@rrendell's ™
Training & Consulting

Group home Data Sheet

License Type: APD – Grouphome / Rehabilitation Services

<u>PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING EACH SECTION:</u>

SECTION I – BACKGROUND DESCRIPTION

1. Full name, address, phone number and e-mail address the admin and owner.
(I will also submit my information as the contact person representing this application)

Owner / Admin:

Name: _____

Address: _____

Phone: _____

Email: _____

2. Name of the group home, address of the group home, mailing address if different, phone number if different from above:

Business:

Name: _____

Address: _____

Phone: _____

Email: _____

3. what age range do you want to serve? _____

4. what conditions do you want to serve (check the box of those you will work with):

- o Intellectual disability (mental retardation)
- o Autism
- o Cerebral Palsy
- o Spina Bifida
- o Prader-Willi Syndrome

- Hearing Impairments
- Dual Diagnosis (Mental retardation and mental illness)
- Visual impairments
- Criminal Offenses
- Children in foster care
- Mobility impairments
- Epilepsy
- Diabetes
- Chronic medical issues (feeding tubes etc.)

5. Levels of support: Basic, Minimal, Moderate

6. Are you offering any other services to people who will be in your group home such as Companion? This is an additional service (homemaker companion) – Could have additional cost.

_____Yes   _____No

7. Name of the owner of the property as it appears on the deed: (attach for clarity).

Name on Deed: _____

8. Address of property owner:

Name: _____

Full Address: _____

Phone: _____

9. Name, address, social security numbers, date of birth of each member of your Board of Directors:

Name: _____
Address: _____
Social Security: _____
DOB: _____
Percentage of Ownership: _____

Name: _____
Address: _____
Social Security: _____
DOB: _____
Percentage of Ownership: _____

Name: _____

Address: _____

Social Security: _____

DOB: _____

Percentage of Ownership: _____

10. Name, date of birth, home address, phone number, education and experience of the primary on-site manager. (Please attach resume and Degree)

Name: _____

DOB: _____

Home Address: _____

Phone Number: _____

Education / Experience:

_____

_____

_____

11. Name and telephone number of back –up manager/supervisor

Name: _____

DOB: _____

Home Address: _____

Phone Number: _____

Education / Experience:

_____

_____

_____

12. Complete all sections of the annual budget sheet that is attached that you can complete: (following #13)

13. Send me the drawing of the house lay out with the room dimensions: (Floor plan with specifications listed)

SECTION II - Annual Budget Sheet

(Note: Applicants for initial licensure should only complete the "projected" budget column below while applicants for licensure renewal should complete both columns)

REVENUE   Past 12 Months Next 12 months (projected)

1.   Income based on existing or proposed licensed capacity.

EXPENDITURES

2.   Personnel

a. Salaries and Wages (FTE's =   )

b. Worker's Comp./ Health Insurance

3.   Contracted Services:

a. Fiscal/Legal

4.   Staff Training (fees & travel costs only)

5.   Transportation

a. Loan/Lease Payments

b. Maintenance/Fuel

c. Staff travel reimbursements

d. Auto Insurance

6.   Liability Insurance

7.   Marketing/Advertising (incl. Staff recruitment)

8.   Supplies and Equipment

a. Consumables (program & consumer)

b. Equipment repairs/maintenance

c. Furniture/Equipment Replacement

9.   Office Expenses:

a. Postage

b. Telephone

c. Printing/Copying

10.   Facility Cost

a. Mortgage / Rent

b. Utilities

c. Food / consumables

d. Maintenance / repairs

e. Furnishings

TOTAL EXPENDITURES: _____

I hereby state that I have sufficient capital, income or credit to staff, equip, and operate this facility in accordance with Rule 65G-2 for sixty days without dependence on client fees or payments from the State of Florida.

_____   _____   _____

Signature of Owner/Sponsor   Name of Facility   Date

Note: The Agency reserves the right to request and obtain from the applicant copies of income tax returns, bank statements, payroll records, and other documentation as necessary in order to substantiate the past or projected revenue/expenditures listed above.