

## ASSISTED LIVING COMMUNITY 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 Assisted Living Community (ALC) 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 Assisted Living Community 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), please review Frequently Asked Questions on DCH website - <https://dch.georgia.gov/divisionsoffices/hfrd/facilities-provider-information/hfrd-chow-faq>.

For questions about ALC 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](mailto:pchprogram.hfrd@dch.ga.gov).

For general application questions, email the HFRD Applications and Waivers Team at [hfrd.applicationswaivers@dch.ga.gov](mailto:hfrd.applicationswaivers@dch.ga.gov).

**Note: Application fees are non-refundable. All licensure fees must be paid in full prior to receiving a permit or license. The licensure fee will be collected by the program after the application review is complete. If you encounter payment issues during the application process, email the Finance Team at [hfrd.payments@dch.ga.gov](mailto: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
4. Copy of photo ID that was shown to the notary public
5. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)

6. 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**).
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. Pictures of the ALC's exterior, a common area and a typical resident room (1 picture of each)
10. Complete the electronic Owner Form including CMA or nurse information. List all individual owners if applicable. This form must be signed and dated by the Owner.
11. **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](mailto: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.**
12. 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**).
13. A Letter of Determination approved by DCH Office of Health Planning (OHP). For more information, visit DCH OHP website at <https://dch.georgia.gov/con-applications-and-forms>
14. Notarized Affidavit of Financial Stability
15. 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
3. Copy of photo ID that was shown to the notary public
4. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)
5. Complete the electronic Owner Form including CMA or nurse information. This form must be signed and dated by the Owner.
6. 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.**
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 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](mailto: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

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

**Facility Name Change**

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public

**Decrease in bed capacity**

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public

**Increase in bed capacity**

1. Notarized Affidavit of Personal Identification
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. Floor Sketch (label all rooms, bedroom measurements, location of all doors, windows and bed placement for residents, family, and staff)
5. A Letter of Determination approved by DCH Office of Health Planning (OHP). For more information, visit DCH OHP website at <https://dch.georgia.gov/con-applications-and-forms>
6. 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 Assisted Living Community to Personal Care Home**

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public
3. Floor Sketch (label all rooms, bedroom measurements, location of all doors, windows and bed placement for residents, family, and staff)
4. 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 current Assisted Living Community permit.**

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public
3. Notarized Affidavit of Compliance

**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:



### 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.*

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

**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 documents<sup>1</sup> 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.<sup>2</sup>

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: \_\_\_\_\_

<sup>1</sup> 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.

<sup>2</sup> 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

.....

### 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: \_\_\_\_\_