



# PLANNING & INSPECTIONS DEPARTMENT

## BOARDING HOME FACILITY PERMIT IDENTIFICATION

### IDENTIFYING BOARDING HOME FACILITIES:

If the answer to each of the following questions is "YES", then a Boarding Home Permit is required.

|   | YES | NO |
|---|-----|----|
| 1. Does the facility house at least three (3) residents unrelated to the owner or operator?   | D   | D  |
| 2. Are the residents elderly and/or disabled (mentally and/or physically)?  | D   | D  |
| 3. Are any of the services listed to the right provided to the residents?   | D   | D  |
| 4. Are the residents capable of feeding, dressing, moving, self-evacuating, bathing, and attending to other personal needs or maintenance without assistance? | D   | D  |

### BOARDING HOME SERVICES:

- Community meals
- Light housework
- Meal preparation
- Transportation
- Grocery shopping
- Money management
- Laundry services
- Assistance with self-administration of medication

*\*Personal care services, such as assistance with eating, dressing, moving, bathing or other personal needs or maintenance are NOT services provided by Boarding Homes. If the facility you are seeking to acquire a permit for will provide personal care services, you may need to apply for an adult foster care/assisted living facility license.*

### EXEMPTIONS:

The following types of facilities are exempt from Boarding Home Facility permitting requirements.

- The following types of facilities licensed under the Texas Health and Safety Code:
  - o Home and community support services (Chapter 142);
  - o Convalescent and nursing homes and related institutions (Chapter 242);
  - o Continuing care facilities(Chapter 246);
  - o Assisted living facilities (Chapter 247);
  - o Intermediate care facilities for individuals with an intellectual disability (Chapter 252).
- A person providing home health, hospice, or personal assistance services to persons enrolled in a program specified by Section 142.003(a)(19) of the Texas Health and Safety Code.
- Well-recognized church or religious denomination depending exclusively on prayer or spiritual means for healing and meeting requirements of Section 242.003(3) of the Texas Health and Safety Code.
- A facility providing personal care services to persons enrolled in a program funding by an agency as defined in Section 247.004(4) of the Texas Health and Safety Code.
- A hotel as defined by Section 156.001 of the Texas Tax Code.
- A retirement community as defined by Section 11.18 of the Texas Tax Code.
- A monastery or convent.
- A childcare facility as defined by Section 42.002 of the Texas Human Resources Code.
- A family violence center as defined by Section 51.002 of the Texas Human Resources Code.
- A fraternity or sorority house, or other dormitory, associated with an institution of higher learning.

### DEFINITIONS:

- **Elderly:** 65 years of age or older.
- **Disability:** A physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and/or the operation of any major bodily function (see 42 USC 12102).

SEE [CHAPTER 5.07 \(BOARDING HOME FACILITIES\)](#) OF THE EL PASO MUNICIPAL CODE FOR ADDITIONAL INFORMATION REGARDING BOARDING HOME FACILITIES AND PERMITTING REQUIREMENTS.



# PLANNING & INSPECTIONS DEPARTMENT

## BOARDING HOME FACILITY PERMIT FACT SHEET

### A Boarding Home is defined as an establishment that:

- Furnishes, in one or more buildings lodging to three (3) or more elderly and/or disabled persons who are unrelated to the owner of the establishment by blood or marriage; and
- Provides community meals, light housework, meal preparation, transportation, grocery shopping, money management, laundry services, or assistance with self-administration of medication to persons/residents who are capable of feeding, dressing, moving, self-evacuation, bathing and attending to other personal needs or maintenance without assistance; and
- Does not provide personal care services to persons/residents.

### What are the Food Safety requirements?

- Annual kitchen permitting and inspections to ensure compliance with Chapter 9.12 (Food and Food Handling Establishments) of the El Paso City Code are required.
- Each Boarding Home must have a kitchen that:
  - Is accessible to the residents sharing the use without going through a sleeping room of another resident;
  - Has a food preparation area with a total of not less than six (6) square feet;
  - Contains a minimum floor space of sixty (60) square feet for dining area or each kitchen with dining attached must be at least one hundred (100) square feet;
  - Has a minimum two (2) compartment sink for manual dishwashing;
  - Has a cooking stove fueled by gas or electricity;
  - Contains at least one (1) cabinet of adequate size, suitable for storage of food and utensils.
- Food Handler Certification is required for all Boarding Home owner/operators, employees, and volunteers who are preparing meals for residents.

### What are the requirements?

- Mobile homes are not permitted for use as Boarding Homes.
- Sleeping rooms must have:
  - At least seventy (70) square feet of floor space for each occupant in single-occupancy rooms; and
  - At least sixty (60) square feet of floor space for each occupant in multi-occupancy rooms.
- Annual inspection to determine compliance with the property maintenance code, building codes and zoning ordinances is required.

### What are the zoning requirements?

- Boarding Home facilities are permitted, by right, a maximum number of six (6) disabled and/or elderly residents in residentially zoned districts.
- Boarding Home facilities located within residentially zoned districts with more than six (6) disabled and/or elderly residents may be permitted, subject to approval by City Council.
- For Boarding Homes with more than unrelated five (5) occupants, there is a required 1,000 foot separation between the Boarding Home and other group homes housing the disabled and/or elderly.

### How does the Group Home ordinance adopted into the City's Zoning Code affect existing Boarding Homes?

- If legally in existence prior to the adoption of the Group Home ordinance in September 2014, existing Boarding Homes will not be required to meet zoning requirements imposed by the new Group Home ordinance.
- Existing Boarding Homes are still subject to annual permitting, inspection and related requirements.

### What are the responsibilities and requirements of Boarding Home owners/operators?

- Provide initial and ongoing training of employees;
- Provide on-site staff supervision anytime there is a resident present.
- Require criminal background checks of operators, employees and volunteers; and
- Ensure the cleanliness and sanitary condition of the facility.

### Permit Application Requirements:

- Applicant can be the owner or operator of the Boarding Home or officer or agent of the entity that owns or operates the Boarding Home.
- If the Boarding Home is a rental property, the applicant must submit a letter from the property owner that authorizes the use of the rental property as a Boarding Home and that acknowledges that the facility must meet City Code requirements.

### Notification of Change of Information:

Permit holders are required to notify the City of El Paso if there is a change in:

- Number of persons in the home;
- Ownership or operation of the home;
- Disabilities service in the home.

### Issuance or Denial of a Permit:

- A permit will be issued if:
  - The home meets all requirements set out in the City Code.
- A permit will be denied if:

- Owner, operator or employees do not meet the criminal background check requirements.
- Applicant has made false statement on permit application.
- The home does not meet all applicable City Code requirements.

### Non-Transferability of Permit:

- Permit is not transferable to another owner, operator or location.

### Permit Term and Fees:

- Permit is good for one year from date of issuance and must be renewed every year thereafter.
- There is an annual Boarding Home Facility permit fee of \$264;
- Each criminal background check is \$17;
- Additional fees for food and fire permits and inspections may apply.

### Emergency Precautions:

- A telephone must be available, twenty-four hours per day, must be easily accessible, and must afford privacy for use by residents.
- A listing of emergency telephone numbers must be placed in plain view on or next to the telephone and accessible to persons who are visually or hearing impaired.

### Reporting and investigation of injuries, incidents, unusual accidents; establishing policies and procedures to ensure resident health and safety:

- Injuries, incidents and usual accidents must be documented and investigated.
- Allegations of abuse, neglect, or exploitation must be reported.
- Law enforcement, emergency and fire personnel must be given access when responding to calls.

### Criminal Background Checks:

- Permit holder's permit to operate a Boarding Home may be denied, revoked, or suspended for renewal if the permit holder has been convicted of a criminal offense listed in Section 5.07.100 of the El Paso City Code.
- The permit holder must complete any state or federal requests and release forms that are required to obtain a criminal history report for the permit holder.

### For more information on Boarding Home Facility requirements, visit:

One-Stop-Shop  
811 Texas Ave.

El Paso, Texas 79901

Phone: (915) 212-0104

Email: [OSSHelp@elpasotexas.gov](mailto:OSSHelp@elpasotexas.gov)

Or view the [Boarding Home Ordinance](#).



# PLANNING & INSPECTIONS DEPARTMENT

## BOARDING HOME FACILITY PERMIT APPLICATION

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

| Boarding Home Facility Information (Project Name) |           |
|---|-----------|
| Name of Adult Foster Care Facility:               | Phone #:  |
| Facility Address:                                 | Zip Code: |

| Boarding Home 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?<br>(Please attach supporting documentation.)   | If a renewal, how many Disabled/Elderly Residents did you have last year? (Please attach supporting documentation.) |           |
| 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 Buildings in the Facility and the Square Footage of Each:

|             |             |             |             |
|-------------|-------------|-------------|-------------|
| Building 1: | Building 2: | Building 3: | Building 4: |
|-------------|-------------|-------------|-------------|

|  |  |
|--|--|
| <u>Minimum</u> Number of Disabled/Elderly Residents (for this address ONLY): | <u>Maximum</u> Number of Disabled/Elderly Residents (for this address ONLY): |
|--|--|

*Note: Should you wish to increase the maximum number of disabled/elderly residents housed at this address, additional zoning conditions may apply.*

|   |   |
|---|---|
| Total Number of Residents in Household:<br>(include employees, operators, disabled residents, and other residents such as children) | Number of Off-Street Parking Spaces Provided:<br>(minimum of 2 spaces required) |
|---|---|

|                      |                     |  |
|----------------------|---------------------|--|
| Number of Employees: | Number of Bedrooms: | Hours when Residents will be Supervised: |
|----------------------|---------------------|--|

**Services Provided (whether provided directly or coordinated through other entities):**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Community Meals  | <input type="checkbox"/> Meal Preparation                                  | <input type="checkbox"/> Grocery Shopping |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Transportation                                    | <input type="checkbox"/> Laundry Services |
| <input type="checkbox"/> Light Housework  | <input type="checkbox"/> Assistance with Self-Administration of Medication | <input type="checkbox"/> Other _____      |

**Employee and Volunteer Information Sheet**

A criminal background check is required for all owners/operators, employees and volunteers of a Boarding Home as stated in Section 5.07.100 of the El Paso Municipal Code. Criminal background checks will be completed by the City of El Paso Police Department. To obtain a criminal background check, visit the El Paso Police Department Headquarters at: 911 N. Raynor St. El Paso, Texas, 79903 or call (915) 212-4000 for more information.

Name (First, Middle, Last, Suffix):

Street Address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|          |        |        |
|----------|--------|--------|
| Phone #: | Fax #: | Email: |
|----------|--------|--------|

Name (First, Middle, Last, Suffix):

Street Address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|          |        |        |
|----------|--------|--------|
| Phone #: | Fax #: | Email: |
|----------|--------|--------|

Name (First, Middle, Last, Suffix):

Street Address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|          |        |        |
|----------|--------|--------|
| Phone #: | Fax #: | Email: |
|----------|--------|--------|

**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  | <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 | <input type="checkbox"/> Proof of Payment of Nonrefundable Application Fee   |
| <input type="checkbox"/> Copy of DBA or Articles of Incorporation (if applicable)    |  |

**Notice**

- 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 Boarding Home Facility permit does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.
- 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 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.
- I acknowledge that in accordance with Section 5.07.120 of the El Paso City Code, the enforcement official may inspect any Boarding Home Facility at reasonable times as necessary to determine if it is an assisted living facility and to ensure compliance with this Chapter.
- I acknowledge that I have received and read a copy of the ordinance governing Boarding Home Facilities (Chapter 5.07 of the El Paso City Code).
- I understand that the City of El Paso Police Department will conduct an annual criminal background check for all owners/operators, employees and volunteers solely for the limited purposes of this license application. As the owner/operator, I understand that it is my responsibility to ensure that all employees, including volunteers who are not residents, have had a background check of conviction records, pending charges and disciplinary board decisions completed within the past two years, and every year thereafter. I will immediately discharge any employee or volunteer whose criminal history check reveals conviction of a crime that bars employment or volunteer service under Section 5.07.100 of the El Paso City Code.

**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.



# 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

### Identification & Records Section

Please bring this form to the El Paso Police Headquarters to set up an account in the system during the following hours of operation:

Tuesday or Thursday only from 8:00AM to 11:00AM or 1:00PM to 3:00PM

**LOCATION ADDRESS:**

911 N. Raynor St.

El Paso, Texas 79903

**BOARDING HOME FACILITY  
CRIMINAL HISTORY REQUEST  
Texas Health and Safety Code  
Section 260 El Paso Municipal  
Code Section 5.07.100**

### General Information

Permit #: \_\_\_\_\_

1. Your full name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

2. Your email address: \_\_\_\_\_

3. Date of birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

4. Social Security: \_\_\_\_\_

5. Your mother's maiden name: \_\_\_\_\_

6. Have you ever legally changed your name:      D Yes      D No

7. If yes to Question #6, give your previous name: Last: \_\_\_\_\_ First: \_\_\_\_\_

8. If yes to Question #6, what date did you change your name and why? \_\_\_\_\_

Question #9 and #10 pertain only to female applicants, if applicable.

9. Your maiden name: \_\_\_\_\_ Dates used name: \_\_\_\_\_ to \_\_\_\_\_

10. List all of your previous married names below, starting with the most recent:

Name: \_\_\_\_\_ Dates used name: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ Dates used name: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ Dates used name: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ Dates used name: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ Dates used name: \_\_\_\_\_ to \_\_\_\_\_



11. List any nickname(s) or alias name(s), not already listed, that you have used or been known by:

\_\_\_\_\_  
\_\_\_\_\_

12. Your present physical address, no P.O. Box #s or permanent mailing address, unless you actually live there:

Block Numbers: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your mailing address only if different from Question #12:

Block Numbers: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

13. How long have you lived at your present address?      Months: \_\_\_\_\_ Years: \_\_\_\_\_

# **Background Check and Fingerprinting Directions**

Please schedule your background check with the Department of Public Safety (DPS) following these steps:

- Appointments with DPS can be scheduled as follows:  
<http://www.identogo.com> or call 1-888-467-2080
- Cost of the background check is as follows: \$25 for the Texas Criminal History and \$12 for the FBI National (all other states).
- During the appointment the owner and employees will need to request that DPS sends the results of the background check by mail to the following address:

**El Paso Police Headquarters  
Attn: Auxiliary Support Services  
911 N. Raynor St.  
El Paso, TX 79903**

- The operator and all employees of the boarding home will also need to visit the Police Department Headquarters at 911 Raynor St. to take the general information sheet of the application and get set up in the system.

## **Hours of operation are conducted as follows:**

Tuesday or Thursday: 8:00AM - 11:00AM or 1:00PM - 3:00PM

Operator and employees must bring a photo ID.