

Personal Care Home Requirements

Article 2 Definitions:

PERSONAL CARE HOME: Building(s) in which is provided housing, meals, and twenty-four-hour continuous watchful oversight for one or more ambulatory adults and which is licensed as a personal care home by the Office of Regulatory Services of the State of Georgia Department of Human Resources, including:

1. **PERSONAL CARE HOME, CONGREGATE:** A personal care home facility which offers care to sixteen or more persons.
2. **PERSONAL CARE HOME, FAMILY:** a single family residence which offers care to at least Three but not more than six persons. (Conditional use is required)
3. **PERSONAL CARE HOME, GROUP:** A personal care home facility which offers care to at least seven but not more than fifteen persons. (Conditional use is required)
4. **PERSONAL CARE HOME, REGISTERED:** A single family residence which offers care to no more than two persons.

Article 5 Permitted Uses:

NAICS Code	Principal Uses	Suppl. Reg?	A	A-1	A-2	R-1	R-2	R-3	MHP	OI	B-1	B-2	B-3	TC	MUBP	M-1	M-2
623110	Personal Care Home, Congregate 16+							C		P	P	P	P				
	Personal Care Home, Family 3 - 6	Yes	C	C	C	C	C	C		P	P	P	P				
	Personal Care Home, Group 7- 15	Yes	C	C	C	C	C	C		C	C	C	C				
	Personal Care Home, Registered 1 - 2		P	P	P	P	P	P	P	P	P	P	P				

** P-Permitted C-Conditional Use Required

Article 6 Supplemental Regulations:

Personal Care Home, Family

Personal Care Home, Family is a single family residence which offers care to at least three but not more than six persons.
(Conditional use is required)

- A. The home shall be operated in a manner compatible with the neighborhood and shall not be detrimental to adjacent properties as a result of traffic, noise, light, refuse, parking or other activities.
- B. The home shall maintain a residential appearance compatible with the neighborhood.
- C. The home shall meet all state requirements and all applicable rules and regulations as specified by the Department of Human Resources of the State of Georgia in "Rules and Regulations for Personal Care Homes," Chapter 290-5-35.
- D. Walton County Occupational Tax Certificate (Business License) shall be required.
- E. To prevent the institutional atmosphere created by the concentration or clustering of several community residences, no more than one registered family or group home shall be located on each block.
- F. Residence must provide the following:
 1. One Bathroom for every 4 residents
 2. One tub/shower for every 8 residents
 3. No more than 4 residents per bedroom, based on size of bedroom (at least 80 square feet of usable floor space per resident is required, closet and bathroom space shall not be included in minimum floor space)
 4. Handrail on all stairs
 5. Grab bars in restrooms
 6. Non-skid surfaces in bathing area
 7. Water temperature cannot exceed 120°F
 8. Smoke detection system
 9. Hood suppression system
- G. Health Department approval required for septic system
- H. Community Living Arrangements shall meet same guidelines as Personal Care Homes
- I. Facilities with 7 or more persons in care will require approval from the State Fire Marshall's Office and must comply with all State Building and Life Safety Codes.

Personal Care Home Application checklist:

Name of Personal Care Home: _____

Address: _____

Manager of Facility: _____

24 hr contact Name and Phone #: _____

Number of Residents: _____

- ____ 1. Provide copy of Proof of Ownership for the property or a copy of the Lease Agreement (notarized)
- ____ 2. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load.
- ____ 3. Electrical Service Inspection Report with no violations or hazards identified from a Georgia licensed electrician.
- ____ 4. Floor sketch (including labeling of the rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)
- ____ 5. Written approval for water source and sewage disposal system

Water and Septic Tank Report Form

Water and sewage systems must meet applicable federal, state and local standards or regulations. This report should be completed by the County Environmentalist from the County Public Health Department in which the residence is located. The form should be included in your application package submitted to HFR.

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

To be completed by the County Environmentalist:

WATER (Check only one):

_____ The home's water supply is from an approved source.

_____ The home's well has been tested and the report is attached.

SEWAGE (Check only one):

_____ The home is connected to a public or county sewage disposal system.

_____ The home is served by an on-site sewage system adequate for proposed use for
_____ residents.

(Maximum number of residents)

County Environmentalist: _____

Print Name Signature: _____ Date: _____

Electrical Inspection Compliance Form

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

Owner: _____

Owner's Current Address: _____

Owner's Phone #: _____

To be completed by the Electrician

I, _____ have inspected the electrical system at the above listed home and have determined that that the electrical system is maintained in a safe condition and is free of hazards.

Signature: _____

Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

Phone #: _____