

5. B. Does anyone who lives in your household have disabilities? No Yes
 (If yes, indicate name of individual, nature and extent.)

5. C. Person(s) responsible for providing substitute care whenever applicant(s) is away from home.

Name	Address	Phone No.	Hours Per Week	Relationship	Age

6. Do you currently, or will you in the future accept Mental Hygiene discharges in the home? No Yes

7. The following documents must be submitted to your county social services district within 120 days after the application is signed. The documents required by 7.c, 7.d, and 7.e must be signed and dated within 90 days of the date of submittal. Please see the Internet site <http://www.ocfs.state.ny.us/main/forms/psa/> for copies of forms mentioned by number below.

- a. Certification of Child Support Obligations (LDSS-4505);
- b. Proof of Coverage or No Need for Worker's compensation and Disability Benefits;
- c. Physician's Statement indicating the applicant(s) and designated responsible substitute caretaker(s) providing 20 or more hours of care per week are in good health and capable of providing the residents with adequate care and services (LDSS-3239);
- d. Fire Inspection Report (LDSS-4388 Fire/Safety Inspection Report is recommended);
- e. Lab Report which meets the standards of the New York State Department of Health on the quality of your drinking water if a municipal source is not available;
- f. Sketch of Floor Plan indicating room usage, resident bedroom dimensions and locations of exits, interior stairways, smoke detectors and fire extinguishers;
- g. Detailed Description of Plan for Emergency Evacuation of Residents (OCFS-LDSS-7016) (Section 489.10(b)(5) of Office regulations) which includes how residents will be evacuated; where residents will assemble outside the home to assure everyone has been accounted for; and what plan for services has been made if the residents are unable to re-enter the home;
- h. Statement of Education, Experience and Community Activities for each applicant; (OCFS-LDSS-7014) and
- i. Statement of Employment listing names and addresses of former employers within the past five years for each applicant. (OCFS-LDSS-7014)

8. List 2 Character References

Name	Address	Zip Code	Telephone No.	Relationship

9. The applicant(s) represents that all of the above is true and the buildings, equipment, staff, standards of care and records to be employed in the operation of this proposed family type home for adults will comply with applicable provisions of law and regulations of the State Office of Children and Family Services and that any license or permit required by law for the operations of said home has been or will be issued by the appropriate agency, prior to operation.

SIGNATURE (APPLICANT 1):	DATE:
SIGNATURE (APPLICANT 2):	DATE: