



ALF Application Checklist - Initial – Bi-ennial – Change of Ownership Requirements

Initial Check	Final Check	
<input type="checkbox"/>	<input type="checkbox"/>	Application Fee (No Starter Check) (For Applicant to provide)
<input type="checkbox"/>	<input type="checkbox"/>	Health Care Licensing Application (We prepare)
<input type="checkbox"/>	<input type="checkbox"/>	Health Care Licensing Application Addendum (We prepare)
<input type="checkbox"/>	<input type="checkbox"/>	Affidavit of Compliance with Background Screening Requirement
<input type="checkbox"/>	<input type="checkbox"/>	Local Zoning Approval (Cannot be expired)
<input type="checkbox"/>	<input type="checkbox"/>	Community Residential Homes Affidavit of Compliance
<input type="checkbox"/>	<input type="checkbox"/>	Liability Insurance Certification (Commercial Insurance, NOT homeowners) <i>For CHOW application ONLY, submit Liability when CHOW has been approved.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Environment Power Plan (EPP) Plan approval with CEMP approval: must include Consumer Friendly Report after approval
<input type="checkbox"/>	<input type="checkbox"/>	Fire Safety Inspection (must meet fire safety requirements for ALF)
<input type="checkbox"/>	<input type="checkbox"/>	Residential Group Home Inspection and Food Service Report <ul style="list-style-type: none"> • Must meet Health Department’s sanitation and safety requirements
<input type="checkbox"/>	<input type="checkbox"/>	Floor Plan of the facility. (No Blueprints, hand drawn accepted)
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Financial Ability to Operate
<input type="checkbox"/>	<input type="checkbox"/>	Financial Statements (<i>Bank Statement not less than 5 days old</i>) <i>Your credit score is not a factor in preparing your financials.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Recorded warranty deed, lease/sublease or proof of legal right to occupy
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Administrator’s H.S. Diploma or GED (<i>transcripts accepted</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Surety Bond or continuation bond, if applicable

_____/_____
Consultant Signature Date

_____/_____
Client Signature Date

ALF Name _____ Cnty _____ Bed Capacity _____