

Personal Care Home Application Checklist

For an initial permit to operate a personal care home, please **submit this signed and dated form** with the following information:

- ___ 1. Application – completed and signed by the **Owner**
If a corporation – include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the personal care home
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 personal care home
If a non-profit – include documentation of non-profit status [501(c) 3]
If Individual – include statement of all owners and percentage of ownership
- ___ 2. An original completed Affidavit of Personal Identification
- ___ 3. A copy of Proof of Ownership for the property or a copy of the Lease Agreement
- ___ 4. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load
- ___ 5. Electrical Service Inspection Report with no violations or hazards identified from a Georgia licensed electrician and including the electrician's State license number
- ___ 6. Floor Sketch (including labeling of the rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)
- ___ 7. Personal Care Home Staff Survey Form and a Personal Care Home Owner Survey Form signed and dated by the owner
- ___ 8. Fingerprinting through Cogent/GAPS for the administrators, managers, and owners
- ___ 9. Food Service Permit (for PCHs with 25 or more residents) from the county Public Health Department
- ___ 10. A Letter of Determination approved by the Department of Community Health (for PCHs with 25 or more beds at a single location). For more information, visit the Department's website at <http://www.dch.georgia.gov/>. Look under the CON Forms and Applications link or call 404-656-0409
- ___ 11. Written approval for water source and sewage disposal system
- ___ 12. Completed Disaster Preparedness Plan Overview

By my signature below, I (print name) _____ affirm that I have read and understand the Rules and Regulations for Personal Care Homes; 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 HFRD surveyor will conduct an on-site inspection.**

Signature

Date