

APPLICATION FOR LOCATING A COMMUNITY RESIDENTIAL CARE FACILITY IN AN UNINCORPORATED AREA OF RICHLAND COUNTY

To the Chairperson of Richland County Council:

The undersigned hereby respectfully requests that the Richland County Council approve the location of a community care home in Richland County, South Carolina, pursuant to Chapter 7 of Title 44 of the 1976 State Code of Laws, as described below. (Be advised that final approval of all community care homes rests with licensing by the State Department of Health and Human Services.)

Applicant must be the director of the proposed facility.

1. Applicant's Name: _____

2. Applicant's Address: _____

3. Applicant's Telephone: Home: _____ Office: _____

4. Location of proposed community care home:

Street address: _____

City, Zip: _____ Tax Map Number: _____

5. Do you own the building that will house the proposed community care home?

YES NO

If "NO," do you have an option to buy the property or, if renting, do you have a lease agreement with the owner? Please state which arrangement you currently have, and also list the name, address, and phone number of the current owner and/or lessor.

6. If you are leasing the property, has the lessor granted authority to establish a community care home on the property? YES NO

7. Will the proposed community care home be established in your current permanent residence? YES NO

8. How many bedrooms and bathrooms does the proposed community care home have? Bedrooms _____ Bathrooms _____

9. How many resident clients will be housed in this proposed community care home? Nine or less Ten or more

10. Describe the type of resident clients to be housed in this proposed facility (senior citizens or children, physically or mentally disabled, etc.)

11. How many full-time and part-time staff will care for the resident clients of the proposed community care home? Full-Time _____ Part-Time _____

12. How many total persons will occupy the proposed community care home during the night? (Include resident clients, staff, staff family, applicant, applicant's family, etc. as applicable.) Total Persons _____

13. Do you currently operate any other community care facilities in Richland County? YES NO

If you do, list the location, year licensed, and number of resident clients for each facility:

_____	_____	_____
Street Address	Year Licensed	# of Residents
_____	_____	_____
Street Address	Year Licensed	# of Residents

14. Have you ever had a license revoked for any type of residential health care facility located in South Carolina? YES NO

I hereby certify that if granted approval from Richland County Council to locate a community care home as described above, I will fully comply with all regulations of the appropriate state licensing and regulatory agency or agencies, the State Fire Marshal's Office, and Health Department Officials which apply to community care facilities in establishing and obtaining licensing for my community care home.

I also certify that all of the above information is correct to the best of my knowledge.

Signature of Applicant

Date