



PLANNING & INSPECTIONS DEPARTMENT

HOME OCCUPATION - ADULT FOSTER CARE LICENSE APPLICATION

INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY BLANK FIELDS.

Adult Foster Care Facility Information (Project Name)

Name of Adult Foster Care Facility:	Phone #:
Facility Address:	Zip Code:

Adult Foster Care Owner/Operator (Applicant)

Name of Owner/Operator (Individual, Partnership, Corporation, LLC):	
Trade Name/DBA (if applicable, a copy of the Assumed Name Certificate must be attached):	
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Type of Application: <input type="checkbox"/> New License <input type="checkbox"/> Renewal License	
If a renewal, what year did you first open facility? (Supporting documentation may be required.)	If a renewal, how many Disabled/Elderly Residents did you have last year? (Supporting documentation may be required.)
Street Address:	
City:	State: Zip Code:
Phone #:	Fax #: Email:

Authorized Officer or Agent (Representative, if applicable):

Name (First, Middle, Last, Suffix):	
Street Address:	
City:	State: Zip Code:
Phone #:	Fax #: Email:

Property Owner (if not the same as the Adult Foster Care Owner/Operator):		
Name (First, Middle, Last, Suffix):		
Street Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Email:

Emergency Contact (if more than one, attach additional contacts to this application):		
Name (First, Middle, Last, Suffix):		
Street Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Email:

Adult Foster Care Facility Operations:			
Total Number of Bedrooms in the Facility and the Square Footage of Each:			
Total Sq Ft of Home:			
<u>Minimum</u> Number of Disabled/Elderly Residents (for this address ONLY):		<u>Maximum</u> Number of Disabled/Elderly Residents (for this address ONLY):	
<i>Note: Should you wish to increase the maximum number of disabled/elderly residents housed at this address, additional zoning conditions may apply.</i>			
Total Number of Residents in Household: (include employees, operators, disabled residents, and other residents such as children)		Number of Off-Street Parking Spaces Provided: (minimum of 2 spaces required)	

Services Provided (whether provided directly or coordinated through other entities):		
<input type="checkbox"/> Bathing	<input type="checkbox"/> Eating	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Dressing	<input type="checkbox"/> Medical Management	<input type="checkbox"/> Transportation
<input type="checkbox"/> Toileting	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Laundry
<input type="checkbox"/> Transferring	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Other _____

Application Checklist (all of the following must be submitted before the application can be processed):

Please note that the application fee will not be refunded if the application is denied.

<input type="checkbox"/> Complete Application (signed and notarized)	<input type="checkbox"/> Homeowner's Affidavit for Home Occupation & Boarding Home Licenses (applicable to rental properties only)
<input type="checkbox"/> Copy of Owner/Operator's Driver's License or Representative <i>(Applicant must reside at site address)</i>	<input type="checkbox"/> Site Plan of Home (lay out of home, indicate what bedrooms are used for care recipients and emergency exit plan)
<input type="checkbox"/> Copy of DBA or Articles of Incorporation (if applicable)	<input type="checkbox"/> Proof of State License <i>(If applying for more than the allowed 3 residents)</i>

Notice:

- I understand that if at any time the maximum number of desired Disabled/Elderly Residents for which license was originally sought changes, it is my responsibility to notify the City of El Paso for possible modifications to the license issued and that additional zoning restrictions may apply.
- I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. I further agree to immediately report any changes of facts of this application to the City of El Paso's business licensing division.
- I understand that the granting of a Home Occupation – Adult Foster Care Facility license does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.
- I acknowledge that my project may be subject to the requirements of the Fair Housing Act (FHA) and the Americans with Disabilities Act (ADA), the Texas Accessibility Standards (TAS), and Section 504 of the Rehabilitation Act of 1973. It is my responsibility to ensure my project complies with those requirements. I affirm that for information, I will contact: 1-800-949-4323 for ADA, 1-800-767-7468 for FHA, or 1-800-803-9202 for TAS.

Signature (Owner/Operator)*:

Name (Print):	
Signature:	Date:
Title:	

Signature (Representative, if applicable):

Name (Print):	
Signature:	Date:
Title:	

*Either the owner/operator or agent (representative) of the owner/operator must sign.

**STATE OF TEXAS
COUNTY OF EL PASO**

This instrument was acknowledged before me this _____ day of _____, 20_____

by

Printed Name of Applicant / Authorized Agent

Signature of Applicant / Authorized Agent

STATE OF TEXAS NOTARY PUBLIC, Signature

Notary Stamp



PLANNING & INSPECTIONS DEPARTMENT

HOMEOWNER'S AFFIDAVIT FOR HOME OCCUPATION & BOARDING HOME LICENSES/PERMITS

Name of Renter:		
Street Address:		
City:	State:	Zip Code:
Type of Facility: <input type="checkbox"/> Child Care <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Boarding Home		
Name of Property Owner:		Phone Number:

I am the property owner of the home at the above mentioned address. I have no objections to my home, which is presently being rented, to be used for the mentioned Home Occupation or as a Boarding Home facility.

STATE OF TEXAS
COUNTY OF EL PASO

This instrument was acknowledged before me this _____ day of _____, 20_____

by _____
Print Name of Property Owner

Signature of Property Owner

STATE OF TEXAS NOTARY PUBLIC, Signature

Notary Stamp

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Texas Administrative Code

TITLE 40	SOCIAL SERVICES AND ASSISTANCE
PART 1	DEPARTMENT OF AGING AND DISABILITY SERVICES
CHAPTER 48	COMMUNITY CARE FOR AGED AND DISABLED
SUBCHAPTER K	MINIMUM STANDARDS FOR ADULT FOSTER CARE
RULE §48.8902	Provider Qualifications

(a) The provider must:

(1) be a responsible, mature, healthy adult (18 years of age or older) capable of meeting the needs of the residents in the home;

(2) be physically and mentally able to perform all the required duties and tasks;

(3) be able to communicate directly with the resident and the resident's family;

(4) show evidence of an examination for tuberculosis performed within six months prior to the date of enrollment from a licensed physician or a local health department with negative results or, if the results are positive, provide a physician's statement that the disease is non-communicable;

(5) not deliver direct services when the provider has a communicable disease or illness, but ensure that a resident's needs are met by an approved substitute provider;

(6) ensure that persons whose behavior or health status endangers the residents are not allowed at the home;

(7) provide, at the time of enrollment, three references for the provider and the substitute provider from persons not related to the provider or substitute provider;

(8) not be the spouse of a resident in the provider's care;

(9) live in and share the same household (i.e., have common living areas that are not detached from the home) with the residents;

(10) be the primary caregiver of the residents;

(11) be the owner or lessee of the adult foster home;

(12) submit to the Department of Aging and Disability Services (DADS) a statement providing information concerning any felony or misdemeanor convictions, and any pending criminal charges against the provider before enrollment and, if the information changes, during the term of its contract;

(13) have at least one approved substitute provider, who the provider is responsible for paying, before the enrollment process is completed;

(14) receive orientation covering the topics listed on the adult foster care program orientation checklist before serving residents, and familiarize all substitute providers with the topics;

(15) participate in six hours of in-service training annually on topics approved by DADS, which must include:

(A) training on acquired immune deficiency syndrome, human immune deficiency virus, and cultural diversity within one year after enrollment, unless DADS grants a 60-day extension; and

(B) training on first aid within two years after enrollment, unless DADS grants a 60-day extension, and annually thereafter;

(16) demonstrate the ability to read and comprehend the minimum standards for adult foster care, the resident and provider agreements, service plans, and DADS directives, unless the provider enrolled as an AFC provider before January 1, 1994;

(17) prior to initial enrollment, demonstrate and maintain financial stability, independent of DADS provider payment, and demonstrate the ability to meet existing financial obligations;

(18) not represent any other residential settings that the provider owns or operates as DADS-enrolled homes and report Texas Department of Family and Protective Services investigations of these settings to DADS; and

(19) agree to abide by all policies and procedures of DADS.

(b) A person who is barred from employment under Chapter 250 of the Texas Health and Safety Code may not be an AFC provider.

Source Note: The provisions of this §48.8902 adopted to be effective January 1, 1994, 18 TexReg 8232; amended to be effective December 1, 2013, 38 TexReg 8680

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RULE §48.8905	Home Enrollment Requirements

All homes in which adult foster care is provided must:

(1) have bedrooms with at least 80 square feet of floor space in a single occupancy room, and at least 60 square feet of floor space per client in a double occupancy room. The bedrooms must:

(A) be close enough in proximity to the provider to alert the provider to nighttime needs or emergencies, or they must be equipped with a call bell or intercom;

(B) have been constructed as sleeping areas when the home was built, or have been remodeled under permit that meets local requirements;

(C) be finished with walls or partitions of standard construction which go from floor to ceiling; and

(D) be ventilated and lighted with at least one window that will open freely and remain open from the inside without special tools;

(2) provide each resident with a bed and sufficient drawer and closet space in the resident's bedroom;

(3) have no more than two beds in any room;

(4) have comfortable sleeping arrangements for residents;

(5) provide at least one comfortable sitting chair per resident in each bedroom;

(6) provide at least one grab bar in the bathtub/shower area and a slip-proof surface in the bathtub/shower area;

(7) have adequate supplies of soap and toilet paper for each bathroom. Residents must be provided with individual towels and wash cloths;

(8) provide a sketch of the home floor plan showing the dimensions and the purpose of all rooms and specifying where residents and household members will sleep. As arrangements change, an updated floor plan must be provided to Department of Human Services (DHS) staff;

(9) have a conspicuously posted emergency/disaster evacuation plan that specifies what procedures residents follow in case of emergency, and hold evacuation drills at least every six months with at least one of the two required annual drills occurring during sleeping hours;

(10) have at least one working telephone available in the home for residents to make calls. The foster care caseworker, the client, the client's family or guardian, and the client's physician must be kept informed of the provider's current telephone number. The client has the right to give out the telephone number. Limitations on the use of the telephone must be specified in the house rules. Providers must not charge recipients for the use of the telephone for local calls;

(11) have emergency telephone numbers, including the adult foster care caseworker's number, located at or near the telephone;

(12) have an operational smoke detection system. Battery operated detectors are acceptable;

(13) have a portable ABC-type fire extinguisher charged and ready for use;

(14) have first-aid supplies on the premises, as recommended by the American Red Cross;

(15) have at least one communal dining table with adequate seating for all residents at the same time;

(16) provide space and furniture for residents' visitors;

(17) provide laundry service for the residents as part of the room and board rate;

(18) meet all applicable state and local building, zoning, and housing codes;

(19) be maintained, repaired, and cleaned so that the homes are not hazardous to residents in care (including yards). There must be no accumulation of garbage, debris, rubbish, or offensive odors. If house pets are kept indoors, sanitation must be maintained. Swimming pools must be fenced;

(20) have screens on windows and doors used for ventilation;

(21) have equipment and furnishings that are safe for residents;

(22) have flammable and poisonous substances, explosives, and firearms stored and inaccessible to residents;

(23) maintain room temperatures at levels which are comfortable to residents. Heating and cooling systems must be in good working order. Maintain hot water temperatures in resident areas between 100 degrees Fahrenheit and 125 degrees Fahrenheit;

(24) have food preparation areas and equipment clean, free of offensive odors, and in good repair. Utensils, dishes, and glassware must be washed in hot soapy water, rinsed, and stored to prevent contamination; and

(25) store soiled linens and clothing in containers in an area separate from food storage, kitchen, and dining areas.

Source Note: The provisions of this §48.8905 adopted to be effective January 1, 1994, 18 TexReg 8232.

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