



IDAHO FISH AND GAME APPLICATION STATE LONG-TERM CARE FACILITY OR IDAHO NURSING HOME FACILITY RESIDENT FISHING PERMIT

PURPOSE:

_____ State Long-Term Care Facility

_____ Idaho Nursing Home Facility

APPLICANT INFORMATION (please type, or print legibly):

Care Facility Name: _____

Contact Name (First, Middle Initial, & Last): _____

Mailing or Street Address: _____

City: _____ State: _____ Zip Code: _____

Sportsman's ID #: _____

Phone #: _____ Email address: _____

Requested water bodies, time periods, and number of attendees:

STIPULATIONS – LONG-TERM CARE FACILITY FISHING PERMIT /NURSING HOME FISHING PERMIT:

1. Long-term care facility fishing permits are regulated by Idaho State Statute 36-401.7(c).
2. Long-term care facilities include state hospitals north, south, and west as well as the southwest Idaho treatment center, and state veterans' homes.
3. Idaho nursing home facility resident fishing permits are regulated by Idaho State Statute 36-409(m).
4. This permit is only valid within the calendar year of issuance.
5. The permittee is authorized to oversee recreational fishing activities of residents of Idaho state hospitals or Idaho facilities providing 24-hour skilled nursing care (i.e. nursing homes).
6. Only current facility residents are allowed to utilize an approved permit. Staff are not eligible.
7. This permit may only be used during open fishing seasons and must adhere to all current fishing seasons, limits, and rules.
8. Many water bodies are managed by other entities such as cities, counties, or recreation districts. It is the responsibility of the permittee to coordinate activities with the appropriate entity prior to any recreational fishing activities or outings.

SUBMISSION OF APPLICATION:

For the State Long-Term Care Facility Fishing Permit, an issuance fee of \$1.75 is required with application submission. An issuance fee of \$34.75 as well as a copy of the facility's Health and Welfare certificate is required for Nursing Home Facility Fishing Permits. Long-term care facilities located outside of Idaho are ineligible. Applications should be submitted to the respective regional office:

| | | |
|----------------------------|---|-----------------------|
| PANHANDLE REGION | 2885 W. Kathleen Ave. Coeur d'Alene, ID 83815 | (208) 769-1414 |
| CLEARWATER REGION | 3316 16th St. Lewiston, ID 83501 | (208) 799-5010 |
| SOUTHWEST REGION | 15950 N. Gate Blvd Nampa, ID 83687 | (208) 465-8465 |
| McCALL SUBREGION | 555 Deinhard Lane McCall, ID 83638 | (208) 634-8137 |
| MAGIC VALLEY REGION | 319 South 417 East Suite 1, Jerome, ID 83338 | (208) 324-4359 |
| SOUTHEAST REGION | 1345 Barton Rd. Pocatello, ID 83204 | (208) 232-4703 |
| UPPER SNAKE REGION | 4279 Commerce Circle Idaho Falls, ID 83401 | (208) 525-7290 |
| SALMON REGION | 99 Hwy. 93 N. Salmon, ID 83467 | (208) 756-2271 |

I, the undersigned applicant, agree to and will abide by all provisions and stipulations listed above.

Signature of Applicant

Date (mm/dd/yy)

IDAHO FISH AND GAME STAFF USE ONLY:

Permit # issued: _____ Regional Approval: Y / N Initials: _____

Date Issued: _____ Facility Certificate Received: Y / N Initials: _____

Issued By: _____