



Adult Residential Mental Health Program Application Packet

Applications must be completed online through the application portal: <https://gahles.dch.georgia.gov/>

All applicable documents listed below must be uploaded to the portal. You will receive an acknowledgement email once the application has been submitted.

Applications are reviewed in the order they are received. The initial review of the application will be completed within **30 business days** from the application submission date. If additional information or documentation is required, you will receive an email from the Department with instructions. **Failure to submit requested information, documents, or pay required fees will result in the denial of your application. Application fees are non-refundable.**

Rules and Regulations for Adult Residential Mental Health Programs can be accessed here: <https://rules.sos.state.ga.us/gac/111-8-2>

Background checks will need to be completed for Owners and Governing Body Members through DBHDD. Information on background check instructions can be found here: <https://dbhdd.georgia.gov/be-connected/background-policy-gaps-information>

For general application questions, please email the Department at Licensure.Application@dbhdd.ga.gov.

Documentation required to be submitted with the application:

Initial:

- 1.) Evidence from Georgia Secretary of State that the corporation, LLC, etc. is registered, if applicable. If not applicable, provide documentation showing legal authority.
- 2.) City/County zoning approval.
- 3.) Notarized affidavit of personal identification (form attached below).
- 4.) Copy of photo ID that was shown to the notary public.
- 5.) Proof of ownership/legal control of the property (deed, lease, or bill of sale).
- 6.) Background check confirmation for owner and governing body members (form attached below).
- 7.) Fire safety inspection report performed by the state fire marshal (must be completed within 12 months of application submission date).
- 8.) Facility floor plan that includes square footage of all rooms.
- 9.) Certificate of Occupancy for the building.
- 10.) Clinical Laboratory Improvement Amendment Certification or Waiver (CLIA) if diagnostic drug testing will be performed onsite. If testing occurs off-site, provide a copy of the CLIA for the vendor performing the testing.
- 11.) Sanitation agreement.

Change of Ownership:

- 1.) Evidence from Georgia Secretary of State that the corporation, LLC, etc. is registered, if applicable. If not applicable, provide documentation showing legal authority.
- 2.) Notarized affidavit of personal identification.
- 3.) Copy of photo ID that was shown to the notary public.
- 4.) Proof of ownership/legal control of the property (deed, lease, or bill of sale).
- 5.) Background check confirmation for owner and governing body members (form attached below).
- 6.) Executed legal transaction documents for the business entity (bill of sale, closing documents, etc.).
The document must be signed by the previous governing body/owner and include the effective date.

Relocation:

- 1.) City/County zoning approval.
- 2.) Notarized affidavit of personal identification.
- 3.) Copy of photo ID that was shown to the notary public.
- 4.) Proof of ownership/legal control of the property (deed, lease, or bill of sale).
- 5.) Fire safety inspection report performed by the state fire marshal (must be completed within 12 months of application submission date).
- 6.) Facility floor plan that includes square footage of all rooms.
- 7.) Certificate of Occupancy for the building.
- 8.) Clinical Laboratory Improvement Amendment Certification or Waiver (CLIA) if diagnostic drug testing will be performed onsite. If testing occurs off-site, provide a copy of the CLIA for the vendor performing the testing.
- 10.) Sanitation agreement.
- 11.) Licensure fee payment.

Increase in Capacity:

- 1.) Notarized affidavit of personal identification.
- 2.) Copy of photo ID that was shown to the notary public.
- 3.) Fire safety inspection report performed by the state fire marshal (must be completed within 12 months of application submission date).
- 4.) Facility floor plan that includes square footage of all rooms.

Governing Body Name Change (not change of ownership):

- 1.) Evidence from Georgia Secretary of State that the corporation, LLC, etc. is registered, if applicable. If not applicable, provide documentation showing legal authority.
- 2.) Notarized affidavit of personal identification.
- 3.) Copy of photo ID that was shown to the notary public.
- 4.) Letter on business letterhead explaining the governing body name change and effective date.

Change in Service (add/remove), Decrease in Capacity or Facility Name Change:

- 1.) Notarized affidavit of personal identification.
- 2.) Copy of photo ID that was shown to the notary public.

O.C.G.A. § 50-36-1(f)(1)(B) Affidavit

By executing this affidavit under oath, as an applicant for a license, permit or registration, as referenced in O.C.G.A. § 50-36-1, from the Department of Behavioral Health and Developmental Disabilities, the undersigned applicant verifies one of the following with respect to the application for public benefit:

- 1.) _____ I am a United States citizen

- 2.) _____ I am a legal permanent resident of the United States

- 3.) _____ I am a qualified alien or non-immigrant under the Federal immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (f)(1)(A), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the _____ day of _____, 20____, in, _____, _____.

(day) (month) (year) (city) (state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____ 20_____

NOTARY PUBLIC

My Commission Expires: _____

