

TRAUMATIC BRAIN INJURY FACILITY 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 Traumatic Brain Injury (TBI) Facility application packet. As a reminder, all policies and procedures must be established as part of the requirements for regulations and readily available upon request.

Upon application submission and payment, if required, you will receive an acknowledgement email. Applications are reviewed in the order they are received by our office. The initial review timeframe is **30 business days** from the application submission date.

The official rules for Traumatic Brain Injury Facilities 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](mailto: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/divisionsoffices/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 Specialized Care Team at hfrd.specialized@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. 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. Organizational Chart
5. Certificate of Need or Letter of Determination from DCH, Office of Health Planning. For more information, visit DCH OHP website at <https://dch.georgia.gov/con-applications-and-forms> .
6. 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)
7. 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.
8. Floor Plan – Label bedrooms and list the square footage measurements
9. 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. Organizational Chart
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. 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. 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.

Relocation

1. Certificate of Need or Letter of Determination from DCH, Office of Health Planning. For more information, visit DCH OHP website at <https://dch.georgia.gov/con-applications-and-forms>
2. 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)
3. Floor Plan – Label bedrooms and list the square footage measurements
4. Letter from facility requesting change, provide the old and new addresses and the expected relocation date
5. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
6. Copy of photo ID that was shown to the notary public
7. Licensure fee - see Schedule of Licensure Activity Fees
<https://dch.georgia.gov/divisionsoffices/hfrd/hfrd-payment-portal>

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

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

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. Certificate of Need or Letter of Determination from DCH, Office of Health Planning. For more information, visit DCH OHP website at <https://dch.georgia.gov/con-applications-and-forms> .
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. Floor Plan - Label bedrooms and list the square footage measurements

Change of Treatment and Rehabilitative Care levels

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. Letter from facility requesting the change

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: