



Behavioral Health Administration
55 Wade Avenue - Dix Building SGHC - Catonsville, Maryland 21228

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)

1. Name of Program _____
2. Address of Program _____
3. County of Residence _____
4. Maximum Number of Residents _____
5. Current Number of Residents _____
6. Residence is owned by program, or
 leased from _____

(NAME and ADDRESS OF PROPERTY OWNER)

7. Attach a copy of fire and hazard insurance
8. Attach a copy of relocation plan
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.

(Signature of Program Director)

(Date)