

Group Care Home License Application

Pursuant to provisions of Chapter 26, Article VI, Sections 165-177, of the Wheaton City Code as amended, licensing Group Care Homes in the City of Wheaton, County of DuPage, Illinois, and all amendments thereto now in force and effect, the undersigned hereby makes application for a Group Care Home License.

A non-refundable application fee of three hundred dollars (\$300.00) shall be required for an initial Group Care Home License. A non-refundable fee of one hundred (\$100) shall be required for the renewal of a group care home license.

SECTION 1: ALL GROUP CARE HOME FACILITIES

1.1 GENERAL INFORMATION

Name and address of entity proposing to operate the Group Care Home; if a corporation, submit copies of articles of incorporation, annual report, and any amendments thereto, all bearing evidence of filing with the secretary of state, with disclosure of directors and officers; and if a partnership, the names and addresses of all partners Sole Proprietor/Partnerships. Provide as Exhibit A.

1.2 PROPERTY OWNERSHIP DISCLOSURE

Name and address of legal owner of subject property; if a corporation, submit copies of articles of incorporation, annual report, and any amendments thereto, all bearing evidence of filing with the secretary of state, with disclosure of directors and officers; and if a partnership, the names and addresses of all partners Sole Proprietor / Partnerships. If the subject property is leased, provide a copy of the lease. Provide all information as Exhibit B.

1.4 NUMBER OF OCCUPANTS

Provide the number of group care home residents and the number of full-time staff to reside in the group care home as Exhibit C.

1.5 APPROVED LICENSE

If you have an approved license to operate a Group Care Home from any Federal, State, or County agency, provide copy of license and license application as Exhibit D.

If you do not have a valid Federal, State or County license, Section 2 of this application must be completed.

SECTION 2: GROUP CARE HOME FACILITIES WITH NO VALID FEDERAL, STATE, OR COUNTY LICENSE

If you have ever been denied any Federal, State or County license, provide any and all records pertaining to the denial of the license as Exhibit E.

2.1 SERVICE PLAN

Provide as Exhibit F, a copy of written plan for professional services. Such a plan should detail the services which will be offered to Group Care Home residents and staff and how such services will be provided.

2.2 STAFF PLAN

Provide as Exhibit G, a copy of a resume of the person who will be known as the authorized program representative (the person who has vested authority for the organization management control and operation of the facility). The resume shall relate the relevant experience of the authorized program representative. The resume shall include, but not be limited to, the person's relevant experience in the management of group care home facilities, references, number of years of experience in managing group care home facilities, educational background relevant to the services which shall be offered at the group care home facility, and other information which details the person's general knowledge of the group care home subject matter.

Support and/or Professional Staff

Provide as Exhibit H, a list of support staff, their job descriptions, and qualifications; and a list of professional staff, their job descriptions, and qualifications; and

2.3 FLOOR PLAN

Provide as Exhibit I, a floor plan and/or physical description of the group care home.

2.3 FINANCIAL PLAN

Provide as Exhibit J, a written description of the group care home facility's financial support. Such description shall include a current and projected (one year) operating budget and balance sheet. The preparation and submittal of a certified audit shall be required if requested by the City of Wheaton.

2.4 INSURANCE

Provide as Exhibit K, copies of insurance relevant to the group care home.

The applicant and all individuals required to be identified in this application acknowledge that they have read and understand the provisions of the Group Care Home Licensing provision of the City of Wheaton.

STATE OF _____)

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COUNTY OF _____)

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The applicant(s) swears or affirms that he/she (we) (or the corporation in whose name this application is made, if a corporation) reaffirms all of the foregoing statements, that all statements are true and correct to the best of his/her (our) knowledge and belief, and agrees to allow record searches to be made of the files of any U.S. law enforcement agency. Information revealed on a record search shall not necessarily be grounds for denial of a Group Care Home license.

CORPORATION SIGNATURES:

Chairman

Corporate Seal

Secretary

Treasurer

NOT FOR PROFIT CONTROLLING BOARD MEMBERS SIGNATURES:

INDIVIDUAL OR PARTNERSHIP SIGNATURES:

AUTHORIZED PROGRAM REPRESENTATIVE(S) SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20 ____

Notary Public