



## COMMUNITY RESIDENTIAL HOMES SPONSOR CERTIFICATION

### IMPORTANT NOTICE REGARDING APPLICANTS RESPONSIBILITY

Chapter 419 Florida Statutes require that persons seeking licensure to establish a Community Care Home or a Group Home (meeting the definition of a community residential home) within the city limits must provide local zoning officials with certain information as a part of the license application process. Foster homes do not meet the statutory definition of a community residential home as that term is defined in Chapter 419, Florida Statute, and therefore exempt from the local zoning notification requirements of the law.

In order to ensure compliance with state law, please complete the following steps:

**STEP ONE** – Obtain a list of community residential homes in your area, which are licensed by the Agency for Health Care Administration. This information can be found via the internet at the following link: [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov)

1. Click “Locate a Facility or Provider →” on the main screen.
2. Select “Search by Proximity”
3. Enter your address, and search for each of the following provider types within one mile:
  - Assisted Living Facilities
  - Adult Family Care Homes
  - Residential Treatment Facilities
  - Intermediate Care Facilities for the Developmentally Disabled
4. Print out the search results for each of the above categories.

**STEP TWO** – Request a list of community residential homes licensed by the Agency for Persons with Disabilities by visiting [www.apd.myflorida.com](http://www.apd.myflorida.com). Once you reach that website

1. Hover over “Locations”
2. Click on the “Central Region” (Area 7- Brevard)
3. Call the local office number and ask to speak with someone in licensing.
4. Obtain the list of the licensed community residential homes in the area of the proposed home and compare them. They must meet the minimum 1000’ separation requirement.

**STEP THREE** – Obtain lists for all DCF licensed community residential homes in your area. They can be reached at (407) 317-7000, Or you may write to them at 400 W. Robinson St. Suite 1129, Orlando Florida 3280.

**STEP FOUR** – Submit all obtained lists from AHCA, DCF, and APD licensed community residential homes in your area as required under Chapter 419 to the City of Palm Bay Growth Management Office. The city will issue you a City of Palm Bay Community Residential Homes Sponsor Certification letter.

**STEP FIVE** – Submit the Certification Letter to the state agency you are seeking licensure from.



**COMMUNITY RESIDENTIAL HOMES SPONSOR CERTIFICATION**

Single Family Homes (6 or fewer residents) I certify that this community residential home of \_\_\_\_ bed capacity is not located within a 1000 ft. radius of another such home. I understand that the City of Palm Bay assumes no financial or any other liability in the event an error has been made in the calculating, measuring, or certifying process that this facility meets the dispersion requirements outlined in Florida Statutes.

Multiple Family Homes (7 -14 residents) ) I certify that this community residential home of \_\_\_\_ bed capacity is not located within a 1200 ft. radius of another such home. I understand that the City of Palm Bay assumes no financial or any other liability in the event an error has been made in the calculating, measuring, or certifying process that this facility meets the dispersion requirements outlined in Florida Statutes.

Further, I certify that (check one):

- I own the property
- I lease the property and I am duly authorized to operate a facility at this location
- I have a signed contract to purchase the property

**Please Provide Proof of Ownership, Lease, or Signed Contract:**

Check Licensing Agency:

- AHCA (Agency for Health Care Administration)
- APD (Agency for Persons with Disabilities)
- DCF (Department of Children and Families)

Check License Type:

- Assisted Living Facility (ALF)
- Adult Family Care Home (AFCH)
- Group Home (GH)

Sponsor or Owner (can be the same as the facility/person to be licensed):

\_\_\_\_\_

Facility Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_



**Certification:**

The undersigned certifies that the information submitted herein is true and correct.

Signed:

\_\_\_\_\_

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

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

State of FLORIDA, County of BREVARD

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Notary Public:

\_\_\_\_\_

\_\_\_\_\_ Personally known or \_\_\_\_\_ Produced the Following Type of Identification:

\_\_\_\_\_

Witness: \_\_\_\_\_

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

City Stamp:

This form is not valid unless the city stamp, issued in blue and red ink, is affirmed to this document.

**Submit original forms to your state agency with your licensing application packet. Maintain a copy for your files.**



**HOLD HARMLESS AGREEMENT FOR COMMUNITY RESIDENTIAL HOMES**

- The undersigned understands that pursuant to Title XXX, Chapter 419, Florida Statutes, all Community Residential Homes are required to meet the 1000' separation requirement from one another in any single-family residential zoning district, and that a maximum of 6 persons are allowed for any one location.
- The undersigned understands that there may exist other facilities that are in process of obtaining a State license for a Community Residential Home, that lie within 1000' of their proposed location, and will hold the City Harmless, for costs arising from the denial of a State license for their proposed facility should a State license be issued within 1000' of the proposed home prior to obtaining my license.
- The undersigned understands that sites that do not meet the 1000' separation requirement are not allowed within the Palm Bay city limits.
- The undersigned understands that a Business Tax Receipt is required for each location. Business Tax Receipts will not be issued until the applicant provides the City with a copy of their State license.
- The undersigned understands that additional requirements may be necessary prior to occupancy of a Community Residential Home, including Fire Safety inspection and approval, issuance of building permits for construction work at the home and issuance of a State license.

By signing below, I am attesting that I have read the following information provided above and shall abide by the State standards contained in Chapter 419 and all other applicable regulations for siting and operating of my Community Residential Home.

\_\_\_\_\_ (Signature of Operator)

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Name of Facility)

\_\_\_\_\_ (Address with Zip Code)

\_\_\_\_\_ (Date)