Residential Care Facility
Licensure Application Checklist

License Number: 06- _____

Residential Care Facility: ☐ Type 1 ☐ Type 2 ☐ Type 3 **Application Type:** ☐ Initial ☐ Renewal

Facility Name: _____

Operator Name: _____

Surveyor Name: _____

Date Reviewed 1: _____ Date Reviewed 2: _____ Date Reviewed 3: _____ Date Compliant: _____

The agency must submit ALL of the following documentation as part of the application:

	Date Submitted:	Date Compliant:
1. **MH Board letter of ☐ approval ☐ disapproval (If not included contact the agency. If disapproved, STOP and alert your supervisor).**		
Comment(s):		
2. **Application form needs to contain all required information 5122-30-04(A)(B)**		
Comment(s):		
3. **Approved Building Inspection (Initial OR Building Modifications Only)**		
Comment(s):		
4. **Approved Annual Fire Inspection Report**		
Comment(s):		
5. **Fire Alarm System Report 5122-30-12(H) & (I) for 9 or more ambulatory residents**		
Comment(s):		
6. **Fire Alarm System Report 5122-30-12(H) & (I) for 9 or more ambulatory residents**		
Comment(s):		

Facility Name:

The agency must submit ALL of the following documentation as part of the application:

	Date Submitted:	Date Compliant:
7. **Fire Alarm System Report 5122-30-12(H) & (I) for 9 or more ambulatory residents**		
Comment(s):		
8. **Application Fee**		
Comment(s):		
9. **Writing/Electrical 5122-30-11(2)(b) For initial five or fewer household members or modifications**		
Comment(s):		
10. **Heating/Cooling 5122-30-11(2)(c) For initial or modifications**		
Comment(s):		
11. **Annual Water (non-public) 5122-30-11(A)(1)(b)**		
Comment(s):		
12. **Annual Sewage (non-public) 5122-30-11(A)(1)(b)**		
Comment(s):		
13. **Food Service (if required by local law) 5122-30-11(A)(2)(a)**		
Comment(s):		
14. **Other Inspections:** _____		
Comment(s):		
15. **Reasonable Accommodations 5122-30-18 (if applicable)**		
Comment(s):		
16. **Residents Rights and Grievance Procedures 5122-30-22**		
Comment(s):		
17. **Line Drawing showing location and function of resident and staff areas (Initial or building modifications only)**		
Comment(s):		

Facility Name:

Type 1 Facility

	Date Submitted:	Date Compliant:
18. **TB Test, and Training for Type 1 (Attachment 1 5122-30-20)**		
Comment(s):		
19. **Seclusion, Restraint and Time-Out P/P 5122-26-16 through 5122-26-16.2)**		
Comment(s):		
20. **Seclusion, Restraint, and Time Out Staff Training Requirements (Attachment 2)**		
Comment(s):		

Type 2 and Type 3 Facility

	Date Submitted:	Date Compliant:
21. **Affiliation Agreement (Type 2 & Type 3) 5122-30-04(M)(2)(a-l)**		
Comment(s):		
22. **BCI and Annual Health Statement, TB Test and Training (CPR, First Aid) For Type 2 & Type 3 (Attachment 1)**		
Comment(s):		

Comment(s):

Surveyor: