State of Florida
Department of Children and Families

Charlie Crist
Governor

Robert A. Butterworth
Secretary

Jack L. Moss
Zone Administrator

Community Residential Home Dispersion Certification (1786) Form

(6 or fewer residents) I certify that this community residential home of _____ bed capacity is not located within a 1000 ft radius of another such home or meets more liberal local ordinances. I understand that the Department of Children and Families assumes no financial or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets these dispersion requirements.

(7-14 residents) I certify that this community residential home of _____ bed capacity is not located within 1200 ft. radius of another such home or within 500 ft. of an area zoned single-family or meets more liberal local ordinances. I further certify that notification of intent to establish this facility has been made to the appropriate local government. I understand that the Department of Children and Families assumes no financial or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets these dispersion requirements

Further, I certify that (check one):
___ I own the property
___ I lease the property and am allowed to make structural changes in order to comply with licensure regulations
___ I have a signed contract to buy the property

PRINT CLEARLY so we can process your form quickly and not have to send it back to you:

Facility Name or Person to be licensed: _____
Telephone (____) _____
Street Address _____
City: _____ State: Florida Zip Code: _____

Check Licensing Agency:	Check License Type
_____ Agency for HealthCare Administration (AHCA) _____ Department of Children and Families (DCF) Developmental Disabilities (DD) program _____ Department of Children and Families (DCF) Family Safety (FS) program	_____ Assisted Living Facility (ALF) _____ Adult Family Care Home (AFCH) _____ Group Home (GH)

Sponsor or Owner (may be the same as the facility/person to be licensed): _____
Address to send Correspondence (may be different from facility address):
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (_____) _____ Fax Number: (___) _____
Email address: _____

State of _____ County of _____

Sworn and subscribed to before me

This ____ day of _____in the year _____

By NOTARY PUBLIC

Signature: _____
My commission expires:

The undersigned certifies that the information Submitted herein is true and correct

Signed:
_____

Title
_____

Date: _____

Send original to the licensing agency with your licensing application packet. Maintain a copy for your files.