

medications and able to self-direct their own daily activities. Limited assistance may be provided for those residents who need help cutting up meat, transferring into the tub or shower safely, buttoning a shirt, or opening up a medication bottle. Refer to the Residential Living Center Resident Evaluation for further information.

IV. REGISTRANT

I verify the information contained in this registration form is true and complete.

Signed _____ Date _____
Owner, operator, or other individual authorized to act on behalf of center

Subscribed and sworn to before me this _____ day of _____, 20____. (Seal)

Notary Public	My commission expires:
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REGISTRATION FORMS MUST BE COMPLETE, SIGNED AND NOTARIZED TO BE PROCESSED

Return completed form to:

**South Dakota Department of Health
Office of Licensure and Certification
615 East 4th Street
Pierre, SD 57501-1700**