CITY OF EVANSTON
APPLICATION FOR LICENSE TO OPERATE A RESIDENTIAL CARE HOME

In order to develop a Residential Care Home, Category I or Category II, a prospective residential service provider must submit an application for a license that regulates the establishment and operation of the home under Chapter 19, Title 8 of the Evanston City Code Regulating Residential Care Homes. Once you have filed this Application, the premises of the residence and the applicant will be subject to inspection by the City of Evanston’s Health Department, the Community and Economic Development Department, the Fire Department and the Police Department.

An annual renewal of this application is required on the anniversary date of the initial application approval.

Please provide all of the following information. Type or print clearly.

SECTION I. Program Information

1. (Check one) □ New application □ Renewal application (Date of last approval: __________)

2. Application for Residential Care Home (check one only):
   □ Category I (4-8 persons) □ Category II (9-15 persons)

3. Type of structure (check one only):
   □ Single family home □ Townhouse □ Apartment (What floor? __________)
   □ Other (please explain): __________________________________________________

4. Address of proposed Residential Care Home: ____________________________________
   Check one: □ Existing structure □ New construction

5. Type of zoning district in which the home will be located: ______

6. Number of consumers who will live in the home: ______

7. Number of other individuals who will reside in the home. Provide job title and responsibilities.

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Responsibilities</th>
</tr>
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<tbody>
<tr>
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<td>2</td>
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<td>3</td>
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</tbody>
</table>
8. Complete the following chart for all rooms proposed as bedrooms in the proposed home:

<table>
<thead>
<tr>
<th>Bedroom</th>
<th>Floor of House</th>
<th>Dimensions</th>
<th>Square Footage</th>
<th>Number of Persons To Sleep in Each Bedroom</th>
<th>Number of Respite Beds in Each Bedroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
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<tr>
<td>2</td>
<td>X</td>
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<td>X</td>
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<td>7</td>
<td>X</td>
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<td><strong>Total</strong></td>
<td></td>
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</tbody>
</table>

9. Indicate the nature of the individuals who will be served in the home:

- [ ] Individuals with developmental disabilities
- [ ] Individuals with mental health problems
- [ ] Persons who are impaired by chronic illness and/or mobility limitations associated with the aging process
- [ ] Children between nine (9) and (18) years of age who are unable to live with their parents or guardians

10. Number of full-time equivalent support staff who will work in the home: _____

11. When will staff be present?

- [ ] 24 hours/day
- [ ] Part time (indicate hours _____)
- [ ] Other (please describe): ____________________________

   Briefly, describe your staffing pattern:

   

12. **As an attachment:** Provide a statement which outlines the general programming to be provided in the home; the maximum number of persons who will work at the home or provide support services at the home, classified according to their duties; and, the qualifications of staff to be assigned to the home.

**SECTION II. Applicant Information**

1. **Information about the Residential Care Home Operator**

   Organization: ____________________________________________

   Address: ______________________________
2. If the owner of the Residential Care Home is different from the Operator (see number 1 above), please provide the following information about the owner.

☐ Check here if not applicable

Organization: ________________________________________________

Address: ________________________________________________

City: ______________________ State __________ Zip ______

Contact Person: ______________________ Phone: (     ) ______

Title: ________________________________________________

Emergency Contact Person: ______________________ Phone: (     ) ______

3. As a separate attachment, provide information about all of the following:

i. Any and all local, state, and/or federal regulatory requirements, licenses, and/or certifications the applicant will need to comply with in order to operate this Residential Care Home;

ii. Evidence about any of the above that have already been received to operate this Residential Care Home;

iii. A brief description about the evidence provided;

iv. For every item in 3i above, the name of the agency, department or office that issues each document; a contact name for the issuing authority; and a telephone number and email address, if available.

☐ Check here if not applicable

4. Do you currently operate, or have you previously operated, a Residential Care Home, or any other type of residential program for persons with disabilities? (Check one)

☐ Yes (go to question 5)  ☐ No (go to question 6)

5. If the answer to number 4 above is “Yes”:

Please provide the community(s) where you operate, or previously operated, these programs.

<table>
<thead>
<tr>
<th>Check One</th>
<th>Currently Operate</th>
<th>Previously Operated</th>
<th>Community</th>
<th># In Each Community</th>
</tr>
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<tbody>
<tr>
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6. **If the answer to number 4 above is “No”:**

   **As an attachment:** Please provide information about how the Operator of the home developed the skills and background necessary to operate the Residential Care Home, or the Operator’s plan to develop these skills or have them available, as is necessary, in the home’s operation.

7. **As an attachment:** Provide a list of all other programs, services, institutions, facilities and activities operated by the Residential Care Home Operator and/or the Residential Care Home Owner.

   □ Check here if not applicable

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**In addition to all sections required as a separate attachment, all applications for a Residential Care Home License must be accompanied by the following:**

1. **About the applicant:**
   - If an individual, the name and address of the applicant;
   - If a firm, partnership or association, the name and address of every member, and,
   - In the case of a corporation, the name and address thereof and of its officers and its registered agent.

2. The building floor plan and Plat of Survey for the proposed Residential Care Home.

3. Proof of agency ownership, option to own, or a signed lease for the residence to be occupied.

4. Such other information that might be required by the Director of the Health Department.

5. **License fee.** A nonrefundable license application fee of twenty dollars ($20.00) per resident bed identified in the application.

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**Applications should be returned at least 30 days before the current license expires to:**

   Ellyn Golden  
   Environmental Health Licensing Coordinator  
   Evanston Health Department  
   2100 Ridge Avenue  
   Evanston, IL  60201