



## Health Standards Section Checklist for Initial Licensing THERAPEUTIC GROUP HOMES

<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>TGH DBA Name:</b>	
<b>TGH Entity Name:</b>	
<b>TGH Address:</b>	
<b>TGH Phone:</b>	<b>TGH Fax:</b>

Criteria (Each of these must be attached in order for your application to be processed):	Yes	No	Describe	
Letter of Intent (to fully describe the intent of the TGH, including anticipated date of opening )	<input type="checkbox"/>			
TGH License Application	<input type="checkbox"/>			
TGH License Fee and unit fee	<input type="checkbox"/>			
DHH OSFM Architectural and Licensing Plan Review Approval Letter	<input type="checkbox"/>			
Cautionary Codes from OSFM Plan Review Reports	<input type="checkbox"/>			
Attestation for Compliance with OSFM Cautionary Codes	<input type="checkbox"/>			
Floor sketch or drawing of the premises	<input type="checkbox"/>			
Office of Public Health Certificate for Occupancy (onsite inspection)	<input type="checkbox"/>			
Office of State Fire Marshall Certificate for Occupancy (onsite inspection) not local FD	<input type="checkbox"/>			
Copy of CDS Application/License if applicable	<input type="checkbox"/>			
Organizational Chart	<input type="checkbox"/>			
Statewide Criminal Background Checks: LA State Nurse Aide Registry, LA Direct Service Worker Registry, Sex Offender Registry, Owners >5% Interest, All Managing Employees	<input type="checkbox"/>			
Financial Viability: Line of Credit, General & Professional Liability Insurance, Worker's Compensation Insurance	<input type="checkbox"/>			
CLIA certificate if applicable	<input type="checkbox"/>	<input type="checkbox"/>		
Local zoning /ordinance commission clearance to open and operate a TGH in a residential setting	<input type="checkbox"/>			
<b>For DHH Use Only</b>	<b>Date</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
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