Adult Care Facility
Reference Form for an Owner/Manager

License No.:

Facility Name:

Address:

City | Zip Code | County

This reference form is being completed for

◯ Owner ◯ Manager Name:

1	Are you employed by or associated in business with the owner/manager of this facility?	◯ Yes	◯ No
2	Are you in any way related to the owner/manager of this facility?	◯ Yes	◯ No
3	In your opinion, does the owner/manager have the mental and physical ability to provide personal care services and supervision to residents in this facility?	◯ Yes	◯ No
4	Do you consider this owner/manager to be capable of budgeting his/her money to operate a facility?	◯ Yes	◯ No
5	Do you know if the owner/manager has been arrested for or convicted of a criminal offense related to the provision of care to others?	◯ Yes	◯ No
6	Would you trust this owner/manager to take care of someone close to you?	◯ Yes	◯ No
7	Do you know of any reasons why this owner/manager should not be an owner/manager of a facility?	◯ Yes	◯ No
8	How long have you known the owner/manager?		
9	How do you know the owner/manager?		

If you answered "**YES**" to questions 5 and 7, please explain fully, indicating the number to which question(s) you are responding on the reverse side of this form.

First Name: | Middle Initial | Last Name

Home Address: | City:

State | Zip Code | Day time Phone Number: | E-mail Address:

Signature | Date

Please return this form directly to:

Ohio Mental Health and Addiction Services
Licensure and Certification
30 E Broad Street, Suite 742
Columbus, Ohio 43215