

Section 1: PROVIDER INFORMATION

1. FACILITY NAME AND ADDRESS

Mental Health Crisis Center of Lancaster County
825 J Street
Lincoln, NE 68508-2958

2. PREFERRED NAME AND MAILING ADDRESS FOR RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

Scott Etherton, Administrator
Mental Health Crisis Center
825 J St
Lincoln, NE 68508-2958

3. FACILITY TELEPHONE NUMBER: (402) 441-8276

FAX NUMBER: (402) 441-8624

4. ADMINISTRATOR:

Name: Scott Etherton

Email Address: setherton@lancaster.ne.gov

5. IF YOU CHOOSE TO PARTICIPATE IN RECEIVING ELECTRONIC RENEWAL NOTICES IN THE FUTURE, PLEASE PROVIDE ONE EMAIL ADDRESS ACCESSIBLE TO MORE THAN ONE PERSON IN THE ORGANIZATION TO ENSURE INFORMATION IS RECEIVED AND PROCESSED PROMPTLY IN THE EVENT ONE PERSON IS NOT AVAILABLE. We do not have an email address that is received by two persons.

6. CONTACT PERSON: NAME, TELEPHONE NUMBER, AND EMAIL ADDRESS OF DESIGNATED PERSON FOR QUESTIONS RELATED TO PROCESSING THIS RENEWAL APPLICATION: Scott Etherton 402-441-6329 setherton@lancaster.ne.gov

7. IS THIS FACILITY LOCATED ON A CAMPUS OR IN A BUILDING WITH ANOTHER HEALTHCARE FACILITY OR ANOTHER LICENSEE?

NO YES IF YES, LIST THE NAME OF THE OTHER HEALTHCARE FACILITY: _____

8. NUMBER OF LICENSED BEDS: 16

9. TYPES OF SERVICE(S): MENTAL HEALTH SUBSTANCE USE

Section 2: OWNERSHIP INFORMATION

1. LEGAL NAME OF THE OWNER: A) IF A CORPORATION OR LLC OR PARTNERSHIP, ENTER THE COMPANY NAME; OR B) IF AN INDIVIDUAL, ENTER THE OWNER'S PERSONAL NAME: Lancaster County

2. MAILING ADDRESS OF THE OWNER IDENTIFIED IN SECTION 2, #1:

555 So. 10th St Rm 110 Lincoln, NE 68508

3. FINANCIAL CATEGORY: Non-Profit

4. OWNERSHIP TYPE: Governmental-County

5. PERSONS IN CONTROL OF FACILITY (see instructions for completing application for further information):

6. FEDERAL EMPLOYER IDENTIFICATION NUMBER: 476006482

7. IF IDENTIFIED AS CORPORATION IN SECTION 2, #4, SPECIFY THE NAMES OF THE CORPORATE OFFICERS (NOT BOARD OFFICERS):

CORPORATE PRESIDENT		
CORPORATE VICE PRESIDENT		
CORPORATE SECRETARY		
CORPORATE TREASURER		

Section 3 : RENEWAL LICENSURE FEES

- a. 1 TO 16 BEDS . \$250.00
- b. 17 TO 40 \$275.00
- c. 51 OR MORE \$300.00

Section 4: SUBMIT THE FOLLOWING INFORMATION WITH THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED TO BE SUBMITTED WITH THIS COMPLETED APPLICATION FORM IN ORDER TO BE CONSIDERED A COMPLETE APPLICATION:

LICENSURE FEE SPECIFIED IN SECTION 3, PAYABLE TO DHHS, LICENSURE UNIT.

LIST OF PERSONS IN CONTROL OF THE FACILITY.

REQUIRE SUBMISSION OF A CURRENT FIRE INSPECTION CERTIFICATE (WITHIN 18 MONTHS PRIOR TO LICENSE EXPIRATION DATE)? YES NO

Section 5: REQUIRED SIGNATURES ON RENEWAL APPLICATION

NEB. REV. STAT. SECTION 71-433 REQUIRES THE APPLICATION TO BE SIGNED BY:

TWO OF ITS CORPORATE OFFICERS, IF THE APPLICANT IS A COPORATION

Section 6: ACCEPTANCE/SIGNATURE OF OWNER(S) AS THE LICENSEE

I/WE HAVE READ THE RULES AND REGULATIONS TITLE 175 CHAPTER 19, ISSUED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND ACCEPT LEGAL RESPONSIBILITY FOR COMPLIANCE WITH TITLE 175 CHAPTER 19 SHOULD A LICENSE BE ISSUED. I/WE CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE, ALL INFORMATION AND STATEMENTS ON THE APPLICATION AND THE ATTACHED DOCUMENTS ARE TRUE AND CORRECT AND I/WE HEREBY APPLY FOR A RENEWAL LICENSE.

Print name/title of authorized person shown in Section 2, #7

Signature

Date

Print name/title of authorized person shown in Section 2, #7

Signature

Date

Mental Health and Substance Abuse (MHSU) LICENSE APPLICATION DOCUMENT HELPFUL HINTS:

APPLICATION: Both the initial and renewal application needs to be complete and accurate. These documents need to be mailed to our office or delivered. Please make any corrections necessary so that the information is accurate.

NAME of facility: We need the LEGAL name of the entity. If there is a DBA name, please include that after the legal name. Keep in mind the name field for licenses is only 50 characters long, therefore you might have to abbreviate or we can let the system automatically truncate it. (Example: Happy Days in May MHSU dba Happy Health).

NAMES of PERSONS IN CONTROL of facility include:

Individual owners
Limited Liability members
Boards of Directors owning or managing the operation
Any other person with financial interests or investments,
For Publically held corporations, the individual owners listed must include any stakeholders who own more than 5% of the stock.

Partners
Parent Corporations

FEES: Include the correct fee for the individual MHSU

OCCUPANCY certificate: This must be from the State Fire Marshal's office OR delegated authority (NOT from the City offices).

- Submit ONE certificate for the MHSU
- The facility name, type, address (including suite or room numbers) must match the information on the application.
- Renewal applications – these needs to be dated within 18 months of the expiration date of the license for the facility. To make this easier, we calculated the date and included it in the renewal email.

Business Organization: Make sure you check the type of business as well as the profit or non-profit box.

Signatures: Make sure the signatures meet the statutory requirements for the type of ownership/corporation/governmental status of the facility:

Individual owner requires 1 signature of the individual owner
Limited Liability Company requires signatures of 2 of the members
Corporation requires 2 signatures of the corporate officers
Government Unit requires 1 signature of the head of the unit having jurisdiction over the facility.

Failure to Renew on time: Upon failure to receive the renewal fee and completed renewal application by the expiration date, the license will be lapsed. During this time, the facility may not operate. The license remains in lapsed status until it is reinstated.

CHECKLIST OF DOCUMENTS NEEDED FOR INITIAL & RENEWAL APPLICATIONS ON BACK

MHSU LICENSE APPLICATION (Initial & Renewal) CHECKLIST:

_____ Renewal/Initial Application (accurate and signed)

_____ Certificate of Occupancy

_____ Owner List

_____ Correct Fee (keep in mind if the fee is incorrect, it will be returned).

FOR INITIAL APPLICATIONS IN ADDITION TO ABOVE:

_____ Zoning Approval

_____ Copy of the Registration as a foreign corporation filed with the Nebraska Secretary of State, (if applicant is a foreign corporation)

_____ Schematic plans

PLEASE NOTE: At this time we need to have you mail in the application/documents with the correct fee amount. **IF we receive the payment without the application/documents, we will return the check to you, potentially delaying the licensing/renewal process.**