

DEVELOPMENTAL DISABILITIES ADMINISTRATION ADDENDUM APPLICATION FOR A CURRENT LICENSEE

Licensure is required for all sites serving individuals with developmental disabilities in Maryland, regardless of the funding source(s).

1. GENERAL INFORMATION

LEGAL AGENCY NAME

TRADING NAME (DBA if applicable)

BUSINESS ADDRESS (physical location):

MAILING ADDRESS (if different):

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

PHONE NUMBER

FAX NUMBER

2. SITE INFORMATION (Complete information below for each licensed or proposed site). **ALL FIELDS REQUIRED**

Administrative Office/Headquarters

Community Residential Services

- Community Living -Group Home Non CSR Compliant
- Community Living -Group Home CSR Compliant
- Community Living -Group Home Trial Experience
CSR Compliant

Day Habilitation Services

- Day Habilitation Services Non CSR Compliant
- Day Habilitation Services CSR Compliant

Community Residential Enhanced Services

- Community Living – Enhanced Supports CSR Compliant
- Community Living – Enhanced Supports Trial Experience

Employment Services

- Career Exploration Services Non CSR Compliant
- Career Exploration Services CSR Compliant

Street Address	City	State	ZIP	County
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Capacity Requested	Proposed Date of Occupancy	Site Phone Number
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Contact Person for Site Opening	Phone Number (REQUIRED)	Email Address (REQUIRED)
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Is this a children's site? YES NO

Is this site replacing an existing site? YES NO *If yes, place site to be closed below:*

Street Address	City	State	ZIP	Closure Date
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3. SITE CLOSURES ONLY (Licensee is not opening a new site and requesting closure of an existing approved site). *Place site to be closed below:*

Street Address	City	State	ZIP	Closure Date
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4. ATTESTATION FOR LICENSED SERVICES AND SITES

I attest that all DDA waiver services and sites operated under the license issued will meet and maintain compliance as required by the Federal Community Settings Rule.

Signature of CEO/Executive Director (First Middle Last)

Date