

Virginia Department of Behavioral Health & Developmental Services

Certification to Add a Sponsored Home Location

This certification form is to be read, completed and signed by the sponsored provider staff person authorized to make changes on behalf of the provider.

Licensing Regulation 12VAC35-105-1180.A outlines the requirement for a sponsored provider to submit the name, address, and certification of the sponsored residential home to the department prior to adding the home. The provider shall also submit the name and address of the sponsored residential home to the department prior to closing the home. If a sponsored provider would like to add a home more than 100 miles from the previously approved homes, the provider will need to follow the formal modification process prior to adding the home.

Each sponsored home must be evaluated by the sponsored provider, prior to adding the new location. The sponsored provider is responsible for ensuring compliance with applicable regulations as outlined in the (“Licensing Regulations”). The sponsored provider must document the sponsored home/staff have the necessary skills, training, education, motivation and knowledge to meet the individual’s unique support needs through completion of face-to-face interviews, home inspections, and review of other information.



1. Sponsored Provider Information:

Organization Name: Click or tap here to enter text.

DBHDS License #: Click or tap here to enter text.

Full Name of Sponsors: Click or tap here to enter text.

New Sponsored Home Physical Address: Click or tap here to enter text.

City:  Click or tap here to enter text.  County: Click or tap here to enter text.

State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

1. Distance from Previous Home

This sponsored home location is less than 100 miles from other sponsored homes locations licensed by Organization.

Yes [ ]  No [ ]

1. Supervisor for Sponsored Residential Home

The provider shall have a supervisor for every 15 sponsored residential homes where individuals are residing. The supervisor for this location is Click or tap here to enter text.

1. Certification of Compliance
* I am a licensed DBHDS Sponsored Residential Provider**.**
* I have reviewed the Licensing Regulations with the sponsored home staff living/working at this location.
* The certification process as outlined within 12VAC35-105-1180 has been completed and documentation of this shall be available for inspection by the Licensing Specialist.
* There is a signed agreement with the sponsor that includes a provision for granting the right of entry to state Licensing Specialists or Human Rights Advocates to conduct inspections (announced and unannounced).
* The sponsored residential home to be added meets the criteria for physical environment and residential services within the Licensing Regulations.
* The sponsored residential home staff is willing and able to meet the needs of the individuals placed in the home.
* I have obtained three job-related references, past licensing history, criminal background checks, and a search of the registry of founded complaints of child abuse and neglect maintained by the Department of Social Services for the sponsor and all staff.
* I have assessed the education, qualifications, and experience of the sponsor or staff with the individuals served including Virginia Department of Motor Vehicles driving record, tuberculosis screening, first-aid and CPR certification, and completion of medication administration and behavior interventions training.
* The identified sponsor, any adults residing in the home of the sponsor, and any person employed by the sponsor have NOT been convicted of (i) any offense set forth in clause (i), (ii), or (iii) of the definition of barrier crime in §19.2-392.02 or (ii) any offense set forth in clause (iv) of the definition of barrier crime in §19.2-392.02 (a) in the five years prior to the application date to be a sponsored residential service provider; the sponsor is not on probation or parole and has not failed to pay required court costs for such offense set forth in clause (iv) of the definition of barrier crime in § 19.2-392.02.
* I have confirmed the financial capacity of the sponsor to meet the sponsor's own expenses for up to 90 days, independent of payments received for residents living in the home.
* On an on-going basis and at least annually, I will review and document compliance by each sponsored residential home and sponsor with regulations related to sponsored residential homes.
* I will conduct inspections of each sponsored residential home at least on a quarterly basis during the year with at least two being unannounced inspections.
* I understand as a provider licensed for Sponsored Residential Services, I am responsible for the compliance of the sponsored homes and the care the individuals in my service receive.
* I understand that systemic regulatory non-compliance or health and safety citations that are not addressed appropriately may lead to negative actions against my license. Additional steps may include any of the following:
	+ Issuance of any of the sanctions listed within Code of Virginia § 37.2-419;
	+ Denial of an application for license renewal (Code of Virginia § 37.2-418 and 12VAC35- 105-110 or 12VAC35-46-120);
	+ Issuance of a provisional license (Code of Virginia § 37.2-415 and 12VAC35-105-50A.2. or 12VAC35- 46-90.B.); or
	+ Revocation or suspension a full, conditional, or provisional license (Code of Virginia § 37.2-418 and 12VAC35- 105-110 or 12VAC35-46-1630).
* I understand that an application for a license or license renewal may be denied and a full, conditional, or provisional license may be revoked or suspended if the provider submits any misleading or false information to the Department, including the submission of a false or misleading Certification to Add a Sponsored Home Location.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS SERVICE MODIFICATION APPLICATION.

Signature: Click or tap here to enter text. Title: Click or tap here to enter text.

Date: Click or tap here to enter text.