



**Health Standards Section  
Checklist for Initial Licensing  
FORENSIC SUPERVISED TRANSITIONAL  
RESIDENTIAL & AFTERCARE FACILITIES**

<b>Application Date:</b>	<b>Opening/Effective Date:</b>
<b>Administrator:</b>	<b>Designated Contact Person:</b>
<b>Designated Contact Person's E-Mail Address:</b>	
<b>Designated Contact Person's Phone:</b>	
<b>FSTRA DBA Name:</b>	
<b>FSTRA Entity Name:</b>	
<b>FSTRA Address:</b>	
<b>FSTRA Phone:</b>	<b>FSTRA Fax:</b>
<b>Number of Beds:</b>	

<b>Criteria (Each of these must be attached in order for your application to be processed):</b>	<b>Yes</b>	<b>No</b>	<b>Describe</b>
Letter of Intent (to fully describe the intent of the FSTRA, including anticipated date of opening )	<input type="checkbox"/>		
FSTRA License Application and Fee (\$250.00) <b>the <u>Payment Procedure</u> has changed please follow the <u>link for instructions</u></b>	<input type="checkbox"/>		
Office of State Fire Marshal Architectural Plan Review and Approval Letter	<input type="checkbox"/>		
Office of Public Health Certificate for Occupancy	<input type="checkbox"/>		
Office of State Fire Marshal Certificate for Occupancy	<input type="checkbox"/>		
Floor Plan or Floor Sketch of the Premises with Dimensions and Identification of Service Areas	<input type="checkbox"/>		
Criminal Background Checks: Owners >5% Interest, All Members Board of Directors, Administrators	<input type="checkbox"/>		
Line of Credit	<input type="checkbox"/>		
General & Professional Liability Insurance	<input type="checkbox"/>		
Worker's Compensation Insurance	<input type="checkbox"/>		
CLIA certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

<b>For DHH Use Only</b>	<b>Date</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Incomplete Packet Sent Back To Facility		<input type="checkbox"/>	<input type="checkbox"/>	
POPS, Add to on- line Activity Report, Logs Updated		<input type="checkbox"/>	<input type="checkbox"/>	
New License Printed/Mailed		<input type="checkbox"/>	<input type="checkbox"/>	
Fee logged into POPS		<input type="checkbox"/>	<input type="checkbox"/>	
Folder Labels Changed		<input type="checkbox"/>	<input type="checkbox"/>	
ACO Updated with attachments scanned		<input type="checkbox"/>	<input type="checkbox"/>	
CMS 1539 Distributed		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Completed By Program Manager		<input type="checkbox"/>	<input type="checkbox"/>	