CRS Provider Relicensing Letter and Document Checklist

Relicensing is due soon for your CRS site. Please see the information below on completing the relicensing process.

1. Schedule your relicensing visit. Options for date/time were included with this email. Please utilize the Licensing Checklist and Home Safety Checklist to prepare for your relicensing visit.
2. Please follow the instructions on the invoice to complete payment. Relicensing fees should be made out to the county in which the home is licensed.
3. Review the Document Checklist below. Please ensure the documents are ready at the time of the visit as your RLS will scan some of them and review others. Let your RLS know if you would like a hard copy of any of the listed documents.
4. Failure to schedule a relicensing visit and/or pay the relicensing fee will result in your license being closed at expiration. Please let me know if you have any questions. I look forward to meeting with you soon.

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| Resources: |
| [Sourcewell Licensing Website](https://www.sourcewell-mn.gov/services/mn-programs/community/licensing)[DHS Website](https://mn.gov/dhs/) [DHS eDocs](https://mn.gov/dhs/general-public/publications-forms-resources/edocs/)[Adult Protection Resources List](https://mn.gov/dhs/assets/AP-resources_tcm1053-285717.pdf)[Vulnerable Adult Protection and Elder Abuse](https://mn.gov/dhs/people-we-serve/adults/services/adult-protection/) [Information](https://mn.gov/dhs/people-we-serve/adults/services/adult-protection/) |

**Mailing address:**

Sourcewell

Attn: RLS NAME

PO Box 219

Staples, MN 56479

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| Document | Available for Licensor |
| DHS CRS Licensing Application |  |
| Copy of Updated Signed PAPP |  |
| Workers Compensation Form |  |
| Census and Home Information – list of current residents and from the past 5 years |  |
| Fire Drills for previous 2 years |  |
| Fire extinguisher tag | verify tag that monthly checks have been completed |
| Equipment Maintenance Form (or proof of inspection)  |  |
| Internal and External Maltreatment Policies |  |
| Emergency Response Plan |  |
| Fire and Escape Plan |  |
| Any current variances/MH Certification |  |
| Consents for use of monitoring technology |  |
| Any deviations from what is required in the licensing/home safety checklist (ex. no mirror, locked knives, or no lock on door) – proof of documentation | RLS will review |
| Annual Well Water Test Results (if applicable) | If positive for Nitrates, disclose a safe water use plan in your PAPP |
| Pet Vaccination Record and Pet Authorization Form (if applicable) |  |
| To be Completed by Licensor at Time of VisitPlease review to ensure all areas are complete prior to inspection |
| Home Safety Checklist |  |
| Licensing Checklist (CRS) |  |