



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
2425 Reddie Drive, 9th Floor
Wheaton, Maryland 20902
240-777-3986 / Fax 240-777-3088 or 240-777-4531
www.montgomerycountymd.gov

Group Home License Application (Renewal)

Application is hereby made for a license to operate a Group Home in Montgomery County, Maryland
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

TODAY'S DATE: _____

[] RENEWAL [] CHANGE IN LICENSED BEDS [] CHANGE IN NUMBER OF OCCUPANTS

[] FACILITY NAME CHANGE: _____
(previous name)

GROUP HOME TYPE: [] ELDERLY / \$60 per bed [] NON-ELDERLY / \$50 per bed (select type below)
[] MINORS or [] CHRONICALLY MENTALLY ILL

GROUP HOME/ FACILITY:

NAME: _____

ADDRESS: _____
Street Number and Street Name City State Zip Code

TELEPHONE: _____ FAX: _____

WATER SOURCE: [] WSSC/City [] Well SEWAGE DISPOSAL: [] WSSC/City [] Septic

OCCUPANCY:

NUMBER OF OCCUPANTS WHO CLAIM THE HOME AS THEIR PLACE OF RESIDENCE:
RESIDENTS (Number of licensed beds): _____ (Add numbers down)
NUMBER OF LIVE-IN EMPLOYEES: + _____
OTHER (Children, Family, or Friends Residing on the premises) + _____
TOTAL (Number of ALL OCCUPANTS who claim residence) = _____ Number of rotating staff (non-occupants): _____

THE STATE AGENCY WHICH LICENSES THE GROUP HOME: _____

COMPANY/ CORPORATION:

NAME: _____ FEDERAL TAX ID: _____

ADDRESS: _____
Street Number and Street Name City State Zip Code

TELEPHONE: _____ FAX: _____

EMAIL: _____

*PLEASE NOTE: If an annual renewal application is filed after the license has expired, a late fee of \$100.00 will be charged in addition to the annual renewal fee.

PRINT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY
Receipt No.: _____ Date Received: _____ Staff Initial: _____
Amount Paid: _____ Check/Money Oder No./Credit Card: _____

PAYMENT INFORMATION

Payment Method: Check Money Order Visa MasterCard

Make checks or money orders payable to “**Montgomery County, Maryland**”. Cash is not accepted.
Credit card payments may be faxed to 240-777-3088 or 240-777-4531.

Credit Cardholder’s Name (printed): _____

Amount Charged: \$ _____ Credit Card No: _____

Exp. Date: _____ 3 Digit Security Code (required) _____

I agree to pay the indicated total amount according to card issuer agreement:

CARDHOLDER’S SIGNATURE: _____

EMERGENCY CONTACT INFORMATION

GROUP HOME RENEWAL

Completion Date: _____

Group Home Licensee:

In the event of a county-wide emergency we may need to contact each group home in Montgomery County. *Please provide the group home owners contact information or after hours' emergency contact.

PRIMARY CONTACT PERSON:

Name: _____

Position / Title to the Business: _____

Address: (*personal*) _____

Phone home: _____ cell: _____

Email: _____

SECONDARY CONTACT PERSON:

Name: _____

Position / Title to the Business: _____

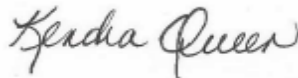
Address: (*personal*) _____

Phone home: _____ cell: _____

Email: _____

Please notify me in writing or contact me directly at 240-777-1063, if any of the information above changes. Thank you in advance for your cooperation

Sincerely,



Kendra Queen
Group Home Licensing Coordinator



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Group Home License Application Instruction Checklist

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

RENEWAL for Elderly and Non-Elderly Group Homes

Group Homes in Montgomery County with 3 to 16 residents require BOTH a Montgomery County and a State of Maryland license. According to Montgomery County Code, Chapter 23A-8(a) "A building must not be advertised or used as a group home until the Director issues an annual license. A building must not be advertised or used as a group home after a license has expired or has been revoked or suspended."

Please check ALL appropriate boxes to confirm items submitted with your renewal application. Any incomplete application package will delay the licensing process.

Submit ALL of the following documents with your renewal application:

- Montgomery County Group Home License Application
Fees (per bed): \$60.00 (Elderly) or \$50.00 (Non-Elderly)
Emergency Contact Form (Attachment A)
Complaint Procedure (See Attachment B for guidelines)
Current State of Maryland license. (Non-elderly homes may submit Montgomery County Behavioral Health Certificate Letter of Approval, and a current letter of extension from the state).
Fire Approval report or Board and Care Permit. All applicants are required to arrange for an annual fire inspection from their local jurisdiction.
Proof of payment for Well and Septic (if applicable)

Please sign, date, and return completed forms with your application and payment to our office. Failure to submit each applicable item will delay the application process.

Review and Sign Statement below:

I have submitted all of the information as indicated on this checklist, and confirm all items submitted with this Group Home application are accurate and current.

Signature: _____

Printed Name: _____

Date: _____



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ANNUAL PROGRAM STATEMENT REQUIREMENTS FOR RENEWALS

Check the box below if any of your policy and procedures have changed. Then, **attach the changes, sign, and date.**

CHANGED (Attach to Application):

- program purpose, goals and objectives;
- means to accomplish the goals and objectives;
- needs and capabilities of the population to be served;
- proposed budget, resources, and procedures to meet those needs;
- proposed operating methods and procedures for medication management, transportation, social and recreational services, 24 hour supervision, personal care services, and food service;
- client admission and retention criteria;
- qualifications and experience of the applicant and the personnel operating the group home; and
- emergency preparedness

Signature: _____

Date: _____



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Complaint Procedure Guidelines **for Renewals and New Homes**

(You are required to submit your complaint procedure annually.)

Montgomery County Code, Chapter 23A, requires Group Home licensure applicants to provide the Department of Health and Human Services with “the steps the staff Director will take to receive, investigate, and respond to inquiries and complaints from residents and non-residents”.

A ***Complaint Procedure*** **must** accompany **NEW** and **RENEWAL** Group Home licensure applications and is subject to approval by the Licensure & Regulatory Office.

To expedite your license application these guidelines have been created to assist you.

Please include **ALL** the following in your procedure and return with your application:

- How resident and community complaints will be addressed?
- Name(s) of staff authorized to receive complaints from residents and non-residents.
- Timeframe for the licensee to investigate complaints (no longer than 30 days).
- How the licensee will inform the complainant of the investigation results.
- How the license will attempt to resolve complaints?
- **List the County and State licensure agencies**, phone numbers and addresses to contact if complaints are not resolved satisfactorily, including the Licensure & Regulatory Office.
- Any complaint that has not been resolved to the complainant’s satisfaction should be forwarded in writing to the Licensure & Regulatory Office.