NAME OF CONTACT PERSON

DEVELOPMENTAL DISABILITIES ADMINISTRATION LIST OF LICENSED SITE LOCATIONS

Licensure is required for all sites serving individuals with developmental disabilities in Maryland, regardless of the funding source(s). LICENSEE OHCQ Site #: DL PROGRAM TYPE AT SITE CSLA ☐ ED&C ☐ GH] IPSP ☐ OTHER (Specify) ALU SE CLS DH F/ISS □IFC RC VOC PROPERTY OWNER LICENSED CAPACITY SITE PHONE NUMBER COUNTY SITE ADDRESS (NUMBER, STREET) CITY STATE ZIP NAME OF CONTACT PERSON PHONE NUMBER E-MAIL ADDRESS Is the owner affiliated with licensee through employment or membership on governing body? Yes No OHCQ Site #: DL PROGRAM TYPE AT SITE ☐ CSLA ☐ ED&C ☐ GH ☐ IPSP ALU ☐ SE ☐ OTHER (Specify) F/ISS IFC □ voc 1 RC CLS ☐ DH PROPERTY OWNER LICENSED CAPACITY SITE PHONE NUMBER COUNTY SITE ADDRESS (NUMBER, STREET) CITY STATE ZIP NAME OF CONTACT PERSON PHONE NUMBER E-MAIL ADDRESS Is the owner affiliated with licensee through employment or membership on governing body? Yes No OHCQ Site #: DL PROGRAM TYPE AT SITE OTHER (Specify) □ ALU ☐ CSLA ED&C **IPSP** 7 CLS DH F/ISS I ∏ IFC □ voc PROPERTY OWNER LICENSED CAPACITY SITE PHONE NUMBER COUNTY SITE ADDRESS (NUMBER, STREET) CITY ZIP STATE NAME OF CONTACT PERSON PHONE NUMBER E-MAIL ADDRESS Is the owner affiliated with licensee through employment or membership on governing body? Yes No OHCQ Site #: DL PROGRAM TYPE AT SITE □ALU □ CSLA ED&C | ☐ GH **IPSP** ∃SE ☐ OTHER (Specify) DH □IFC □ RC □ voc □ CLS PROPERTY OWNER LICENSED CAPACITY SITE PHONE NUMBER COUNTY SITE ADDRESS (NUMBER, STREET) CITY STATE ZIP

DHMH Form DD.SITE.1.0 (7/13)

E-MAIL ADDRESS

7 Yes

ΠNο

PHONE NUMBER

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