

**CITY OF DUNCAN
COMMUNITY DEVELOPMENT DEPARTMENT**

City Hall – 720 Willow Ave., Duncan, Oklahoma 73533

**Telephone: 580-251-7711
Fax: 580-255-1710**

APPLICATION FOR HEALTH CARE FACILITY PERMIT

FACILITY INFORMATION:

1. Name and address of facility.
2. Legal name and address of individual, corporation, partnership or other organization submitting this application.
3. Principal agent to contact for this project. Include address and telephone number.
4. Identify owner(s) of facility:
 - A. Sole proprietorship - List name and address
 - B. Partnership - List names and addresses of all partners. Enclose partnership agreement.
 - C. Corporation or association - List names and addresses of corporate officers and enclose copy of articles of incorporation, and letter of good standing from Secretary of State.
5. Briefly describe current facility in terms of:
 - A. Number and Licensure category of beds:
Intensive/Coronary Care
Medical – Surgical
 - B. Range of services offered.
6. The application for permit shall be accompanied by a filing fee equal to one percent (1%) of the capital cost of the proposed hospital plus Two Thousand-Five Hundred Dollars (\$2,500.00), with a minimum fee of Three Thousand Five Hundred Dollars (\$3,500.00) and a maximum fee chargeable of Twenty-Two Thousand, Five Hundred Dollars (\$22,500.00). It is intended that the fee charged shall be used to cover the costs of the application administration and evaluation by the city staff in an amount of Two Thousand Five Hundred Dollars (\$2,500.00). In addition, the remainder of the application fee shall be used to pay all costs of the feasibility study, to be conducted by a recognized health care industry consulting firm, demonstrating the existence of the matters declared essential for determination by City Council prior to the issuance of a permit per City of Duncan Ordinance 1544. Any portion of the application fee not so expended, shall be refunded to the applicant. If it is determined that costs of the feasibility study shall exceed the amount submitted with the application fee, the City of Duncan shall notify the applicant, in writing. The applicant shall submit the

additional amount requested within ten (10) days or the application shall be stayed until such time as the remainder of the application fee is submitted to the City of Duncan.

PROJECT INFORMATION:

1. Project name.
2. Narrative description of project, including location of new construction, areas involved in repair or renovation, new services being proposed, and/or equipment acquisitions proposed.
3. Approximate: A. Project starting date.
B. Project completion date.
4. Is the project being submitted in this application included in your institutional long-range plan?
 - A. If yes, enclose the section of your long-range plan that describes the project and its relationship to the total facility.
 - B. If no, explain why it is not a part of your plan.
5. Describe all components of the project.
 1. Construction (square feet - identify use of all space).
 2. Renovation (square feet - identify use of all space).
 3. Changes in range, level, or types of services.
 4. Bed changes - increases/decreases - by Licensure category.
6. Describe determination of need for the project.
 - A. By what method did you determine the need for this project?
 - B. Using this method, document the need which justifies this project. Explain how identified needs are presently not being met.
7. Provide your statement of the final objectives of this project. This should: (1) justify the selection of this alternative as a means to satisfy documented health care needs, (2) identify other health care providers within your health planning area who provide similar services and describe the effect of this project on them, (3) assess the probable impact of failing to implement the project, and (4) assess the long-term health care improvement to be obtained as a result of this project.
8. What, if any, innovations in health care are employed in this project and what contribution will those innovations make to improved quality of health care in the City of Duncan?
 - A. Will utilization of any ancillary service or support service be increased or decreased as a result of this project? If yes, define the impact upon each service and describe how you plan to accommodate same.
 - B. Will costs or charges of any ancillary or support services be increased or decreased as a result of this project? Please identify.

9. If any existing service is to be reduced, eliminated, or relocated, give your assessment of the impact upon persons who currently receive those services from your facility.
10. If this application involves a change in the number of licensed beds or a reclassification of beds, provide the following:
 - A. Total existing beds, by licensing category.
 - B. Average daily occupied beds.
 - C. Average length of stay, by type of bed.
 - D. Projected average length of stay, by type of bed.
11. Document availability and or describe your plan for recruiting any new personnel required to staff facility or service proposed.
12. Do all residents of the service area, including Medicaid, charity, racial and ethnic minorities, women, handicapped persons and the elderly have access to the services of the existing facilities? Will they have access to any new facility or service included in this application? To what extent are they expected to utilize service?
13. Do members of the community served by your facility, including the poor, the handicapped, members of racial or ethnic minorities, women and the elderly have equal opportunity to serve as members of (1) governing board (2) other boards or committees (3) advisory boards or groups, (4) other representative forums? If so, please identify any members presently serving.
14. Define any special consideration which should be applied when considering this project including training needs, service to patients from outside the hospital service area, regional referral center, etc.
15. Describe probable impact of the project regarding the following:
 - A. Usage of public water supplies.
 - B. Production of wastewater.
 - C. Sanitary sewage and waste disposal.
 - D. Traffic and impact on the street system
 - E. Stormwater Management
 - F. Hazardous waste disposal.
 - G. Water pollution control.
 - H. Air pollution control.
 - I. Radiation control.

16. Health Care Facility Permit Application submitted by:

Signature

Name (type)

Title

Date

MAILING ADDRESS:

Please send application to:

City Hall
Community Development Department
ATTN: Dana L. Schoening
Community Development Director
720 W. Willow Avenue
Duncan, OK 73533