RESIDENTIAL LIVING CENTER
REGISTRATION FORM

SDCL 34-12-32 and ARSD 44:23:01 require a residential living center which provides residential services to two or more elderly or disabled persons to register annually with the state department of health. The undersigned hereby registers the residential living center described on this form.

I. NAME AND LOCATION OF CENTER

Name of Center _____
Address _____
(Street) (City) (Zip Code)
Mailing Address (if different) _____
County _____ Telephone _____

II. CONTROL OF CENTER

Owner(s) Name _____
Owner(s) Address _____
Operator(s) Name (if other than owner) _____
Check below the one which applies:

- ❑ Sole Proprietorship
- ❑ Not-for-profit corporation
- ❑ Political Subdivision
- ❑ Partnership
- ❑ For-profit corporation
- ❑ Other _____

III. CENTER CAPACITY AND SERVICES

Resident capacity of the Center: (Total capacity if full) _____
Number of residents currently residing in the Center: _____
Number of residents disabled: _____
Number of residents elderly: _____
Residential services offered or furnished (Check all that apply):

- ❑ Room
- ❑ Meals
- ❑ Limited assistance with eating, bathing, and dressing
- ❑ Limited assistance with personal and household chores
- ❑ Organized social and recreational activities
- ❑ Transportation services
- ❑ Limited assistance with self-administration of medications
- ❑ Monitoring of nutrition or health
- ❑ Protective supervision
- ❑ Other _____
- ❑ Other _____

IV. REGISTRANT

I verify the information contained in this registration form is true and complete.
Signed _____ _____
Owner, operator, or other individual authorized to act on behalf of center Date

South Dakota Department of Health
Office of Licensure and Certification
615 East 4th Street

Pierre, SD 57501-1700