IDAPA 16.03.19.110.02

Relocation Application Part B

Email to CFHCC@DHW.IDAHO.GOV or Fax to 208-239-6250

Submit to the department once you have completed EVERYTHING in this application. This must be submitted prior to the expiration of your temporary certificate and allow enough time to schedule a relocation survey.

Provider Name:_________________________________ **Date:**______________

Section 1: Other Household Members
(list everyone else, including minors, living in your home)

Full Legal Name:	Date of Birth:
Gender: ☐ Male ☐ Female	Relationship to Applicant:

Full Legal Name:	Date of Birth:
Gender: ☐ Male ☐ Female	Relationship to Applicant:

Full Legal Name:	Date of Birth:
Gender: ☐ Male ☐ Female	Relationship to Applicant:

Full Legal Name:	Date of Birth:
Gender: ☐ Male ☐ Female	Relationship to Applicant:

Full Legal Name:	Date of Birth:
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Gender: ☐ Male ☐ Female	Relationship to Applicant:

Full Legal Name:	Date of Birth:
Gender: ☐ Male ☐ Female	Relationship to Applicant:
Full Legal Name:	Date of Birth:
Gender: ☐ Male ☐ Female	Relationship to Applicant:

Full Legal Name:	Date of Birth:
Gender: ☐ Male ☐ Female	Relationship to Applicant:

Full Legal Name:	Date of Birth:
Gender: ☐ Male ☐ Female	Relationship to Applicant:

Continue on a separate sheet if there are additional members of the household.

*For all sections below, **maintain documentation** or observable conditions showing that your home meets the statement. This application is your **CHECKLIST** for full certification.*

Section 2: Home Occupancy

☐ The lease, deed, or mortgage that lists the name of the applicant or applicant's spouse, or other proof that the applicant has a legal right to occupy the home and control the premises.
☐ Current homeowner's or renter's insurance policy.

Section 3: Life Safety

The home's water supply is safe as demonstrated by either: ☐ A city water bill. OR ☐ Proof that the private well water was tested by an accredited laboratory within the last 12 months and showed an absence of bacterial contamination (E. coli and coliform bacteria).
The home's sewage disposal system is maintained in good working condition as demonstrated by either: ☐ A city sewer bill. OR ☐ Proof that the private septic tank was pumped or other disposal system was serviced within the last 5 years.
☐ A written statement from a licensed plumber within the last 12 months indicating that the water and sewage systems in the home are in good working order.
☐ A written statement from a licensed HVAC professional within the last 12 months indicating that the heating and cooling systems in the home are in good operating condition.
☐ A written statement from a licensed electrician or the local/state electrical inspector within the last 12 months indicating that all electrical installations in the home are compliant with applicable local code and in good working order.
The household is protected from carbon monoxide poisoning as demonstrated by either: ☐ Functioning carbon monoxide alarms are installed on each level of the home. OR ☐ The home, its heating systems, and all household appliances are powered entirely by electricity requiring no gas or other fuels as evidenced by a written statement from a licensed electrician, AND the garage is either detached or not enclosed.
☐ Functional and dependable phone service is maintained. If cell phones are used, a backup power source is available to keep cell phones charged in the event of an extended power outage.
☐ Firearms, if present in the home, are secured (gun safe, trigger lock, etc.).

☐ A written Emergency Preparedness Plan containing the elements discussed in New Provider Orientation. A template was sent as part of the New Provider Orientation packet.

Section 4: Fire Safety

☐ Proof that the home is in a lawfully constituted fire district OR the applicant holds an agreement with the nearest fire district that they will respond to the home if available. This can be a fire district letter, a line-item on a property tax bill, a written agreement with the nearest fire district, etc.

☐ Functioning smoke alarms are installed in each sleeping room, hallway, and on each level of home.

The risk of a chimney fire has been mitigated by either:

☐ Proof that a professional has cleaned the chimney for each wood-burning fireplace or pellet stove in the home within last 12 months

OR

☐ The home is not equipped with wood-burning fireplaces or pellet stoves.

☐ Proof of an A:B:C-type fire extinguisher of at least 2.5 pound chemical fill weight that has been purchased or serviced within the last 12 months for each level of the home.

Section 5: Application Verification

I hereby certify the information provided herein is true and correct to the best of my knowledge.

My signature below means that by submitting this application, I grant permission to the Department to share my name and contact information with the public on its website for any CFH certified bed vacancies in my home. If I do not wish for my name and contact information to be made public on the Department's website, I agree to decrease my certified bed capacity such that there are no vacancies by communicating the reduction in writing to my regional certifying agent.

Provider Signature: _____ Date: _____