



**North Carolina Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
2708 Mail Service Center
Raleigh, North Carolina 27699-2708
(919) 855-3765**

Disclosure Statement Format for Multi-Unit Assisted Housing with Services (MAHS)

The disclosure statement must address each of the items in the order in which they are listed below. It must be submitted with the initial registration form and annually to the Division of Health Service Regulation along with a nonrefundable annual registration fee of \$350 as required by G.S. 131D-2.5(b). Please refer to the legal requirements for registration and disclosure for Multi-unit Assisted Housing with Services which offer details regarding the specific items to be addressed. (www.ncdhhs.gov/dhsr/acls/multiunitlegal.html)

- a. Organization/Facility Introduction and Information;
- b. Limitations of services;
- c. Limitations of tenancy;
- d. Resident responsibilities;
- e. Procedures for required initial and annual resident screening and referrals for services;
- f. Financial/legal relationship between housing management and home care or hospice agencies;
- g. Emergency response system;
- h. An appeals process;
- i. Charges for services offered;
- j. A listing of all home care or hospice and other community services in the area;

4. Parent Corporation (Name/Mailing Address): _____

Publicly Traded Privately owned Other: _____

5. Name of the legal entity responsible for the financial and contractual obligations of the facility:

6. Number and Types of units in the Multi-Unit Assisted Housing with Services:

Number of Units	Type of Units
	Studio or Efficiency Units
	One Bedroom Units
	Two Bedroom Units
	More Than Two Bedroom Units
	Other

Total # of beds in all of the units listed above: _____

7. Name and license number of health care agency contracted with applicant facility:

8. The undersigned submits this registration in accordance with North Carolina General Statute 131D-2.1(10).
To the best of my knowledge the information provided in this registration is true and correct.

Name of Operator of the MAHS (Please print or type)

Title: _____

Date: _____

Signature

Name and telephone number of contact person concerning this registration form:

Name: _____ Telephone Number: _____

For office Use Only

Data Entry _____

Date Received _____

Disclosure Received _____

Accept _____ Denied _____