



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services

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Phone: 240-777-3986 / Fax: 240-777-3088

www.montgomerycountymd.gov/licensure

Group Home License Application Instruction Checklist

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

NEW Application 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 A building must not be advertised or used as a group home after a license has expired or has been revoked or suspended."*

Step 1-Review **Montgomery County Code, Chapter 23A** or visit our office at the address listed above, to purchase a Group Home packet, which contains Chapter 23A. The cost is **\$5.00**.

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

❖ Submit **ALL** of the following documents along with your application annually:

- Group Home License Application
- Fees (per bed): **\$60.00 (Elderly)** **or** **\$50.00 (Non-Elderly)**
- Use and Occupancy Permit **ONLY** if 9 or more occupants living in the home. (Chapter 23A-9(a)) To obtain contact Permitting Services at: **240-777-0311**
- Complaint Procedures Guidelines (**Attachment A**)
- Emergency Contact Form (**Attachment B**)
- Fire Approval and Board and Care Fire Permit. All applicants are required to arrange a fire inspection from their local jurisdiction. Contact Information listing (**Attachment C**).
- Once you receive your **State license**, send a copy to the above address so that your County license is issued.
- If you have a well and septic system, provide proof that you have paid the fee for your inspection.
- Program Statement which includes **ALL** of the following items from (Chapter 23A-9(d)). (**You may substitute equivalent forms sent to State agency for this requirement**)
 - The program purpose, goals, and objectives
 - The means to accomplish the goals and objectives
 - The needs and capabilities of the population served
 - The proposed budget, resources, and procedures to meet those needs
 - The 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 personnel operating the group home

Step 2- (Elderly)

TO Obtain a State Assisted Living license (see below):

- Call the Maryland Department of Health and Mental Hygiene, Office of Health Care Quality at: **410-402-8217** to request an application or go online to the website below and click link Assisted Living.
- A person may not operate an Assisted Living Program in the State of Maryland for **1 or more residents** without obtaining a **State License**. Their website is: www.dhmh.state.md.us/ohcq
- Mail the original **State Assisted Living** application and documentation to:

**Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Bland Bryant Building-Spring Grove Hospital Center
55 Wade Avenue
Catonsville, Maryland 21228**

Step 3- (Non-Elderly)

TO Obtain a State license (see below):

- For information on obtaining a Group Home license for Individuals with Mental Illness, call the Montgomery County CORE Service Agency at **240-777-1400** or call the Maryland Office of Health Care Quality at **410-402-8060** or (toll free **1-877-402-8220** or go online at www.dhmh.state.md.us/ohcq and click link Mental Health.
- For information on obtaining a license to care for Minor Children, you must first attend an informational session by registering online at the Maryland Governor’s Office for Children at www.goc.state.md.us and click group homes or single point of entry. You will only be able to register if the State has determined there is a current need for such homes.

Please sign, date, and return completed form along 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: _____