



Behavioral Health Administration

BEHAVIORAL HEALTH ADMINISTRATION

APPLICATION FOR APPROVAL OF A RESIDENCE

Type of Program: ☐ Residential Rehabilitation Program (RRP)
☐ Group Home for Adults with Mental Illness (GH-A)
☐ Residential Crisis Services program (RCS)

2. Address of Program _____

4. Maximum Number of Residents

6. Residence is owned by program, or
leased from _____

7. Attach a copy of fire and hazard insurance

9. _____
(Name of staff person completing form) (Telephone number)

10. I, _____, have complied with
(Name of Program Director)
all relevant Federal, State, or local ordinances, laws, regulations, and orders, including zoning and safety
that are applicable to housing for individuals without disabilities for this residence.

(Date)