

DEVELOPMENTAL DISABILITIES ADMINISTRATION ADDENDUM APPLICATION FOR A CURRENT LICENSEE

Licensure is required for all sites serving individuals with developmental disabilities in Maryland,
 regardless of the funding source(s).

1. GENERAL INFORMATION

LEGAL AGENCY NAME			TRADING NAME (DBA)		
BUSINESS ADDRESS (physical location): NUMBER, STREET			MAILING ADDRESS (if different): NUMBER, STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP
COUNTY			PHONE NUMBER	FAX NUMBER	
EXECUTIVE DIRECTOR (Last, First, Middle Initial)			E-MAIL ADDRESS		

2. SITE INFORMATION

SERVICE MODEL (check applicable source)

<input type="checkbox"/> ALU	<input type="checkbox"/> CSLA	<input type="checkbox"/> ED&C	<input type="checkbox"/> GH	<input type="checkbox"/> IPSP	<input type="checkbox"/> SE	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> CLS	<input type="checkbox"/> DH	<input type="checkbox"/> F/ISS	<input type="checkbox"/> IFC	<input type="checkbox"/> RC	<input type="checkbox"/> VOC	

NAME OF RESPONSIBLE PERSON ON LEASE OR DEED		CAPACITY	SITE PHONE NUMBER		COUNTY
NUMBER, STREET			CITY	STATE	ZIP
CONTACT PERSON FOR SITE OPENING			PHONE NUMBER	E-MAIL ADDRESS	
DATE SITE IS READY TO BE SEEN			PROPOSED DATE OF OCCUPANCY		
IF THIS NEW SITE REPLACES AN EXISTING SITE THAT IS CLOSING, GIVE ADDRESS OF SITE THAT WILL BE CLOSED:					
NUMBER, STREET			CITY	STATE	ZIP

Please contact the OHCQ License Coordinator to determine if a fire inspection is required.