CITY OF GALLATIN CODES/PLANNING DEPARTMENT
GROUP HOME REGISTRATION QUESTIONNAIRE

The owner and/or director of the group home operation should complete the questionnaire. If more than one group home is managed by the owner/director, a separate questionnaire should be completed for each group home address. Please print.

1. Address of Group Home: _____

   _____

2. Name, address and phone number of owner/director of group home:
   Name:_____ Phone:_____

   Address:_____

   _____

3. Name and phone number of contact person residing at group home:
   Name:_____ Phone:_____
4. Is the group home currently licensed by the State of Tennessee? ____Yes ____No
   (Please attach copy of license or first page of pending license application.)
   If the group home is not currently licensed, have you applied for a license?
   _____Yes-Date application submitted_____
   _____ No-Please provide explanation_____

   _____
5. What is the maximum number of clients to be housed?_____
   What is the maximum number of staff persons on duty at the same time?_____
6. Please indicate which of the following best describes your residents:

   _____Developmentally disabled-defined as persons having cerebral palsy, multiple sclerosis, mental retardation, autism, or epilepsy.

   _____Handicapped-defined as a person having; (1) a physical or mental impairment which substantially limits one or more life activities: (2) a record of having such an impairment, or; (3) being regarded as having such an impairment, but such does not include current, illegal use of or addiction to a controlled substance.

   _____ Mentally ill-defined as a person having a substantial disorder of the cognitive, volitional, or emotional processes that grossly impairs their judgment, capacity to recognize reality, or to control behavior.

   _____ Sixty Years of Age or Older-Persons sixty years of age or older who do not fit into any of the above categories.

_____ Foster home- Persons living together in the relationship and for the purpose of guardian, ward, or foster family or receiving home care who may not necessarily be related by blood or marriage to the head of the household, but live together as a single housekeeping unit but shall not include correctional homes.

7. Do all your clients have disabilities, mental illness, and/or handicaps? ____Yes ____No
8. If you operate a home for seniors who are not disabled, handicapped or mentally ill, are all your seniors over sixty years of age? _____ Yes _____ No
9. As owner/director, do you own the property at which the group home is located? _____ Yes _____ No If yes, is this your primary residence? _____ Yes _____ No
   If you do not own the property, please provide the name, address and phone of the owner:
   _____

   _____

10. Are you a non-profit organization, meaning exemption from federal income taxation under provisions of the Internal Revenue Code or a "nonprofit group home" for the aged which is owned or operated by a person or organization which is exempt from income taxes? _____ Yes _____ No
11. Number of Dwelling Units in Structure: _____ Number of Bedrooms: _____
    Number of Residents: _____ Number of Shared Bedrooms: _____

    Bedroom sizes:

    1. _____ square feet
    2. _____ square feet
    3. _____ square feet
    4. _____ square feet
    5. _____ square feet
    6. _____ square feet
    7. _____ square feet
    8. _____ square feet
    9. _____ square feet
    10. _____ square feet

NOTE: STRUCTURES APPROVED FOR GROUP OCCUPANCY PERMITS MAY NOT BE ALTERED TO DETRACT FROM THE SINGLE-FAMILY NATURE OF THE DWELLING UNIT. CUSTOMARY NON-SLEEPING AREAS/ROOMS **MAY NOT** BE CONVERTED TO BEDROOMS OR FOR SLEEPING USE.

NUMBER OF OFF-STREET PAVED PARKING SPACES: _____

12. Signature:_____Date: _____

PLEASE RETURN COMPLETED QUESTIONAIRE TO:
City of Gallatin
Codes/Planning Administration
132 W. Main Street
Gallatin, TN 37066
(615) 451-5968