STATE OF MARYLAND DEPARTMENT (OFFICE OF HEALTH CARE QUALITY (0		Form Approved 06.02.2022 MDH Form DD.ADD.1.0					
		LOPMENTAL DISAI DUM APPLICATION					
Licensure is requir	ed for all sites	serving individuals with develop	omental disabilities in	Maryland,	regardless of the fu	nding source(s).	
1. GENERAL INFORMATION LEGAL AGENCY NAME			TRADING NAME (DBA if applicable)				
BUSINESS ADDRESS (physical location):			MAILING ADDRE	MAILING ADDRESS (if different):			
STREET ADDRESS			STREET ADDRESS				
CITY	STATE	ZIP	CITY		STATE	ZIP	
PHONE NUMBER		FAX NUMBER	PHONE NUMBER	₹	FAX NUMBE	ER .	
2. SITE INFORMATION (Comp	olete informatio	n below for each licensed or pro	oposed site). ALL FIE	LDS REQU	JIRED		
Community Residential Ser ☐ Community Living -Group Ho ☐ Community Living -Group Ho ☐ Community Living -Group Ho CSR Compliant Community Residential Enl ☐ Community Living - Enhance ☐ Community Living - Enhance	ome Non CSR ome CSR Compone Trial Exper hanced Serviced Supports CS	Compliant	y Habilitation Service ay Habilitation Service ay Habilitation Service mployment Services Career Exploration Services Career Exploration Services	es Non CSF es CSR Cor es CSR Cor	mpliant		
Street Address		City	State	ZIP		County	
Capacity Requested		Proposed Date of Occu	pancy		Site Phone Number		
Contact Person for Site Opening		Phone Number (REQ	UIRED)		Email Address (REQUIRED)		
Is this a children's site? ☐ YE		=9 □ NO					
* If yes, place site to b	•						
Is this site wheelchair accessi							
3. SITE CLOSURES ONLY (Lic	ensee is not op	pening a new site and requestin	g closure of an existir	ng approve	d site). <i>Place site</i> t	to be closed below:	
Street Address		City		State	ZIP	Closure Date	
4. ATTESTATION FOR LICENS I attest that all DDA waiver service Settings Rule.			ed will meet and maint	tain complia	ance as required by	the Federal Community	
Signature of CEO/Executive I			Date	_			