



Fayette County Personal Care Homes and Community Living Arrangements

New:		Renewal:	
-------------	--	-----------------	--

PERSONAL CARE HOME AND COMMUNITY LIVING PERMIT APPLICATION

Business/Corporation Information

Business Name:			
Business address:			
City:		State:	Zip:
Telephone Number:		Fax Number:	
Nature of Business:			
Nature of products sold/displayed:			
Method of Operation:			

ADMINISTRATOR Information

Name:			
Address:			
City:		State:	ZIP Code:
Telephone Number:			

Emergency Contact Number:

Business Owner/Representative Information

Name:			
Address:			
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:

Emergency Contact Number:

I hereby certify that I am the owner or authorized agent or representative of the business as named. I further certify that I will abide by the Personal Care Home and Community Living Ordinance of Fayette County, Georgia, and that the foregoing information is true and correct to the best of my knowledge.

Signature of business owner or representative:	Date:
--	-------

Verification

I, _____
applicant, do solemnly swear, subject to criminal penalties for false swearing,
that the statements and answers made by me to the foregoing questions in this
application for a County of Fayette license as a Personal Care Home or
Community Living Arrangement owner are true, and no false or fraudulent
statement or answer is made therein to procure the granting of such license.

Applicant's Signature
(full name signed in ink)

I certify that _____ has provided
me with proper documentation as verification of his/her identity; documentation
being: _____

I also certify that he/she signed his/her name to the foregoing application after
stating to me that he/she knew and understood all statements and answers made
therein, and under oath actually administered by me, has sworn that said statements
and answers are true.

This _____ day of _____

(Affix Seal)

Notary Public



Fayette County Sheriff's Office

**BARRY H. BABB
SHERIFF**

Randall Johnson Law
Enforcement Center
155 Johnson Avenue
Fayetteville, Georgia 30214
(770) 461-6353
EMERGENCY 9-1-1

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Fayette County Sheriff's Office to receive any Georgia criminal history record information obtained through the Georgia Crime Information Center (G.C.I.C.) All information must be completely filled out.

LAST FIRST MIDDLE MAIDEN

STREET ADDRESS CITY STATE ZIP

____/____/____
DATE OF BIRTH

SEX

SOCIAL SECURITY NUMBER

RACE: AMERICAN INDIAN ASIAN BLACK WHITE

(Per GCIC/NCIC guidelines, only the above races will be accepted for Criminal History purposes by the Georgia Crime Information Center.)

Name the person and company/organization that will be receiving this information. Please check N/A if this does not apply.

Officer: _____
Name of Requestor

Fayette County Code Enforcement _____
Name of Company/Organization

N/A

Please check all that applies:

- Employment/volunteer work with children (Purpose code 'W')
- Employment/volunteer work with elder care (Purpose code 'N')
- Employment/volunteer work with mentally disabled (Purpose code 'M')

One of the following must be checked:

- This authorization is valid for 90/180/_____(circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

SIGNATURE _____ DATE _____

ARTICLE IV. - PERSONAL CARE HOMES AND COMMUNITY LIVING ARRANGEMENTS⁽¹⁾

Sec. 8-91. - Definitions.

The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Administrator shall mean the person designated to maintain responsibility of the household on a 24-hour basis, seven days a week and 365 days a year and who shall live on site. The administrator shall be registered with the state of Georgia department of community health.

Employee shall mean any person who receives compensation in any form for services rendered in their duties at a community living arrangement or a personal care home and who has been approved by the state of Georgia department of community health to be employed at such a location.

Family or family member shall mean one or more persons occupying a single dwelling unit, provided that all persons are related by blood or marriage or are lawful wards, and shall also include a group of persons, not exceeding four, living and cooking together as a single, nonprofit housekeeping unit. The members of said group need not be related by blood or marriage or be lawful wards, where said group is occupying a single dwelling unit.

Community living arrangement shall mean any residence, whether operated for profit or not, that undertakes through its ownership or management to provide or arrange for the provision of daily personal services, supports, care, or treatment exclusively for two or more adults who are not related to the owner or administrator by blood or marriage and whose residential services are financially supported, in whole or in part, by funds designated through the department of human resources, division of mental health, developmental disabilities, and addictive diseases. A community living arrangement is also referred to as a "residence".

Personal care home shall mean any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage.

Resident shall mean any non-family adult living in a community living arrangement or personal care home and receiving services, supports, care, or treatment.

(Ord. No. 2014-16, § 1, 10-23-2014)

- **Sec. 8-92. - Permit required.**

Prior to offering any services to residents, the owner of a community living arrangement or a personal care home must obtain a permit to operate said facility within the unincorporated portion of Fayette County.

(Ord. No. 2014-16, § 1, 10-23-2014)

- **Sec. 8-93. - Application.**

Any person or entity making application for a permit required by [section 8-92](#) shall submit a complete application prior to being issued a permit. A complete application shall consist of the form required by Fayette County along with the following information and documentation. An application is not considered complete unless the following material is attached thereto:

(a) The owner shall provide a copy of the application submitted to the state and a copy of the approved state permit.

(b) For the administrator and/or owner (if different), the following information shall be provided:

(1) Personal data including:

a. Name and address;

b. Date of birth; and

c. If the individual is the administrator, an affidavit of residency on site.

(2) The names, addresses, and phone numbers of at least three individuals, other

than family members, as references.

(3) A background check conducted by the Fayette County Sheriff's Office.

(c) A complete list of all employees, as well as an affidavit of approval from the Georgia Department of Community Health or Georgia Department of Human Resources.

(d) An approval letter from the Fayette County Department of Environmental Health stating that the facility has an adequate septic system.

(e) An approval letter from the Fayette County Department of Planning and Zoning showing that the use is permitted for the relevant zoning district.

(f) An approval letter from the Fayette County Department of Building Permits and Inspections showing that the site has passed all relevant inspections.

(g) An approval letter from the Fayette County Fire Marshal showing that the site is in compliance with all life safety codes as required by state and local law.

(h) A copy of a liability insurance policy as required by state law.

(i) Any other information deemed necessary by Fayette County code enforcement or the Fayette County Board of Commissioners.

(Ord. No. 2014-16, § 1, 10-23-2014)

- **Sec. 8-94. - Operational procedures.**

(a) No community living arrangement or personal care home shall have more than three residents and one administrator living on site.

(b) All occupants of the permitted location who are not residents receiving care must be family or family members as defined in [section 8-91](#) of this article.

(c) Every occupant of the permitted location, regardless of whether they receive care services, shall have a minimum square footage and bed space for residents as required by state and local law.

(d) Each permitted facility shall maintain records of treatment as required by state law and/or regulations of the Georgia Department of Community Health and/or the Georgia Department of Behavioral Health and Developmental Disabilities.

Ord. No. 2014-16, § 1, 10-23-2014)

- **Sec. 8-95. - Permit issued.**

Upon receipt and review of a completed application, the county shall issue a permit in accordance with this article and all other relevant state and local laws.

(Ord. No. 2014-16, § 1, 10-23-2014)

- **Sec. 8-96. - Fees.**

Permits shall be issued on a yearly basis and shall expire at midnight on December 31 of each year. A permit fee shall be set by the Fayette County Board of Commissioners as part of a schedule of fees and shall include an application/investigation fee (which shall be nonrefundable and shall not be deducted from the permit fee) and an annual permit fee.

(Ord. No. 2014-16, § 1, 10-23-2014)

- **Sec. 8-97. - Denial or revocation of permit.**

In addition to any other justification for denial or revocation stated in this article or any other state or local law, a permit for a community living arrangement or personal care home may be revoked upon grounds including, but not limited to, the following:

(a) The permit holder has committed fraud in the rendering of services or fraud or deceit in obtaining a permit;

(b) The permit holder is addicted to the use of intoxicating liquors, narcotics or stimulants to such an extent as to incapacitate such person or to the extent the services rendered are not being fulfilled;

(c) The permit holder or any employee has engaged in any fraudulent, false, misleading or deceptive practices in the operation of the facility;

(d) The state permit has been suspended or revoked; or

(e) The permit holder, resident or any employee commits any criminal act at the permit holder's premises.

(Ord. No. 2014-16, § 1, 10-23-2014)

- **Sec. 8-98. - Adoption of state regulations.**

In addition to the provisions of this article, the rules and regulations of the Georgia Department of Human Services and the Georgia Department of Community Health with regard to community living arrangements, chapter 290-9-37, and personal care homes, chapter 111-8-62, as they existed on October 23, 2014, are hereby adopted as part of this Code of Ordinances.

(Ord. No. 2014-16, § 1, 10-23-2014)

- **Secs. 8-99—8-122. - Reserved.**

Fayette County Code Enforcement Department Departmental Check List for a Personal Care Home

Name of business: _____

Address: _____, City: _____, GA, Zip: _____

Contact Person: _____ Phone Number: _____

New _____ Existing _____

1. Planning and Zoning Department - (Suite 202) 770-305-5421

Printed Name:

Reviewed By: Date: _____ Approved: _____ Denied: _____ N/A: _____

2. Environmental Health - (Suite 200) 770-305-5415

Printed Name:

(SEPTIC SYSTEM CAPACITY NUMBER OF BEDROOMS = ____)

Reviewed By: Date: _____ Approved: _____ Denied: _____ N/A: _____

3. Building Safety Department- (Suite 201) 770-305-5403

Printed Name: _____

Reviewed By: Date: _____ Approved: _____ Denied: _____ N/A: _____

4. Fire Marshal Office - (Suite 214) 770-305-5414

Printed Name:

Reviewed By: Date: _____ Approved: _____ Denied: _____ N/A: _____

5. Code Enforcement - (Suite 202) 770-305-5417

Printed Name:

Reviewed By: Date: _____ Approved: _____ Denied: _____

- Checklist must be completed in order.

**Personal Care Home
And
Community Living Arrangements
Code Enforcement Checklist**

1. Complete application and consent form: _____
2. State Application & Approved State Permit: _____
3. 3 references: _____
4. Completed background check: _____
5. Employees affidavits from Ga. DCH or DHR: _____
6. Sign-off from Environmental Health: _____
7. Sign-off from Zoning: _____
8. Sign-off from Building Safety Dept.: _____
9. Sign-off from Fire Marshal: _____
10. Copy of Liability insurance for each location: _____