



Community Living Arrangement Conditional Use Permit Application

Facility Owner:

Full Name (First, MI, Last)	Phone #	E-Mail Address
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Owners Address	Street	City	Zip
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Facility Operator/Manager:

Full Name (First, MI, Last)	Phone #	E-Mail Address
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Facility/Home Name	Phone #
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Facility/Home Address

Licensed/Certified Facility: State Licensed Facility License #: _____

Certified Facility Certified By: _____

Type of Facility/Operation: _____

Number of Residents Served: _____ Hours of Operation: _____

Scope of Clients to be Served:

Advanced Age Developmentally Disabled Physically Disabled Foster Care Terminally Ill

Traumatic Brain Injury Irreversible Dementia/Alzheimer Alcohol/Drug Dependent/Recovery

Emotionally Disturbed/Mental Illness Other: (Please describe) _____

Expected Staffing Levels: _____ # Full Time _____ # Part Time _____ Staffing Hours Per Week

The following items are to be included with submission to the City of Fort Atkinson.

- 1. Facility Floor Plan
- 2. Safety Plan and Emergency Procedures
- 3. Continuation of Operations Plan (For Patients in the event that the home is unable to continue operations for any reason.)

- ___4. Crisis Relocation Plan (For residents that are in crisis, including any MCO options for crisis beds or alternatives.)
- ___5. Fire Evacuation Plan
- ___6. Written policy covering disclosure of information related to Behavioral Intervention Plans, Behavior Support Plans or other safety/support plans in effect.
- ___7. A written policy covering disclosure of information on residents incapable of self-evacuation.
- ___8. Copy of Adult Care License issued by WI Department of Health Services or Certificate.
- ___9. Employee contact list and manager/key holder list to be kept on file in the City Clerk's office.

****Notice: Occupancy Certificate must be obtained prior to use.**

If the Police or Fire Departments have concerns about the application or any supplemental documents/policies, applicant agrees to:

- ✓ Meet with the respective department(s) and make any required changes to the plans as a precondition for approval.
- ✓ Each CLA shall become a member of the Fort Adult Care Consortium (FACC). A potential CLA shall attend FACC's meetings for six months prior to an application for a conditional use permit.
- ✓ The applicant agrees to notify the City Clerk if operations at the address cease.
- ✓ The applicant agrees to notify the City Clerk of any changes to employee contacts, phone numbers, and manager/key holders within 60 days of change.
- ✓ Additionally, the applicant certifies that they will provide updated versions to the City Clerk of any updates or changes to the submitted items noted above.

By signing, the applicant confirms they have received and read Ordinance 773 Community Living Arrangements Facilities.

Applicant agrees to comply with the Conditional Use Permit Criteria as detailed in Ordinance 773 and any amendments thereof.

Applicant Signature

Date

Official Office use Only

Date Submitted: _____ Received By: _____

Occupancy Certificate Approval Obtained: ___ Yes ___ No Date: _____

Planning Commission Date: _____ Approval Recommended: ___ Yes ___ No

City Council Date: _____ Approved By Council: ___ Yes ___ No