



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville, 2nd Floor
Rockville, Maryland 20850
240-777-3986 Fax 240-777-3088

Group Home License Application

Application is hereby made for a license to operate A Group Home
in Montgomery County, Maryland

(Please Print) TODAY'S DATE

- Checkboxes for New, Renewal, Change of Ownership, Facility Name Change, Change in Number of Occupants

Type of Home: Checkboxes for Elderly, Developmentally Disabled, Minors, Chronically Mentally Ill, Other

NOTE: If applying for a new facility, a Use & Occupancy Certificate must accompany this application, if the home has 9 or more occupants who reside on the premises.

Name of Group Home: Telephone #: (Include Area Code)

Address: Street Number and Street Name

City State Zip code Fax #: (Include Area Code)

Licensee/Organization: Telephone #: (Include Area Code)

Address: Street Number and Street Name

City State Zip Code Fax #: (Include Area Code)

Federal Tax Identification #: Email Address:

Staff Director: Telephone #: (Include Area Code)

Address: Street Number and Street Name

City State Zip Code Fax #: (Include Area Code)

Email Address:

Contact Person: Telephone #: (Include Area Code)

Number of occupants who claim the home as their place of residence:
Number of Resident Beds to be Licensed:
Number of Live in Staff:
Other (Children, Family or Friends Residing on the premises)
Total Occupants:
Number of rotating staff (non-occupants)

What State agency licenses the home?:

Water Source: WSSC/City Well Sewage Disposal: WSSC/City Septic

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**For Elderly Group Homes**, please provide us with the following information to assist us with public inquiries:

- Are you Medicaid (MA) Waiver approved?  Yes  No
- Do you accept State or County subsidy payments:  Yes  No
- Indicate the "Level of Care" on the assisted living DHMH license: \_\_\_\_\_
- What foreign languages are spoken in the group home: \_\_\_\_\_
- Fee range (monthly rate) \_\_\_\_\_
- Wheelchair Accessible:  Yes  No
- Special Diets:  Yes  No
- Special Care Provided: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Receipt Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Expires: \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Record Number: \_\_\_\_\_

**Fee Information:** [Link to Fee Schedule](#)

**License Fee:** \_\_\_\_\_ **Other Fee(s) (if any):** \_\_\_\_\_ **Total Due:** \_\_\_\_\_

**(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.)

### Payment Method

Check  Money Order (**No cash is accepted**)  Visa  MasterCard (**No other credit cards are accepted**)

**Organization:** \_\_\_\_\_ **Cardholder's Name:** \_\_\_\_\_

**Credit Card No:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Amt \$:** \_\_\_\_\_

**I agree to pay the above total amount according to the card issuer agreement.**

**Cardholder's Signature:** \_\_\_\_\_

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to **"Montgomery County, Maryland"**.