

PERSONAL CARE HOME APPLICATION CHECKLIST

For your convenience, an application checklist has been created to outline the required documents for each application submission. Please upload all required documents in the Personal Care Home application packet. As a reminder, all policies and procedures must be established as part of the requirements for regulations and readily available upon request.

The official rules for Personal Care Homes are on record with the Georgia Secretary of State's Office at <http://rules.sos.state.ga.us/>.

The online application portal can be accessed at <https://gahles.dch.georgia.gov/>. All correspondence regarding the status of your application will be sent to the email address provided for the contact person on your application. If additional documentation is required, you will receive an email from HFRD_do_not_reply@dch.ga.gov containing a link to the application portal and a verification code. Please open the email, copy the invitation code, and paste it into the provided link to check your application status. Upload the requested documents, confirm that all documents have been uploaded, and click submit. You will receive a confirmation email acknowledging that we have received your documents. Failure to upload the requested documents will result in the denial of your application.

For information regarding Change of Ownership (CHOW), review Frequently Asked Questions on DCH website - <https://dch.georgia.gov/divisionoffices/hfrd/facilities-provider-information/hfrd-chow-faq>.

For questions regarding regulations, surveys, plan of corrections, permits, facility letters, administrator and/or contact information update, i.e., email address, phone numbers, email the Personal Care Home Team at pchprogram.hfrd@dch.ga.gov.

For general application questions, email the HFRD Applications and Waivers Team at hfrd.applicationswaivers@dch.ga.gov.

Note: Please do not submit your application unless all required documents are complete and ready for upload in the GAHLES portal. The only exception applies to the "Executed Closing Documents" for a Change of Ownership application. Failure to provide this information at the time of submission may result in delays and rejection of your application and it may also result in the forfeiture of application fees.

Application fees are non-refundable. All licensure fees must be paid in full prior to receiving a permit or license. If you encounter payment issues during the application process, email the HFRD Finance Team at hfrd.payments@dch.ga.gov for assistance.

Initial

1. Evidence from Georgia Secretary of State that the corporation, LLC, etc. is registered, if applicable. If not applicable, provide other supporting documentation showing legal authority.
2. Documentation of city/county zoning approval or applicable documents
3. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
4. Copy of photo ID that was shown to the notary public
5. Copy of proof of ownership or legal control of the property for the Official Governing Body name listed on the application (Deed, Lease, Bill of Sale, or property record)
6. Fire Safety Inspection Report with no violations or hazards identified by the appropriate fire safety

authority showing capacity load (**inspection must be dated within 12 months of the application submission date**). A sprinkler system is required for 7 or more beds.

7. Electrical Inspection Compliance Form with no violations or hazards identified from a Georgia licensed electrician and the electrician's State license number. This form must be signed by the state license holder (**inspection must be dated within 6 months of the application submission date**).

8. Floor Sketch (label all rooms, bedroom measurements, location of all doors, windows and bed placement for residents, family, and staff)

9. In the online GAHLES application, complete the electronic Owner Form. List all individual owners if applicable. This form must be signed and dated by the owner or the owner's representative.

10. **Satisfactory determination letter, dated within 12 months of the application submission date**, from the DCH Georgia Criminal History Check System (GCHEXS). All administrators and individual owners with 10% or more ownership interest must complete a fingerprint-based background check through GCHEXS. The owner of the facility may request access to GCHEXS by going to [GCHEX](#). For Fingerprint Background Check rules and regulations, visit the Secretary of State website at [111-8-12](#). For additional information, please visit [DCH OIG](#), or by calling at 404-463-7154 or by emailing at gchexs.user@dch.ga.gov.

Note: If there are no individuals that own 10% or more interest, provide a letter on the company letterhead stating this information. The letter must be signed by the owner or owner representative.

11. Written approval for water source and sewage disposal system, i.e., water bill with sewage charges. If the facility uses a septic system, complete the Water and Septic Tank Report Form. If the water is not provided by the city or county water system, provide a copy of a current water test (**test must be dated within 6 months of application submission date**).

12. A Letter of Determination approved by DCH Office of Health Planning (OHP) for 25 or more beds. For more information, visit DCH OHP website at <https://dch.georgia.gov/con-applications-and-forms>

13. Notarized Affidavit of Financial Stability for 25 or more beds

14. Licensure fee - see Schedule of Licensure Activity Fees

<https://dch.georgia.gov/divisionsoffices/hfrd/hfrd-payment-portal>

Change of Ownership (CHOW)

1. Evidence from Georgia Secretary of State that the corporation, LLC, etc. is registered, if applicable. If not applicable, provide other supporting documentation showing legal authority.

2. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)

3. Copy of photo ID that was shown to the notary public

4. Copy of proof of ownership or legal control of the property for the Official Governing Body name listed on the application (Deed, Lease, Bill of Sale, or property record)

5. Copy of the executed legal transaction documents for the business entity (Bill of Sale, closing documents, etc.). This document must be signed by the previous governing body/owner and disclose the effective date of change of ownership/closing.

Note: While the sale is pending, the CHOW application can be submitted and note that the bill of sale will be submitted when the sale is completed. This will allow HFR to start the review process prior to the ownership change.

6. In the online GAHLES application, complete the electronic Owner Form. List all individual owners if applicable. This form must be signed and dated by the owner or the owner's representative.

7. **Satisfactory determination letter, dated within 12 months of the application submission date**, from the DCH Georgia Criminal History Check System (GCHEXS). All administrators and individual owners with 10% or more ownership interest must complete a fingerprint-based background check through GCHEXS. The owner of the facility may request access to GCHEXS by going to [GCHEX](#). For Fingerprint Background Check rules and regulations, visit Georgia Secretary of State website at [111-8-12](#). For additional

information, please visit DCH_OIG, or by calling at 404-463-7154 or by emailing at gchexs.user@dch.ga.gov .

Note: If there are no individuals that own 10% or more interest, provide a letter on the company letterhead stating this information. The letter must be signed by the owner or owner representative.

8. Notarized Affidavit of Financial Stability for 25 or more beds.
9. The applicant must submit a current Fire Safety Inspection Report issued by the appropriate fire safety authority verifying that no violations or hazards have been identified. A new inspection report is required if five (5) years have passed since the last inspection, or if any construction or renovation has been completed since then.

Governing Body Name Change (not a CHOW)

1. Evidence from Georgia Secretary of State that the corporation, LLC, etc. is registered, if applicable. If not applicable, provide other supporting documentation showing legal authority.
2. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
3. Copy of photo ID that was shown to the notary public

Facility Name Change

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public

Decrease in Bed Capacity

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public

Increase in Bed Capacity

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public
3. Documentation of city/county zoning approval or applicable documents (if applicable)
4. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load (**inspection must be dated within 12 months of the application submission date**). A sprinkler system is required for 7 or more beds.
5. Floor Sketch (label all rooms, bedroom measurements, location of all doors, windows and bed placement for residents, family, and staff)
6. A Letter of Determination approved by DCH Office of Health Planning (OHP) for 25 or more beds. For more information, visit DCH OHP website at <https://dch.georgia.gov/con-applications-and-forms> .
7. If the facility uses a septic system, provide the Water and Septic Tank Report Form approving the requested capacity.
8. Electrical Inspection Compliance Form with no violations or hazards identified from a Georgia licensed electrician and the electrician's State license number. This form must be signed by the state license holder (**inspection must be dated within 6 months of the application submission date**). **This form is only required if the facility has made structural changes.**

Conversion from Personal Care Home to Assisted Living Community (minimum bed capacity of 25)

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public
3. Fire Safety Inspection Report with no violations or hazards identified from the Georgia State Fire Marshal's Office showing capacity load (**inspection must be dated within 12 months of application submission date**).

4. Pictures of the ALC's exterior, a common area and a typical resident room (1 picture of each)
5. Floor Sketch (label all rooms, bedroom measurements, location of all doors, windows and bed placement for residents, family, and staff)
6. Complete the electronic Owner Form. List all individual owners if applicable. This form must be signed and dated by the Owner.

7. Licensure fee - see Schedule of Licensure Activity Fee

<https://dch.georgia.gov/divisionsoffices/hfrd/hfrd-payment-portal>

Conversion from Personal Care Home to Adult Day Center

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public
3. Documentation of city/county zoning approval or applicable documents
4. Fire Safety Inspection Report with no violations or hazards identified by the appropriate fire safety authority showing capacity load (**inspection must be dated within 12 months of the application submission date**).
5. Floor Sketch (label all rooms, doors, windows and provide measurements for all common areas)
6. Pictures of accessible Bathroom and Shower
7. A food service permit is required for adult day centers licensed to care for 24 or more participants.
8. A copy of the Registered Nurse License. A current RN license is **only** required for Adult Day Health Service/Medical Model.
9. A list of any other Adult Day Centers operated by the governing body.
10. List mobile Adult Day Centers operated by the governing body with their location (Name and Address)
11. If transportation services are provided, please provide proof of insurance coverage for property damage, uninsured motorist, bodily injury, and proof of vehicle registration.
12. Licensure fee - see Schedule of Licensure Activity Fees

<https://dch.georgia.gov/divisionsoffices/hfrd/hfrd-payment-portal>

Memory Care Certification

Before you apply for a memory care certification, you must have a Personal Care Home permit.

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public
3. Notarized Affidavit of Compliance (**select Personal Care Home**)

O.C.G.A. § 50-36-1(f)(1)(B) Affidavit

By executing this affidavit under oath, as an applicant for a **license, permit or registration**, as referenced in O.C.G.A. § 50-36-1, from the **Department of Community Health, State of Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

_____ I am a United States citizen.

_____ I am a legal permanent resident of the United States.

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(f)(1)(A), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____

In making the *above* representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
DAY OF _____ 20__

NOTARY PUBLIC
My Commission Expires:



2 Martin Luther King Jr. Dr. SE 17th fl. | Atlanta, GA 30334 | 404-657-5700 | www.dch.georgia.gov

AFFIDAVIT OF COMPLIANCE

I, _____, the undersigned duly authorized representative of
Name of Owner/Applicant

_____, hereby attest that in furtherance of its application
Governing Body Name

for licensure, said entity has developed policies and procedures mandated under the rules and regulations indicated below. If the application for licensure is approved by the Department, these policies and procedures shall be implemented immediately by the facility. Additionally, _____ understands that once licensed, it is
Governing Body Name

subject to unannounced periodic inspections at which time the policies and procedures shall be readily available for review for sufficiency and compliance with applicable rules and regulations. Deficient policies and procedures may subject the facility to sanctions pursuant to Ga. Comp. R. & Regs. 111-8-25.

- 1) _____ Assisted Living Communities
Chapter 111-8-63
- 2) _____ Home Health Agencies
Chapter 111-8-31
- 3) _____ Hospices
Chapter 111-8-37
- 4) _____ Narcotic Treatment Programs
Chapter 111-8-53



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

- 5) _____ Personal Care Homes
Chapter 111-8-62

- 6) _____ Private Home Care Providers
Chapter 111-8-65

This ____ day of _____, 20____.

Signature of Authorized Representative

Business/Facility Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
__ DAY OF _____ 20____

NOTARY PUBLIC
My Commission Expires:

Affidavit Of Financial Stability

Required for both Initial Applications and CHOW Applications for Licensure for ALC and PCH of 25 beds or more.

Name of Applicant for Facility Licensure:	
Facility Address:	
Name of Certified Public Accountant (CPA):	
Business Affiliation of CPA (if applicable):	
CPA Firm License # (if applicable):	
CPA License/Certificate #:	
Mailing Address of CPA:	
Email address of CPA:	
Phone Number of CPA:	

COUNTY OF: _____

STATE OF: _____

BEFORE ME, the undersigned authority personally appeared who, being by me duly sworn, deposed as follows:

- 1) I have personal knowledge of the matters addressed in this affidavit the attestations made herein.
- 2) I am over eighteen (18) years of age, and I am of sound mind and capable of making this affidavit in support of the facts stated herein.
- 3) I am a Certified Public Accountant, and I am licensed in the State of _____ and my license is currently active and in good standing. My license number is _____. If I am not licensed in the State of Georgia, my firm is actively licensed with the Georgia State Board of Accountancy, and I have provided the license information above.
- 4) I understand and acknowledge that the above-referenced applicant for facility licensure is requesting authority from the Georgia Department of Community Health (the "Department") to operate a personal care home or assisted living community that will provide personal care services to elderly and/or disabled individuals in the State of Georgia and that there are individuals under care of the facility that may be vulnerable and in need of trustworthy oversight.

5 A) In executing this affidavit, I hereby swear or affirm that I have reviewed financial documents¹ for the previous fiscal year, for the above-referenced applicant for facility licensure.

OR

5 B) In executing this affidavit, I hereby swear or affirm that, in the absence of the documents in 5A above, I have reviewed sufficient financial documents to make the required determination for the above-referenced applicant for facility licensure. Sufficient financial documents may include forward-looking documents.²

6) In executing this affidavit, I hereby swear or affirm that, based on my review of the applicant's documents pursuant to 5A or 5B above, the applicant for facility licensure has demonstrated the financial resources to operate. I understand that the Department will rely on the statements made herein in making a determination regarding the applicant's eligibility for facility licensure.

Signature of Certified Public Accountant

Date of Signature

Printed Name of Certified Public Accountant

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE _____ DAY OF _____ 20 _____

Notary Public

My Commission Expires: _____

¹ While this list is not exhaustive, said reviewed documents may include audited or unaudited documents such as Bank Statements, Personal Tax Returns, Business Tax Records, Invoices, Receipts, Income Statements, Balance Sheets, Profit and Loss Statements, Balance Sheets, Cash-flow Statements, Accounts Receivable/Accounts Payable, and Aging Reports.

² A Pro Forma Statement or financial forecast consists of prospective financial statements that present, to the best of the applicant's knowledge and belief, an entity's expected financial position, results of operations, and cash flows. A Projected Income Statement is a snapshot of applicant's forecasted sales, cost of sales, and expenses.

ELECTRICAL INSPECTION COMPLIANCE FORM

NAME OF COMMUNITY: _____

ADDRESS: _____

OWNER: _____

OWNER'S CURRENT ADDRESS: _____

OWNER'S PHONE #: _____

OWNER'S EMAIL ADDRESS: _____

TO BE COMPLETED BY THE ELECTRICIAN

NOTE TO ELECTRICIAN: Do NOT complete this form unless all information is listed above regarding the location to be inspected.

I, _____ have inspected the electrical system at the above listed community and have determined that the electrical system is maintained in a safe condition and is free of hazards.

Signature: _____

Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

Phone #: _____

Water and Septic Tank Report Form

Water and sewage systems must meet applicable federal, state and local standards or regulations. This report form should be completed by the County Environmentalist from the County Public Health Department in which the facility is located if the community is served by a well and/or a septic tank. **If the community is served by public water and sewer, you only need to submit a copy of a current water bill.**

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To be completed by applicant:

Facility Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

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To be completed by the County Environmentalist:

WATER (check only one):

_____ The facility's water supply is from an approved source.

_____ The facility's well has been tested and the report is attached.

SEWAGE (check only one):

_____ The facility is connected to a public or community sewage disposal system.

_____ The facility is served by an on-site sewage system adequate for the proposed use for _____ residents.

Maximum Number of Residents

County Environmentalist: _____
Print Name Title

Signature: _____ Date: _____