

ADULT DAY CENTER 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 Adult Day Center (ADC) 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 Adult Day Center 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 ADC 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: 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 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 appropriate fire safety

authority showing capacity load (**inspection must be dated within 6 months of the application submission date**)

7. Floor Sketch (label all rooms, doors, windows and provide measurements for all common areas)
8. 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.
9. **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.

10. 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**).
11. A food service permit is required for adult day centers licensed to care for 24 or more participants.
12. A list of any other Adult Day Centers operated by the governing body.
13. If transportation services are provided, please provide proof of insurance coverage for property damage, uninsured motorist, bodily injury, and proof of vehicle registration.
14. List mobile Adult Day Centers operated by the governing body with their location (Name and Address)
15. A copy of the Registered Nurse License. A current RN license is **only** required for Adult Day Health Services/Medical Model.
16. Pictures of accessible Bathroom and Shower
17. Licensure fee - see Schedule of Licensure Activity Fees

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

Mobile Adult Day Center/Adult Day Health Center with Freestanding Adult Day Center (facility must have a current permit)

Initial

1. Documentation of city/county zoning approval or applicable documents
2. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)
3. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load (inspection must be dated within 6 months of the application submission date)
4. Floor Sketch (label all rooms, doors, windows and provide measurements for all common areas)
5. 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.
6. 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).

7. A food service permit is required for adult day centers licensed to care for 24 or more participants.
8. A list of any other Adult Day Centers operated by the governing body.
9. If transportation services are provided, please provide proof of insurance coverage for property damage, uninsured motorist, bodily injury, and proof of vehicle registration.
10. List mobile Adult Day Centers operated by the governing body with their location (Name and Address)
11. A copy of the Registered Nurse License. A current RN license is only required for Adult Day Health
12. Pictures of accessible Bathroom and Shower
13. Licensure fee - see Schedule of Licensure Activity Fees

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

Mobile Adult Day Center/Adult Day Health Center without Freestanding Adult Day Center

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 appropriate fire safety authority showing capacity load (inspection must be dated within 6 months of the application submission date)
7. Floor Sketch (label all rooms, doors, windows and provide measurements for all common areas)
8. 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.
9. **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.

10. 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).
11. A food service permit is required for adult day centers licensed to care for 24 or more participants.
12. A list of any other Adult Day Centers operated by the governing body.

13. If transportation services are provided, please provide proof of insurance coverage for property damage, uninsured motorist, bodily injury, and proof of vehicle registration.
14. List mobile Adult Day Centers operated by the governing body with their location (Name and Address)
15. A copy of the Registered Nurse License. A current RN license is only required for Adult Day Health Services/Medical Model.
16. Pictures of accessible Bathroom and Shower
17. 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. 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.
5. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)
6. 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 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.

Facility Name Change

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

Decrease in capacity

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

Increase in capacity

1. Notarized Affidavit of Personal Identification
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 6 months of the application submission date**)
5. Floor Sketch (label all rooms, doors, windows and provide measurements for all common areas)
6. If the facility uses a septic system, provide the Water and Septic Tank Report Form approving the requested capacity.

Change of Service Level from Adult Day Center to Adult Day Health Service

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public
3. A copy of the Registered Nurse License. A current RN license is required for Adult Day Health Services/Medical Model.
4. Pictures of accessible Bathroom and Shower

Change of Service Level from Adult Day Health Service to Adult Day Center

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

Conversion from Adult Day Center to Personal Care Home

1. Notarized Affidavit of Personal Identification
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**). A sprinkler system is required for 7 or more beds.
5. 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**).
6. Floor Sketch (label rooms, location of all doors, windows and bed placement for residents, family, and staff)
7. Licensure fee - see Schedule of Licensure Activity Fees

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

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:

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.**

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: _____