

Date	Property Address	Zip Code
Owner's/Principal's Full Name	Cell Phone Number	E-mail Address

Check **ONLY ONE** that best describes the proposed facility.

**CONGREGATE LIVING FACILITIES (NON-STATE LICENSED FACILITIES)**

*CLFs are defined as a building or part thereof that contains sleeping units where residents share bathroom and/or kitchen facilities.*

**BOARDING HOME FACILITIES:** An establishment that furnishes, in one or more buildings, lodging to three or more persons with disabilities or elderly persons who are unrelated to the owner of the establishment by blood or marriage; and provides residents with community meals, light housework, meal preparation, transportation, grocery shopping, money management, laundry services, or assistance with self-administration of medication.

*Assistance with Self-Administration of Medication is defined as assisting a resident by reminding the resident to take medication, opening and removing medications from a container, or reminding the resident when a prescription medication needs to be refilled.*

**LODGING FACILITIES:** A facility that is used and occupied as the sole residence for the permanent or temporary occupancy for living quarters for three or more unrelated people.

*Examples: Boarding Houses, Rooming Houses, Tenement Houses, Bunk Houses, Flop Houses.*

**CORRECTIONAL FACILITIES:** A facility for the housing and rehabilitation or training of adults on parole, early or pre-release, or any other form of executive, judicial or administrative release from a penal institution.

**ALTERNATE HOUSING FACILITIES:** A residence owned by an individual, private legal entity, non-profit or faith-based organization, which is not owned by, operated by, established by or contracted with TDCJ (Texas Department of Criminal Justice) where three or more unrelated parolees reside.

**RECOVERY HOUSE** A shared living environment that, promotes sustained recovery from substance abuse disorders by integrating residents into the surrounding community and providing a setting that connects residents to support and services promoting sustained recovery from substance use disorders. Is centered on peer support. Free from alcohol and drug use. (Reference Texas Administrative Code Title 26, Part 1, chapter 571) **(MAY NOT PROVIDE PERSONAL CARE SERVICES)**

**RESIDENTIAL CARE FACILITIES (STATE LICENSED FACILITIES)**

**RESIDENTIAL CARE/ASSISTED LIVING FACILITIES:** A building or part thereof housing persons, on a 24- hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment which provides custodial care. The occupants are capable of responding to an emergency situation without physical assistance from staff.

*Custodial Care is defined as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. Facilities providing Custodial Care are classified as Type A facilities by the State of Texas.*

**GROUP HOME/HALFWAY HOUSE:** A facility for social rehabilitation, substance abuse or mental health problems that contains a group housing arrangement that provides Custodial Care but does not provide Medical Care.

**NURSING HOMES:** Facilities that provide care, including both intermediate care facilities and skilled nursing facilities where any of the persons are incapable of self-preservation.

**DETOXIFICATION FACILITY:** Facilities that provide treatment for substance abuse, serving care recipients who are incapable of self-preservation or who are harmful to themselves or others.

Owner's/Principal's Full Name		Property Address
#	Questions	Yes / No
1	Are three or more unrelated residents given lodging for compensation?	<input type="checkbox"/> <input type="checkbox"/>
2	Is this facility providing Personal Care Services? <i>Personal Care is defined as the care of persons who do not require medical care. It involves responsibility for the safety of the persons while inside the building.</i>	<input type="checkbox"/> <input type="checkbox"/>
3	Is this facility providing Custodial Care? <i>Custodial Care is defined as assistance with day-to-day living tasks such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. It includes persons receiving care who have the ability to respond to emergency situations but evacuate at a slower rate and/or who have mental and psychiatric complications.</i>	<input type="checkbox"/> <input type="checkbox"/>
4	Are all residents capable of unassisted self-preservation? <i>Incapable residents are persons who, because of age, physical limitations, mental limitations, chemical dependency or medical treatment, cannot respond as individuals to an emergency situation. Capable residents may evacuate at a slower rate, but they are able to recognize the emergency and respond unassisted.</i>	<input type="checkbox"/> <input type="checkbox"/>
5	Is the size of the total living area of the facility less than 3,200 square feet? <i>Living square footage does not include attics, porches, patios, carports, or garages.</i>	<input type="checkbox"/> <input type="checkbox"/>
6	Has the building had a garage conversion or room addition since it was first constructed?	<input type="checkbox"/> <input type="checkbox"/>
7	Are there five or fewer total residents receiving care?	<input type="checkbox"/> <input type="checkbox"/>
8	Was the building originally constructed as a single-family home?	<input type="checkbox"/> <input type="checkbox"/>
9	Were the changes to the building completed after 1988?	<input type="checkbox"/> <input type="checkbox"/>
10	Are more than 5 residents incapable of unassisted self-preservation?	<input type="checkbox"/> <input type="checkbox"/>
11	Do any of the residents require supervision?	<input type="checkbox"/> <input type="checkbox"/>

12	Is this facility providing Medical Care? <i>Medical Care is defined as care involving medical or surgical procedures, nursing or for psychiatric purposes. It includes persons receiving care who do not have the ability to respond to emergency situations due to physical or mental limitations (Incapable of Unassisted Self- Preservation).</i>	<input type="checkbox"/>	<input type="checkbox"/>
13	Does the facility have a Certificate of Occupancy for the current intended use?	<input type="checkbox"/>	<input type="checkbox"/>
14	Are there any other buildings located on the property?	<input type="checkbox"/>	<input type="checkbox"/>
15	Is the Recovery House going to be accredited by the National Alliance for Recovery Residence (NARR) and/or Oxford House (IAW.THSC 469.002) (B)	<input type="checkbox"/>	<input type="checkbox"/>
16	If the property is leased, has the declaration form been signed and notarized by the property owner granting permission to operate a Recover Home on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you certify that all statements on this document are true? (Falsifying a government document is subject to penalty and/or fines.)	<input type="checkbox"/>	<input type="checkbox"/>