



## Community Living Arrangement 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 Community Living Arrangements can be accessed here:  
<https://rules.sos.state.ga.us/gac/290-9-37>.

For general application questions, please email the Department at [Licensure.Application@dbhdd.ga.gov](mailto: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.) Notarized affidavit of personal identification (attached below).
- 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.) Electrical Inspection Compliance Form (attached below) completed within past 6 months.
- 7.) Water and septic tank form, if septic system is used (attached below).
- 8.) Written approval for water source and sewage disposal system, i.e., water bill with sewage charges.
- 9.) Floor plan that includes square footage of all rooms.
- 10.) Criminal history background check or attestation, if applicable, for all owners (10% or more ownership interest). The attestation is attached below.

**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.) 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.
- 6.) Criminal history background check or attestation, if applicable, for all owners (10% or more ownership interest). The attestation is attached below.

**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.) Electrical Inspection Compliance Form (attached below)
- 5.) 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.

**Decrease in Bed 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: \_\_\_\_\_



**DBHDD**

**Georgia Department of Behavioral Health and Developmental Disabilities**

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**Electrical Inspection Compliance Form**

|   |  |
|---|--|
| <b>Name of Facility:</b><br>(CLA)                   |  |
| <b>Facility Address:</b><br>(CLA location)          |  |
| <b>Owner Name:</b>                                  |  |
| <b>Owner's Current Address:</b>                     |  |
| <b>Owner's Contact:</b><br>(Phone number and email) |  |

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**TO BE COMPLETED BY THE ELECTRICIAN**

**NOTE TO ELECTRICIAN:** Do not complete this form unless the information listed above regarding the facility location to be inspected is complete and accurate.

I, (printed name) \_\_\_\_\_, have inspected the electrical system at the above listed Community Living Arrangement and have determined that the electrical system is maintained in a safe condition and is free of hazards.

Electrician Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Georgia State License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_



Georgia Department of Behavioral Health and Developmental Disabilities

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**Water and Septic Tank Report Form**

Water and sewage systems must meet applicable federal, state, and local standards or regulations. This report form should be completed by the County Environmentalist from the County Public Health Department in which the facility is located if the community is served by a well and/or septic tank.

**If the community is served by public water and sewer, you only need to submit a copy of a current water bill.**

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**To be completed by applicant:**

Facility (CLA) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**To be completed by the County Environmentalist:**

**WATER** (check only one):

The facility's water supply is from an approved source.

The facility's well has been tested and the report is attached.

**SEWAGE** (check only one):

The facility is connected to a public or community sewage disposal system.

The facility is served by an on-site sewage system adequate for the proposed use for \_\_\_\_\_ residents.

(maximum number of residents)

County Environmentalist Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

County Environmentalist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Community Living Arrangement (CLA) Owner Attestation for Criminal Background Check Exemption

## CLA Owner Completes

I, \_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
CLA Name and Street Address City State Zip

attest that although I am an owner of the above CLA, I am exempt from a finger-print based background check as required in [Background Checks for DBHDD Network Provider Applicants, 04-104](#) and [290-9-37 Rules And Regulations For Community Living Arrangements](#) because

\_\_\_\_\_  
Initial I do not maintain an office at the location where services are provided to residents; and

\_\_\_\_\_  
Initial I do not reside at a location where services are provided to residents; and

\_\_\_\_\_  
Initial I do not have direct access to residents receiving care; and

\_\_\_\_\_  
Initial I do not provide direct personal supervision of personnel by being immediately available to provide assistance and direction during the time services are being provided.

As of January 1, 2026, this form must accompany the application for CLA licensure for any owner seeking an exemption from criminal background check requirements. If any of the above applies to me, I understand that I will be required to complete a background check per Ga. Comp. R. & Regs. Ch. [290-9-37 Rules And Regulations For Community Living Arrangements](#). I understand that falsely signing this attestation could lead to denial or revocation of a CLA license and/or other actions deemed appropriate by DBHDD.

I understand and agree that if at any future time any of the above exemption requirements no longer apply to me, I must complete a background check at that time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date