APPLICATION TO OPERATE A
TRAUMATIC BRAIN INJURY FACILITY

Effective August 3, 2010, a fee must be paid for each new application, change of ownership, change of location, or renewal of license. Before you apply for any new application or changes, please download the payment coupon and submit the correct payment to the mailbox on the coupon form. Then, please follow the directions for the application below.

SECTION A: IDENTIFICATION

<table>
<thead>
<tr>
<th>Date of Application:</th>
<th>Original; Change of Status</th>
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</thead>
<tbody>
<tr>
<td>Name of Facility</td>
<td></td>
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<tr>
<td>County</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/Zip</th>
<th>Phone</th>
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Official Name of Governing Body

*Name and Address of Principal Officer of Governing Body

*Name of person Delegated Responsibility for Management

Title

* Recipients of Official Department Notifications

Levels of Treatment and Rehabilitative Care (Check One or Both)

- Transitional Living; Lifelong Living

Bed Capacity

- Maximum (C.O.N.); Set up Now

SECTION B: SERVICES PROVIDED

Please place a “1” on the line in front of each service provided by FACILITY STAFF; place a “2” on the line for each service provided UNDER ARRANGEMENT.

- Occupational Therapy
- Orthotics
- Psychology
- Pharmaceutical, including monitoring and safe storage
- Physical Therapy
- Physician
- Speech-Language Therapy
- Prosthetics
Section C: Ownership Information

Type of Ownership (Check Applicable Category)

- Nonprofit
- Proprietary
- Governmental

- Church Related
- Nonprofit Assn. or Corp.
- Individual
- Partnership
- Corporation
- State
- County
- City or Municipal
- Combination
- Hospital Authority

1. List Names and Addresses of all owners with 5% or more interest.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

2. List Names and Addresses of Officers of the Corporation.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

3. List Names and Addresses of Partners.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Section D: Certification
I certify that this facility will comply with all rules and regulations for Traumatic Brain Injury Facilities. I further certify that the above information is true and correct to the best of my knowledge.

Signature (Principal Officer of Governing Body) ___________________________ Title

SECTION E: Attach Affidavit of Lawful Presence in United States.

(For Department of Community Health Use Only)

Date Received________________ Reviewed By ________________________

Certificate of Need Attached: Yes__ NO__

Permit Number Issued________________ Effective Date ______________________

Approved: ________________________
INSTRUCTIONS FOR COMPLETING AFFIDAVIT
REQUIRED TO BECOME LICENSED

In order to obtain a license from the Department of Community Health to operate your business, Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that you are lawfully present in the United States of America. This affidavit is a material part of your application and must be completed truthfully. Your application for licensure may be denied or your license may be revoked by the Department if it determines that you have made a material misstatement of fact in connection with your application to become licensed. If a corporation will be serving as the governing body of the licensed business, the individual who signs the application on behalf of the corporation is required to complete the affidavit. Please follow the instructions listed below.

1. Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver’s license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.

2. Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)

3. Fill in the blanks on the Affidavit above the signature line only—BUT DO NOT SIGN THE AFFIDAVIT at this time. (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver’s license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:
   - Option 1) is to be initialed by you if you are a United States citizen; or
   - Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen but you have a green card; or
   - Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.

4. Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.

5. Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.

6. Show the Notary Public your secure and verifiable identification (anything on List that follows these instructions) and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.
7. Make certain that the Notary Public signs and dates the affidavit and puts when the notary commission expires.

8. Make a copy of the affidavit and the identification that you presented to the Notary Public for your own records.

9. Attach the ORIGINAL SIGNED AFFIDAVIT and a copy of the identification you presented to your application for licensure. DO NOT SEND US YOUR AFFIDAVIT SEPARATELY. IT MUST BE INCLUDED IN THE COMPLETE APPLICATION PACKET WHICH YOU MAIL TO US.
Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G. A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this may not necessarily be indicative of residency or immigration status.

• A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
• A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
• A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
• An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
• A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
• A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
• An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
• A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
• A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
• A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
• A NEXUS card  [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

• A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card  [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

• A driver’s license issued by a Canadian government authority  [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

• A Certificate of Citizenship issued by the United Stated Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

• A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

• In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]
O.C.G.A. § 50-36-1(e)(2) 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:

1) _________ I am a United States citizen.

2) _________ I am a legal permanent resident of the United States.

3) _________ 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(e)(1), 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: