

**MAIL COMPLETED APPLICATION PACKAGE TO:**  
**Healthcare Facility Regulation Division**  
**Personal Care Home Program**  
**2 Peachtree Street, N.W., Suite 31.447**  
**Atlanta, GA 30303-3167**

Home Name \_\_\_\_\_ Number of Residents \_\_\_\_\_

Home Address \_\_\_\_\_ County \_\_\_\_\_

**Community Living Arrangement (CLA) Application Checklist**

**A complete Application Package for a Community Living Arrangement permit includes the following:**

- \_\_\_ 1. Application – completed and signed by the Governing Body Representative  
If a corporation – include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the CLA  
If partnership – include Partnership Agreement  
If Limited Liability Company (LLC) - include Certificate of Organization and Articles of Organization for ALL LLCs with an interest in the residence  
If a non-profit – include documentation of non-profit status [501(c)3]
- \_\_\_ 2. A completed Letter of Verification from the DBHDD Regional Office that the residence meets the definition of a CLA and the approved number of residents
- \_\_\_ 3. An original completed Affidavit of Personal Identification
- \_\_\_ 4. A copy of Proof of Ownership for the property or a copy of the Lease Agreement
- \_\_\_ 5. A fingerprint record check for all employees, all adults (18 and older) in the home and all owners (10% or more interest in the home).
- \_\_\_ 6. Fire Safety Inspection Report from the appropriate fire safety authority with no violations or hazards identified and the occupant load noted by the inspector
- \_\_\_ 7. Electrical Service Inspection Report from a Georgia licensed electrician with no violations or hazards identified and the electrician's State license number noted on the report
- \_\_\_ 8. Floor Sketch (including labeling of all rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)
- \_\_\_ 9. PCH/CLA Owner Survey Form signed and dated by the Governing Body Representative
- \_\_\_ 10. Written approval for water source and sewage disposal system or a copy of the last water/sewer bill
- \_\_\_ 11. Written directions to the residence from Atlanta
- \_\_\_ 12. This checklist, signed and dated.

By my signature below, I (print name) \_\_\_\_\_ affirm that I have read and understand the Rules and Regulations for Community Living Arrangements; I have developed the required policies and procedures, disaster preparedness plan, and admission agreement; and I am prepared for an on-site inspection. **NOTE: When all of the above information has been submitted, an HFR surveyor will conduct an unannounced on-site inspection.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date