|  |  |
| --- | --- |
| **Application Date:**Enter text. | **Opening/Effective Date:**Enter text. |
| **Administrator:**Enter text. | **Designated Contact Person:**Enter text. |
| **Designated Contact Person’s E-Mail Address:**Enter text. |
| **Designated Contact Person’s Phone:**Enter text. |
| **TGH DBA Name:**Enter text. |
| **TGH Entity Name:**Enter text. |
| **TGH Address:**Enter text. |
| **TGH Phone:**Enter text. | **TGH Fax:** |

|  |  |  |
| --- | --- | --- |
| **Criteria (Each of these must be attached in order for your application to be processed)**: |  Yes  | No |
| TGH License Application |[ ]  [ ]  |
| TGH License Fee and unit fee |[ ] [ ]
| Letter of Intent (to fully describe the intent of the TGH, including anticipated date of opening, number of beds, units, male or female, and age of clients ) |[ ] [ ]
| Office of State Fire Marshal (OSFM) AR Plan Review |[ ] [ ]
| Office of State Fire Marshal (OSFM) DH Plan Review  |[ ] [ ]
| Office of State Fire Marshal (OSFM) Cautionary Codes |[ ] [ ]
| Attestation for Compliance with OSFM Cautionary Codes |[ ] [ ]
| OSFM onsite inspection report with approval for occupancy |[ ] [ ]
| Office of Public Health (OPH); Onsite health inspection report with approval of occupancy. |[ ] [ ]
| Floor sketch or drawing of the premises |[ ] [ ]
| Copy of CDS Application/License if applicable ( [ ] Not applicable ) | [ ]  |[ ]
| CLIA certificate if applicable ( [ ] Not applicable ) |[ ] [ ]
| A line of credit issued from a federal insured, licensed lending institution in the amount of at least $50,000 |[ ] [ ]
| General and Professional liability insurance of at least $300,000 |[ ] [ ]
| Worker’s Compensation Insurance |[ ] [ ]   |  |
| Local zoning /ordinance commission clearance to open and operate a TGH in a residential setting |[ ] [ ]   |  |
| Organizational Chart |[ ] [ ]   |  |
| Disclosure of Ownership Form  |[ ] [ ]   |  |
| CANS approval for all employees and owners from LDH |[ ] [ ]   |  |
|  LA State Nurse Aide Registry\ LA Direct Service Worker checks on non-licensed direct care staff |[ ] [ ]   |  |