**Intermediate Care Facilities Initial Application Checklist**

[ ]  Letter of Intent

[ ]  ICF/DD initial license application ($600 + $5 for each bedroom)

[ ]  Payment Transmittal Form

☐ ICF fees submitted to the Dallas lock box; fees are non-refundable

[ ] Architectural Plan Review approval letter from the Office of the State Fire Marshal (OSFM)

[ ]  OSFM on-site inspection report with approval for occupancy

[ ]  Office of Public Health (OPH) inspection report with approval for occupancy

[ ]  Floor Plan with room dimensions: A minimum of 60 sq. feet per client for double occupancy and 80 sq. feet for single occupancy

[ ] Statewide Criminal & National Sex Offender background check for all owners and administrators conducted by the Louisiana State Police (LSP) or by an authorized LSP agency

[ ]  Disclosure of Ownership and control information form

[ ]  Zoning approval from local governmental authorities

[ ]  Any other documentation or information required by the department for licensure

Email above documents to HSS-ICF-Licensing@la.gov

\*\*\*\*\*\*\*\***Attention**\*\*\*\*\*\*\*\*\*\*\*\*

There is currently a bed “hold” on certified beds at this time.