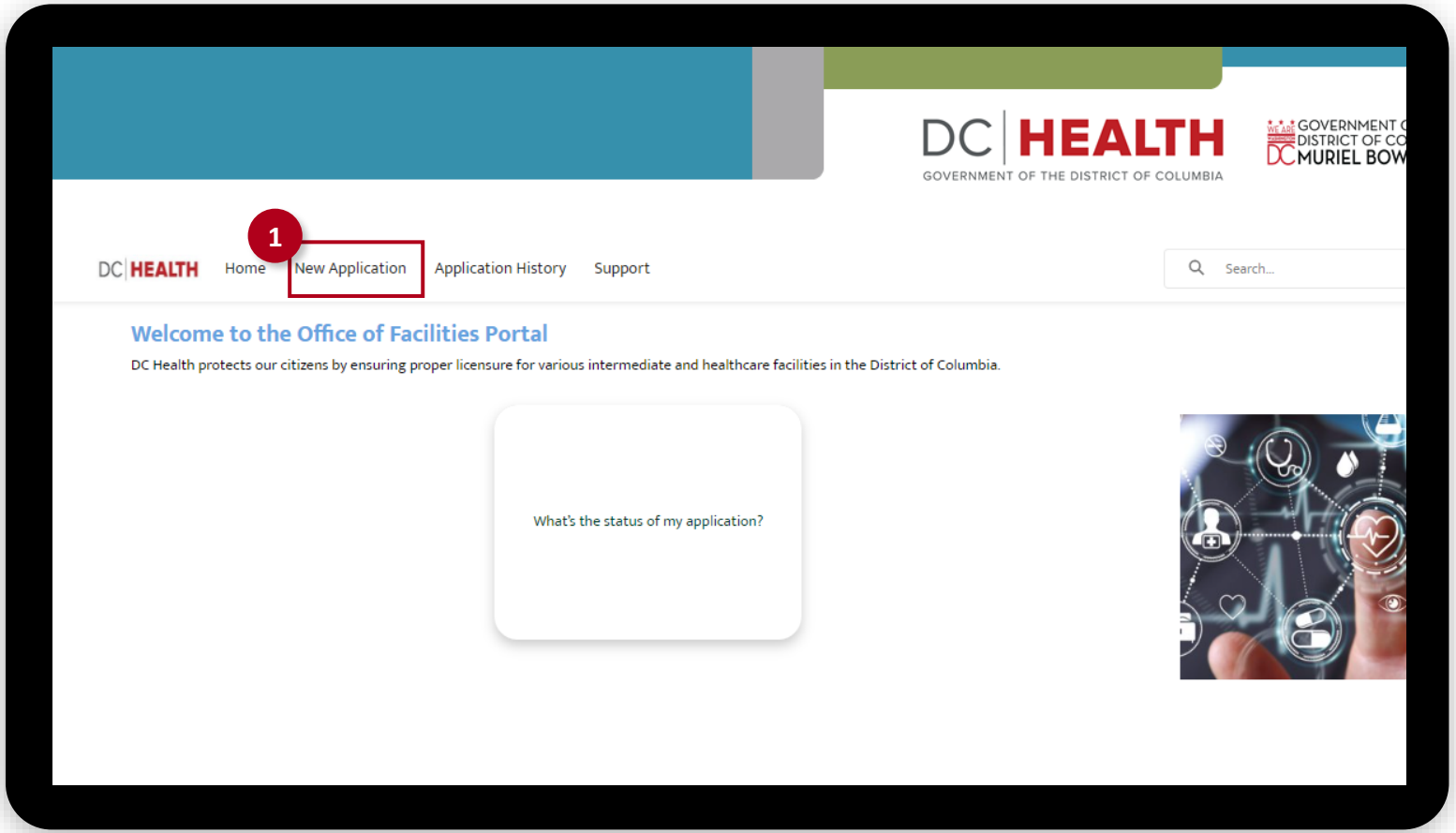
1. Enter your **username** and **password**.
2. Click the **Log In** button.



TIP: If you don't have an account click the **Create New Account** link.

Navigate to the New Application screen

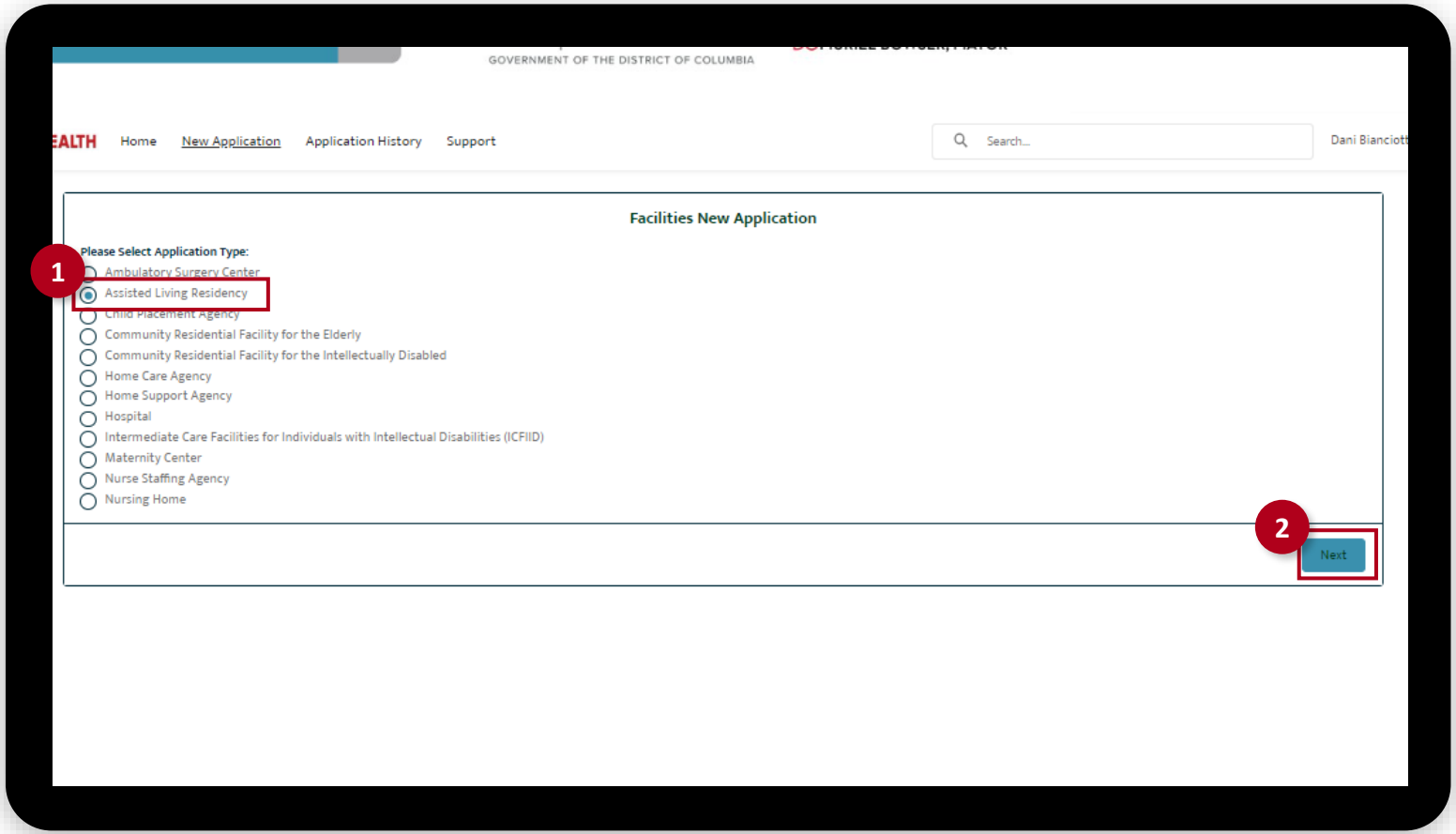
1. Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



Select the Facilities New Application

1. Select the **Assisted Living Residency** option from the list.

2. Click the **Next** button.



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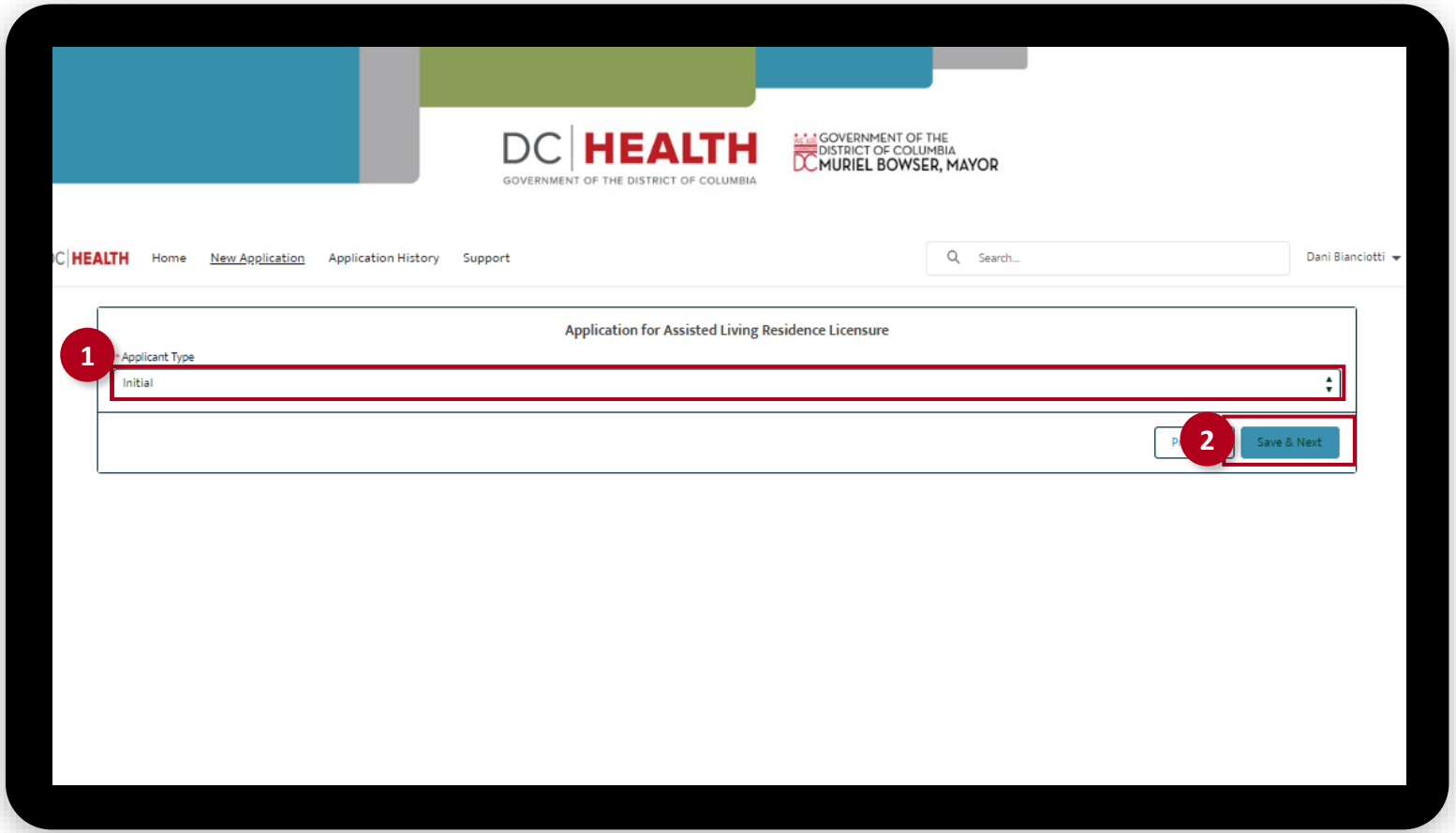
Select the Applicant Type

1. Select the **Initial** option from the drop-down list.
2. Click the **Save & Next** button.



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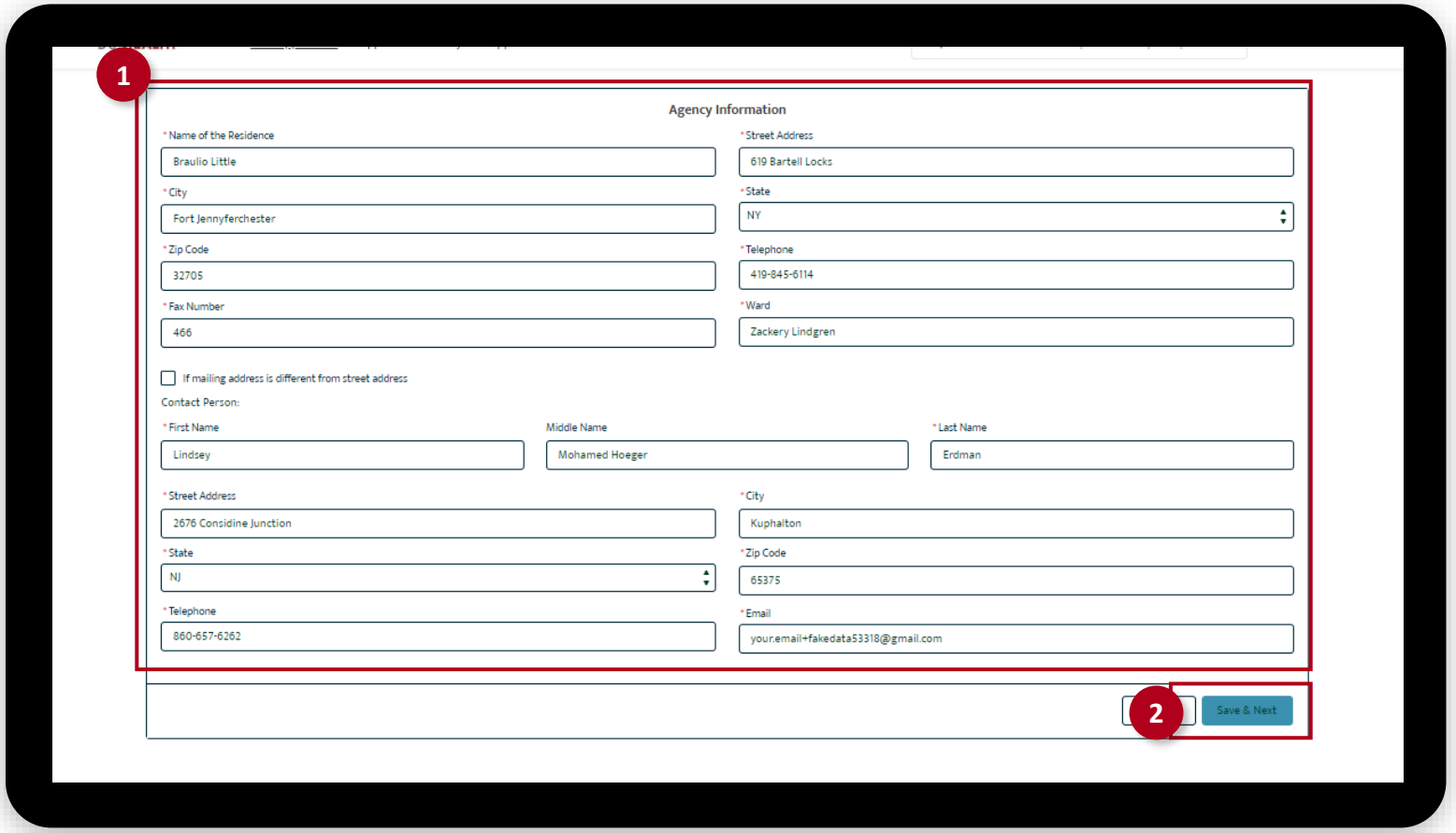
Fill out the Agency Information

1. Fill out all the required fields.
2. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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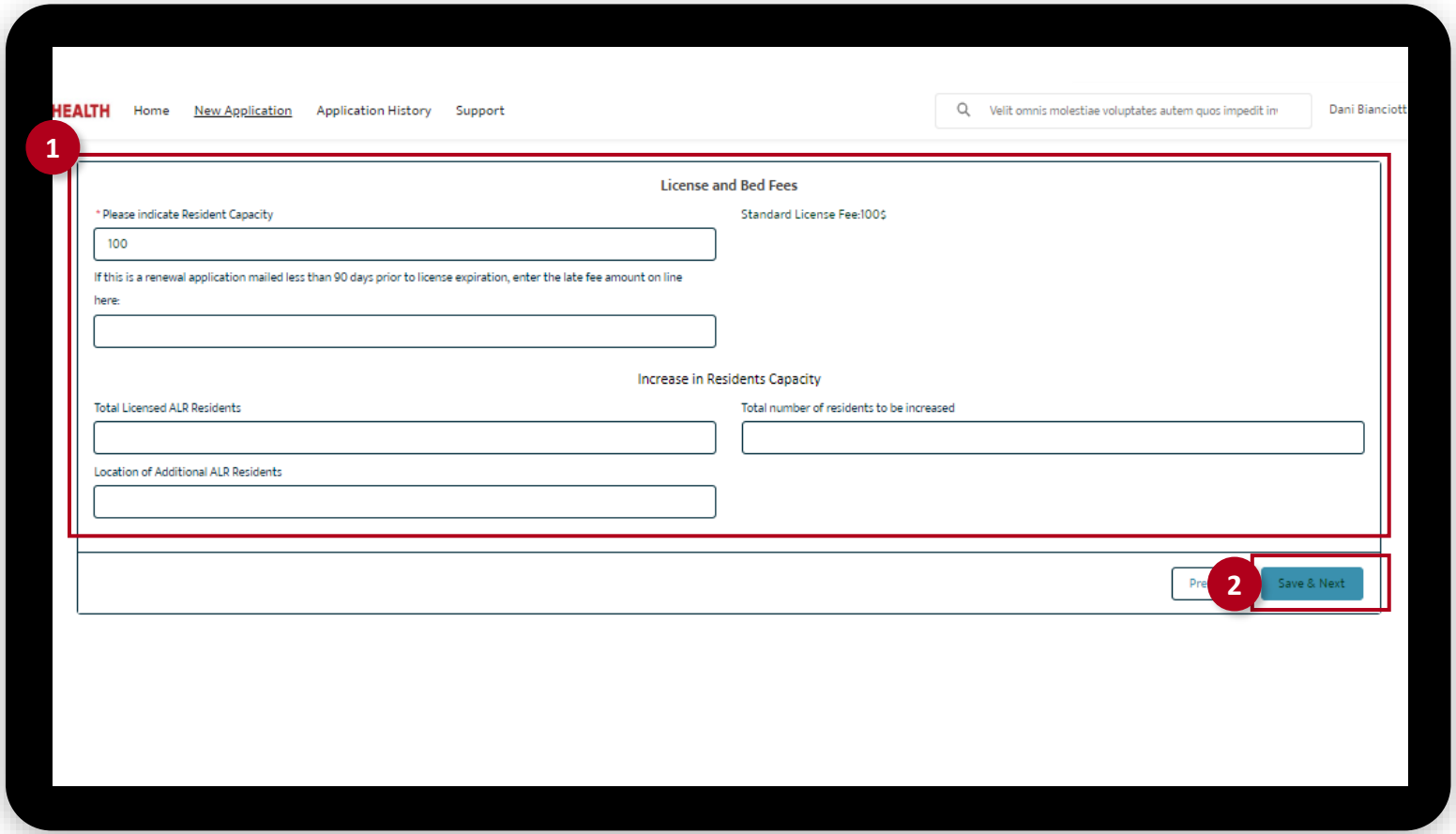
Fill out the Licensee and Bed Fees Information

1. Fill out all the required fields.
2. Click the **Save & Next** button.



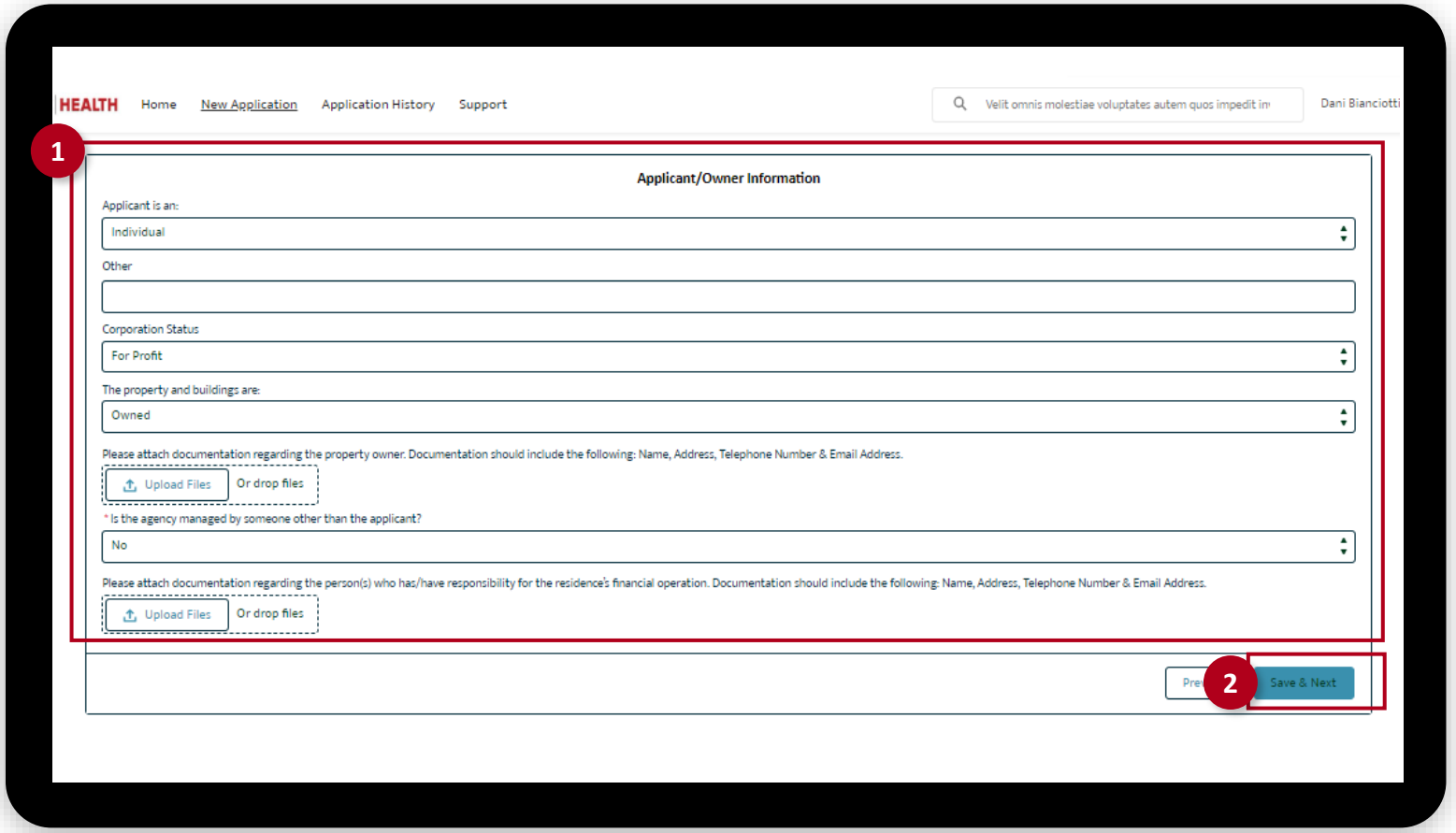
*The fields marked with * are mandatory and must be filled out to continue.*

TIP: If it is a **Renewal** application 90 days prior to license expiration fill out the required field. If there is an **increase in Residents Capacity**, you can fill out the information in this page.

Fill out the Applicant/Owner Information

1. Fill out all the required fields.
2. Click the **Save & Next** button.

TIP: If needed, use the **Upload Files** button to attach needed documentation.



*The fields marked with * are mandatory and must be filled out to continue.*

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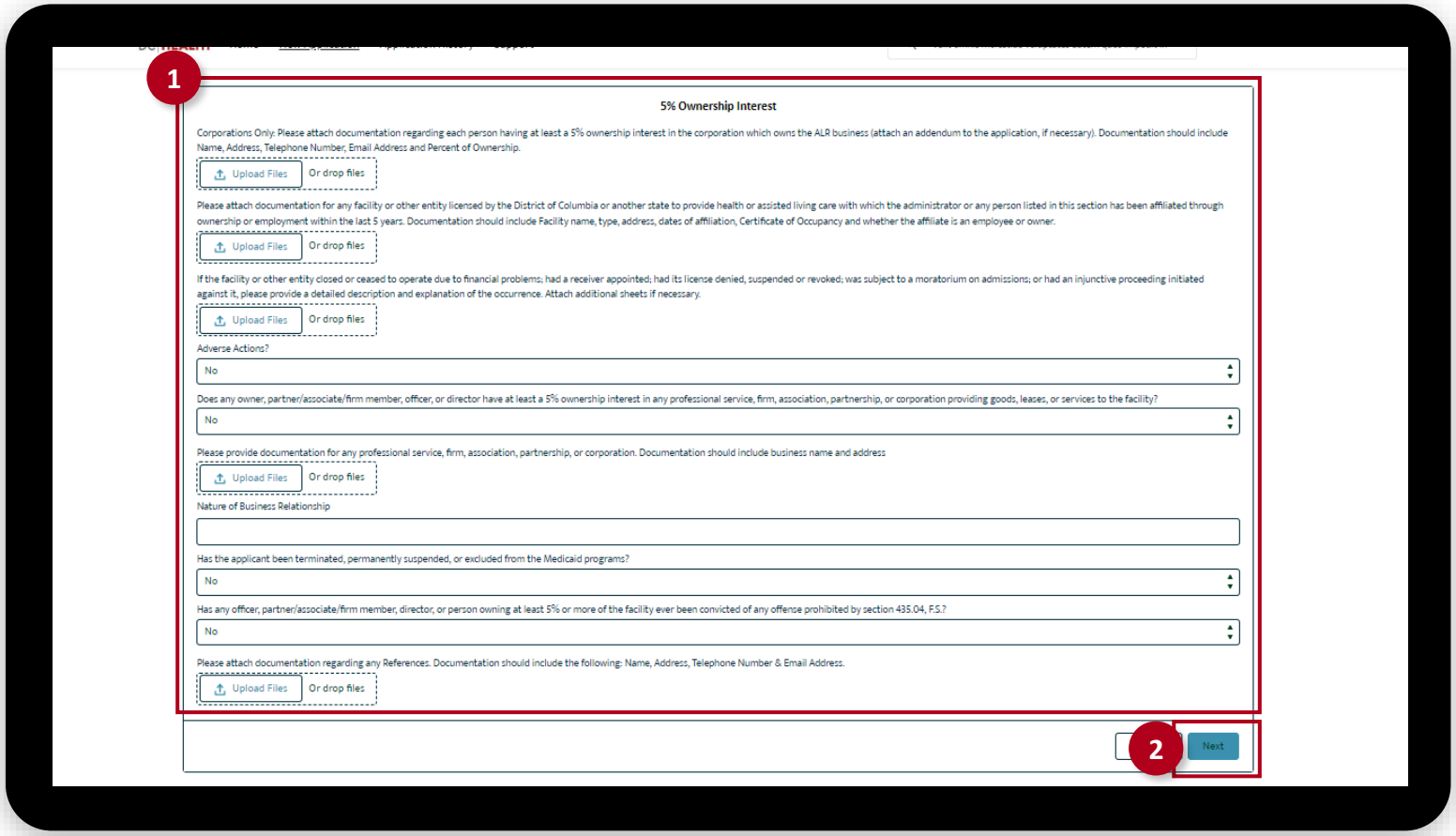
Fill out the 5% Ownership Interest Information

1. Fill out all the required fields and attach needed documentation using the **Upload Files** button in each section.
2. Click the **Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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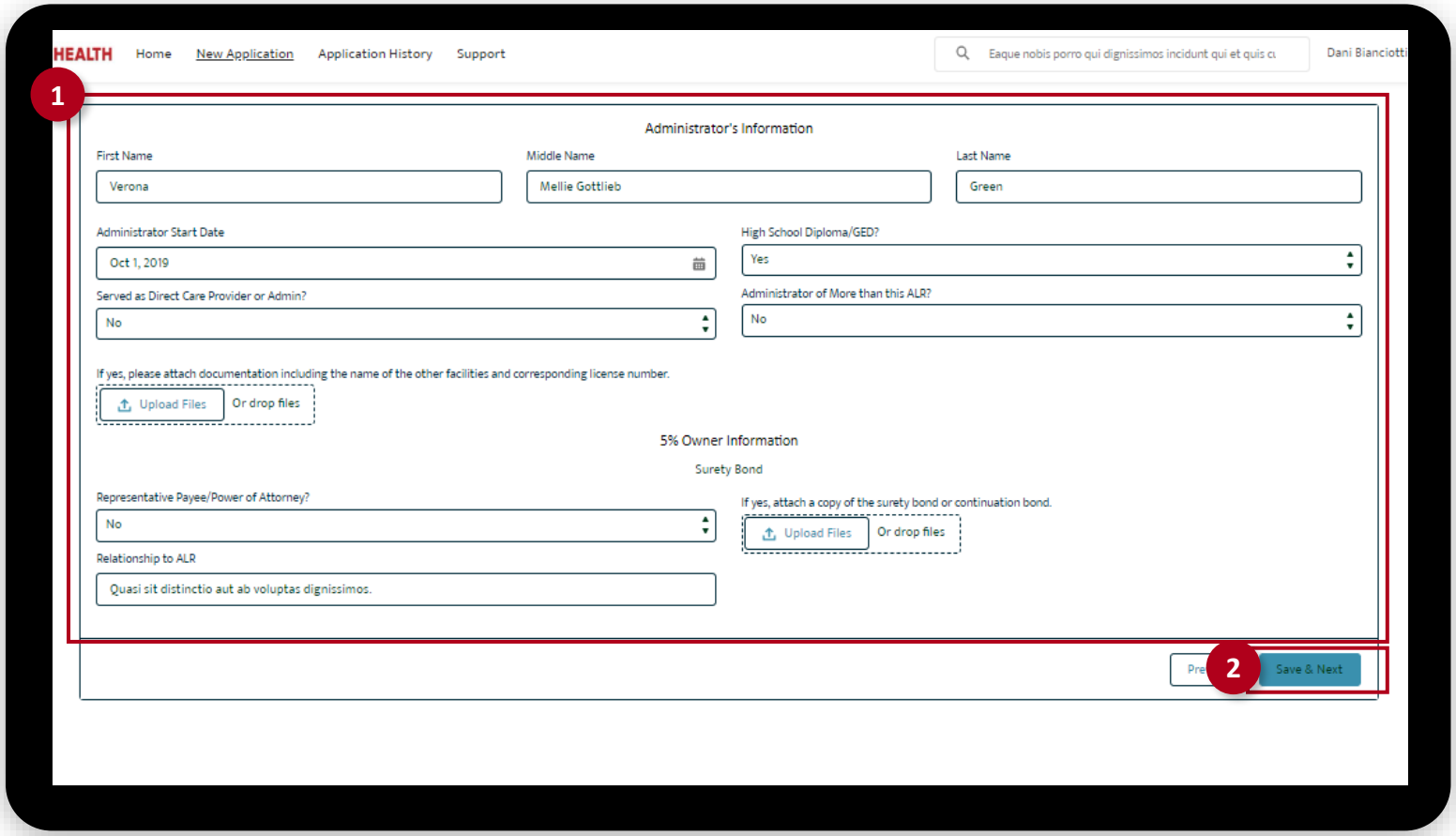
Fill out the Administrator's Information

1. Fill out all the required fields.
2. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

TIP: If needed, use the **Upload Files** button to attach needed documentation.

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Upload the Insurance Coverage

1. Select **Yes/No** from the drop-down menu.
2. Click the **Next** button.

*The fields marked with * are mandatory and must be filled out to continue.*

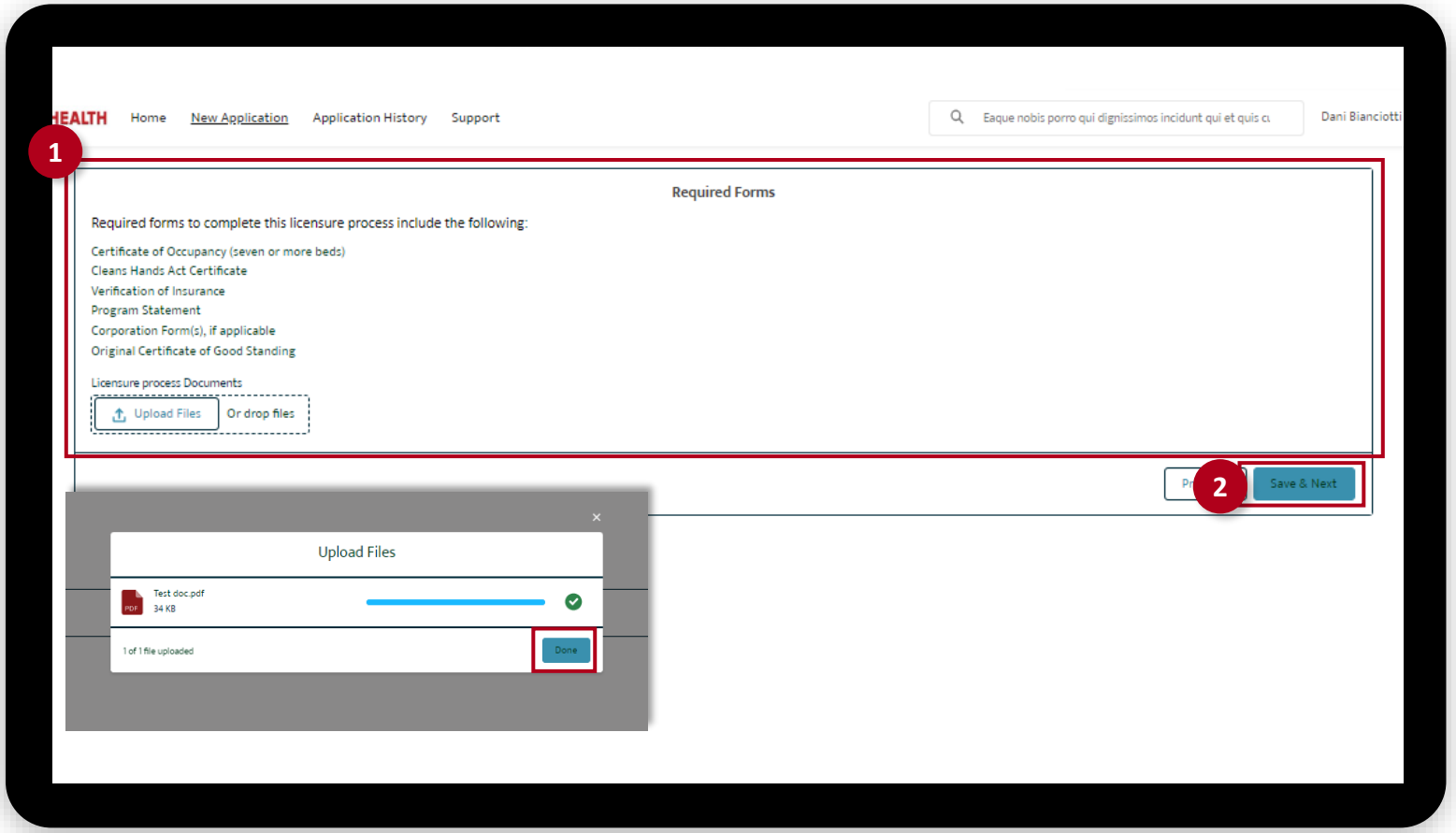
TIP: If needed, use the **Upload Files** button to attach needed documentation.

Upload the Required Forms

1. Use the **Upload Files** button to attach required forms:
   - Certificate of Occupancy
   - Clean Hands Act Certificate
   - Verification of Insurance
   - Program Statement
   - Corporation Form(s), if applicable
   - Original Certificate of Good Standing

   Once the checkmark appears in the pop-up click the **Done** button.

2. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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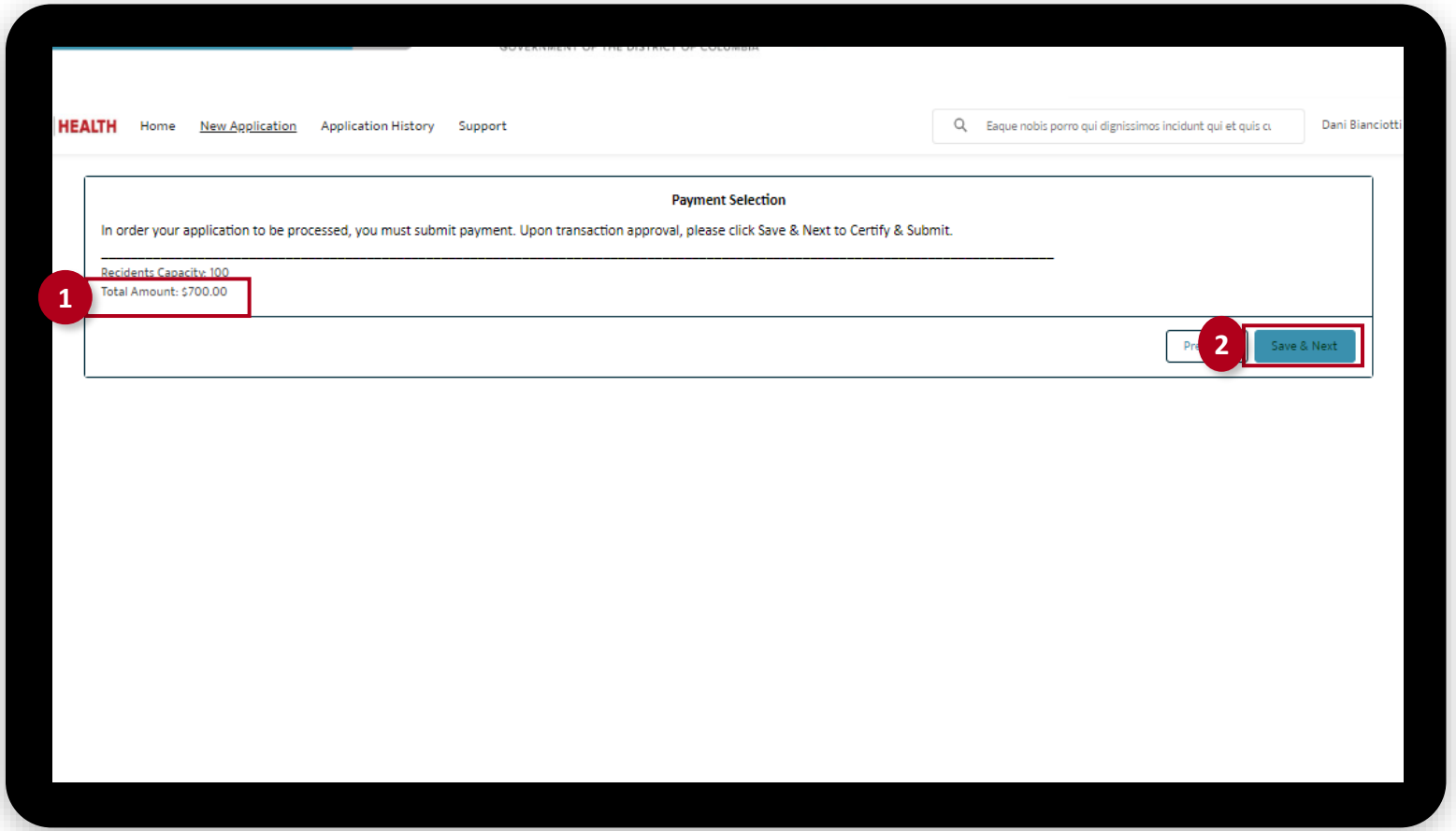
Payment Selection

1. Check if **Total Amount** is correct.
2. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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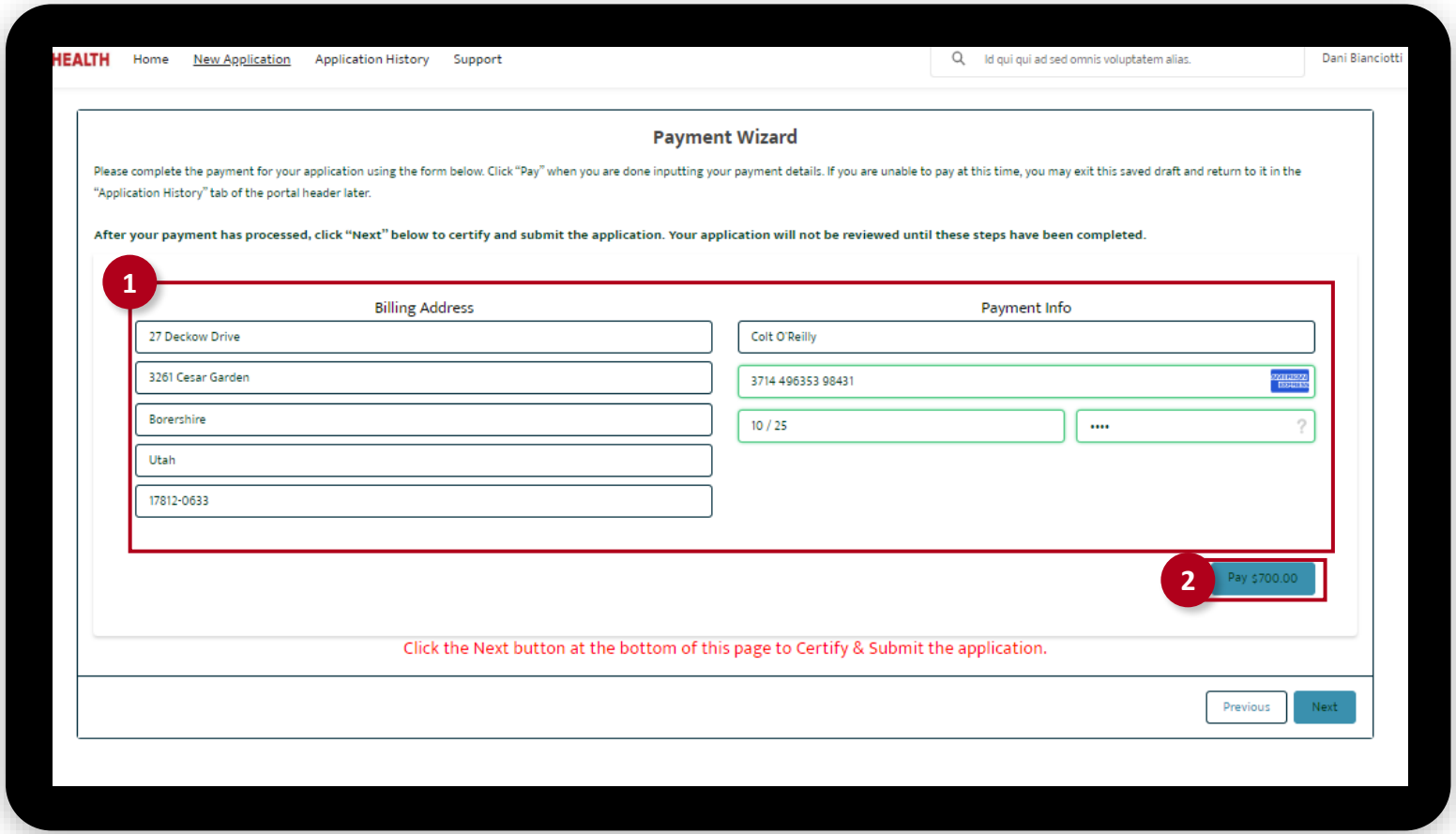
Payment Wizard

1. Fill out the **Billing Address** and **Payment Info** fields.

2. Click the **Pay** button.



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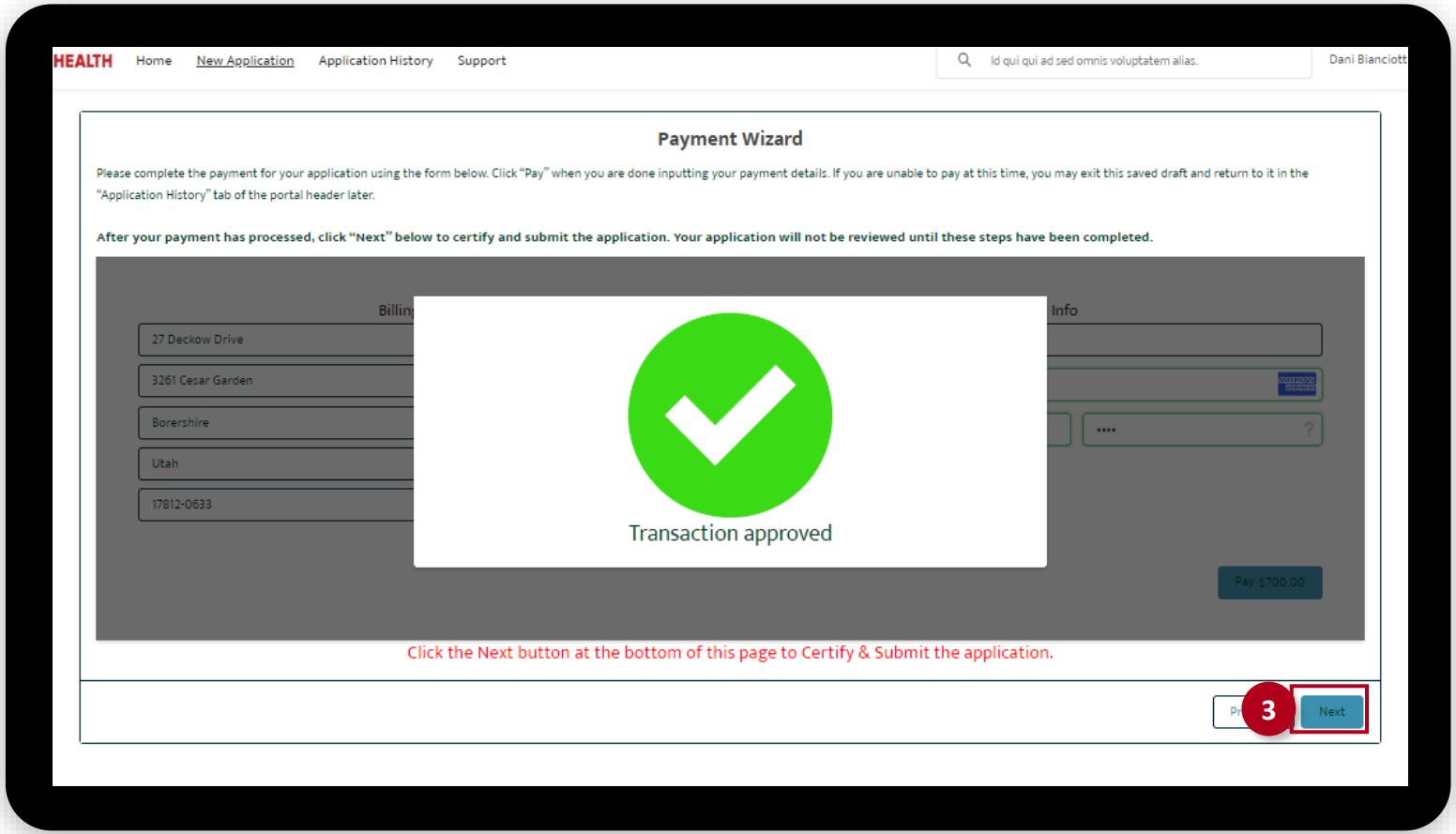
Payment Wizard

3 Once the **Transaction** is approved, click the **Next** button.



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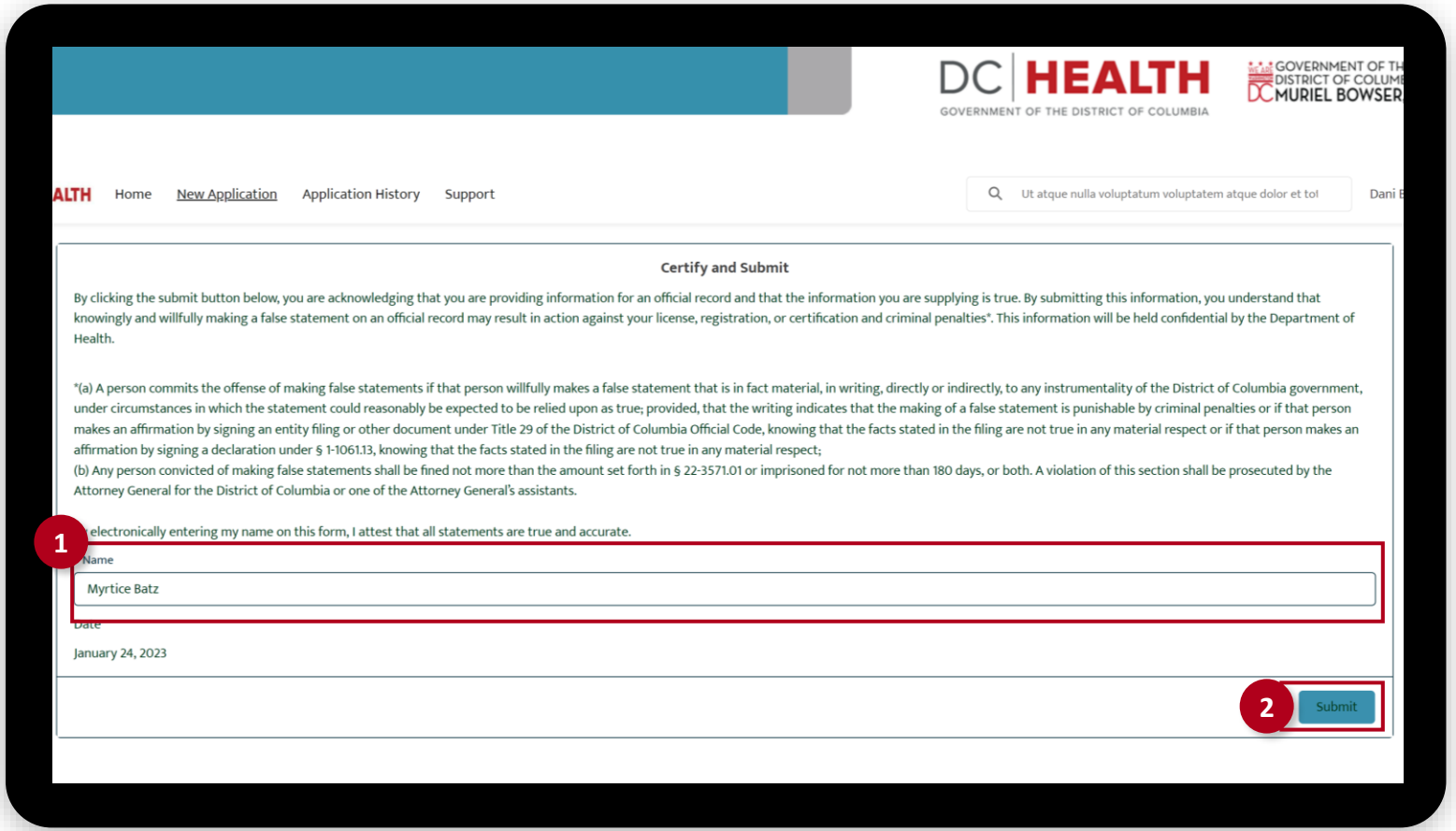
Certify and Submit

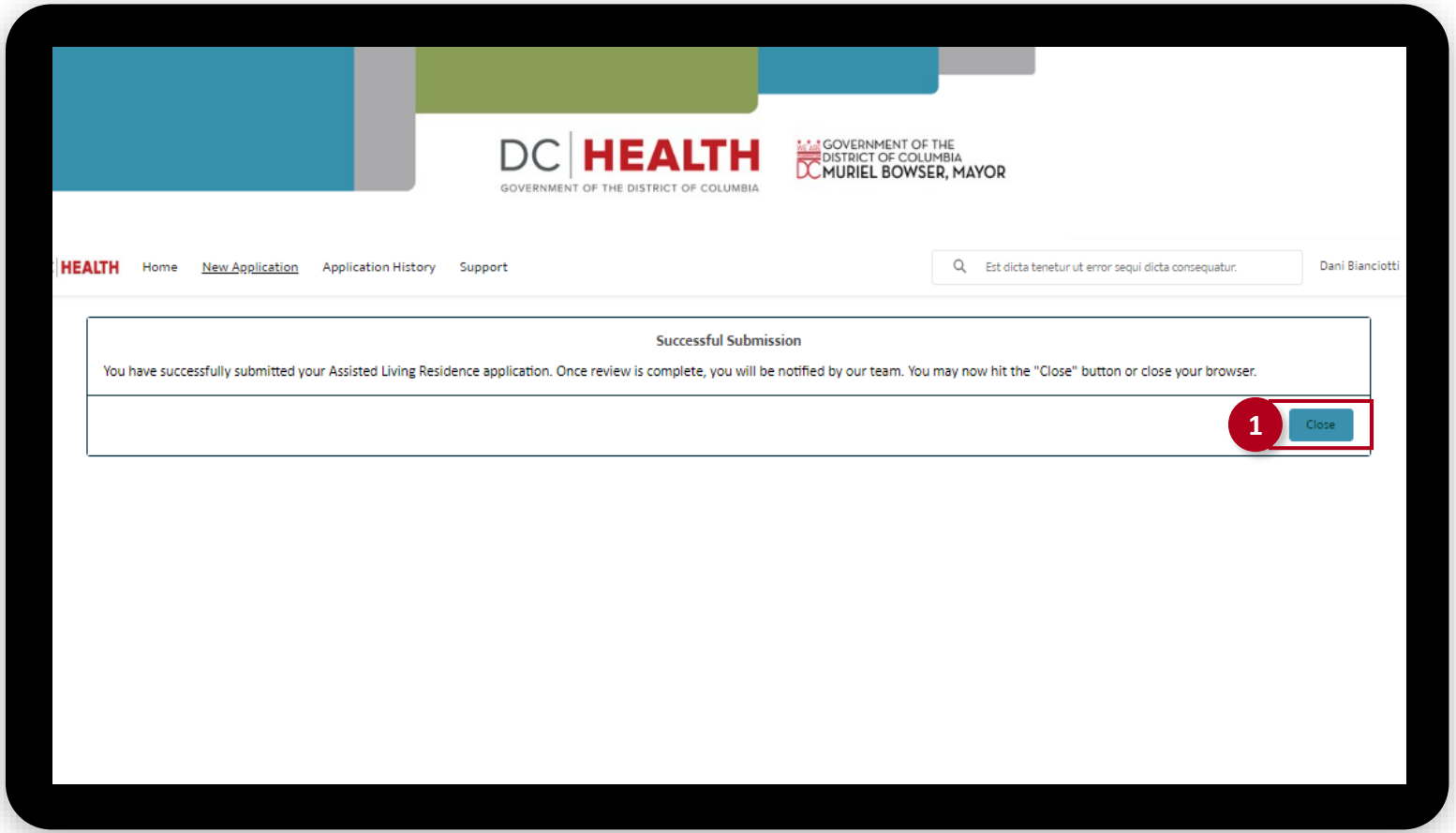
1. Fill out the **Name** field.
2. Click the **Submit** button.



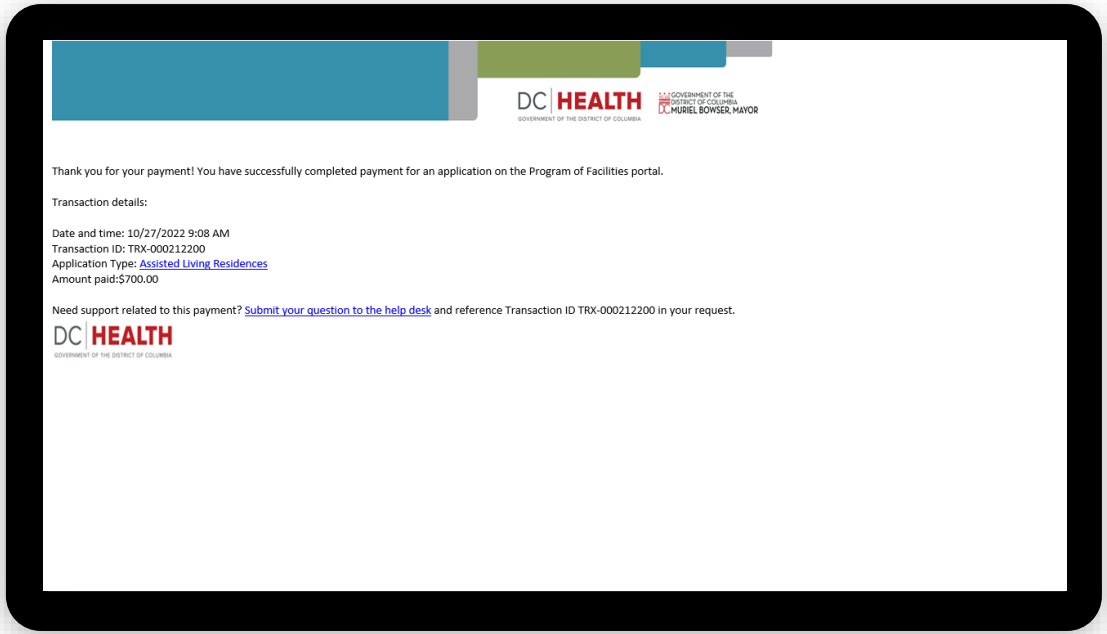
*The fields marked with * are mandatory and must be filled out to continue.*

Close the Application

1. You have finished submitting your application. Click the **Close** button.



E-mail Confirmation



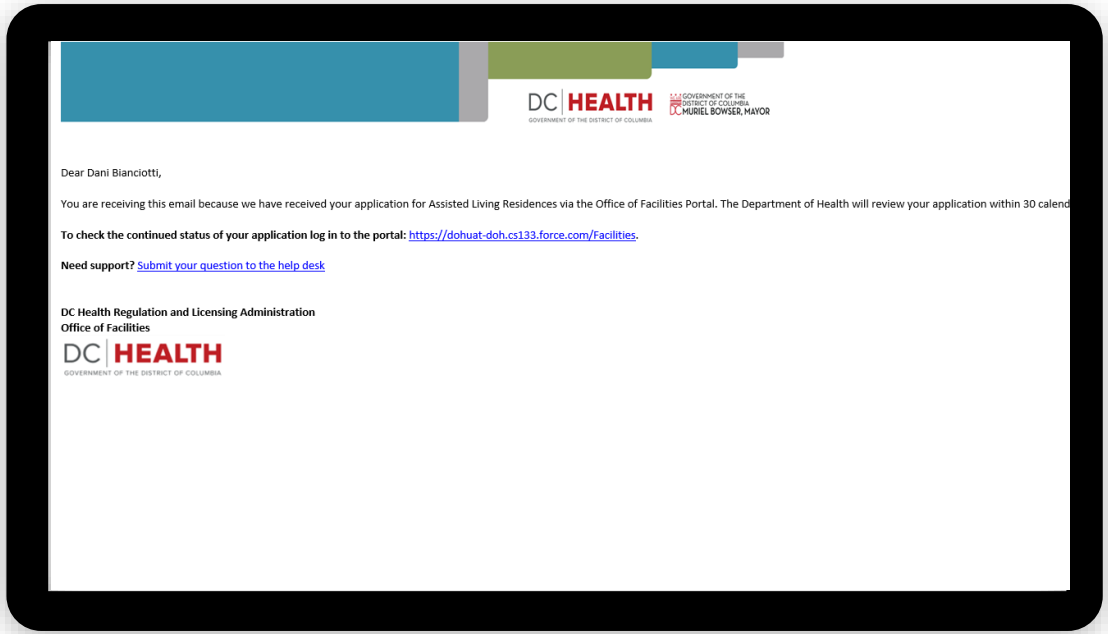
Thank you for your payment! You have successfully completed payment for an application on the Program of Facilities portal.

Transaction details:

Date and time: 10/27/2022 9:08 AM
Transaction ID: TRX-000212200
Application Type: Assisted Living Residences
Amount paid:$700.00

Need support related to this payment? Submit your question to the help desk and reference Transaction ID TRX-000212200 in your request.

1 Check if you have received confirmation of payment.



Dear Dani Bianciotti,

You are receiving this email because we have received your application for Assisted Living Residences via the Office of Facilities Portal. The Department of Health will review your application within 30 calend

To check the continued status of your application log in to the portal: https://dohuat-doh.cs133.force.com/Facilities.

Need support? Submit your question to the help desk

DC Health Regulation and Licensing Administration
Office of Facilities

2 Check if you have received confirmation for your application.

Thank you!