

Oklahoma State Department of Health Health Facilities Systems

PO Box 268823, Oklahoma City, OK 73126-8823 p. (405) 426-8175 healthresources@health.ok.gov

DISCLOSURE STATEMENT

Owner, Lessee, Manager for a Long-Term Care Facility

http://hfs.health.ok.gov

_	s Disclosure Statement is being sub							
	Initial License Amendment to	previous filing	Renewal License	Suspended L	icense			
1.	Facility Identification			Facility ID	#			
	Facility Name (d.b.a. name):							
2.	Owner(s)/Lessor(s) of Building,	Land and Equ	iipment Information					
	A. Name of Owner(s)/Lessor(s):							
	Street		City	State	Zip			
	Telephone Number:		Fax Number:					
	B. If this Entity is a Government I	Entity check the	type that applies:					
	Public Trust AuthorityCou	ıntyCity	yState					
	C. Complete <i>Detail Attachment to</i> an attachment to 2 C.	the Disclosur	e Statement (ODH Form	953-C) for the	Owner(s)/Lessor(s), a			
3.	Lessee Information If the lease includes sub-leases, co	omplete for all p	parties.					
	Is the facility leased?Yes	No	If "yes", continue. If	f "no," skip to N	No. 4.			
	A. Name of Lessee:							
	Street	City	State		Zip			
	Telephone Number:Fax Number:							
	B. If this Entity is a Government Entity check the type that applies:							
	Public Trust AuthorityCountyCityState							
	C. Complete ODH Form 953-C fo	r the Lessee, as	s an attachment to 3C.					
4.	Manager/Supervisor Information Does the licensee contract with a summanagement or administrative ser YesNo. If "yes," continue. If	manager or sup vices. This req	uires certificate of need					

	Street	City	Sta	te	Zip
	Telephone Number:		Fax Number:		
	B. If this Entity is a Govern	nment Entity check th	e type that applies:		
	Public Trust Authority	yCounty	CityState		
	C. Complete ODH Form 95	53-C for the Manager	/Supervisor as attach	ment 4C.	
	Affirmation Submit a copy of the <i>Affirma</i> who holds an interest or posi				Form 953-D) for each person 53-C.
6. I	Have there been changes in	the following? (Chec	ck all that apply and p	provide ef	Pective date.)
	Owner/lessor		hange:		nail Address:
	Lessee	Effective date of c	hange:		
	Manager/supervisor	Effective date of c	hange:		
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