



## GROUP LIVING FACILITIES Initial Registration

**Please answer each question as fully as possible. If necessary, add additional pages. Be aware that any items which are answered untruthfully or not completely may put your status in the City in jeopardy. Please answer all questions specific to this particular facility, as opposed to other facilities which may be owned or managed by you.**

1. Name of Facility: \_\_\_\_\_

2. Physical Address: \_\_\_\_\_  
\_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

(If this is a Transition Victim Home, or other type of facility where confidentiality of the address of the facility is a concern, do not list the address, but please note the type of facility in the space above.)

4. Facility Telephone Number: \_\_\_\_\_

5. Date of Initial Registration: \_\_\_\_\_

6. Type of Facility (City Classification):

(Please list the maximum number of residents who may reside in your facility.)

\_\_\_\_\_ Unlimited (12 or more residents)

\_\_\_\_\_ Large (9-11 residents inclusive)

\_\_\_\_\_ Small (4-8 residents inclusive)

7. Please list any other classifications this facility has, whether it is a state licensure classification or other (including what you call yourself). \_\_\_\_\_  
\_\_\_\_\_

8. Name and Phone Number of Owner of this facility: \_\_\_\_\_  
Name and Phone Number of Manager of this facility: \_\_\_\_\_

9. Is this facility licensed by the State of Colorado? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please provide a copy of any State licenses.

10. List the date this facility first came into existence. \_\_\_\_\_

11. Please describe any other group living facilities, whether or not owned by you which are located within 750 feet of your facility. If none, so state. \_\_\_\_\_

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

12. Parking:

a. Describe parking which is available for use by employees of the facility. \_\_\_\_\_

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

b. Describe parking which is available for use by residents of the facility. \_\_\_\_\_

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

c. Describe parking which is available for use by guests of the facility. \_\_\_\_\_

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

13. Describe the mission or purpose of this group living facility. If there are multiple purposes, please list all. \_\_\_\_\_

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

14. What types of services are provided to the residents? \_\_\_\_\_

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

15. Please include a current photograph of the exterior of the facility.

16. Are any services provided to persons who are not residents of the facility at the time the service is provided? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe the service, the number of persons who may participate and how often. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Does this facility house persons who are at your facility because he or she has been convicted or adjudicated of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, skip to question 18. If yes, answer the following questions:

a. How are residents sent to your facility? \_\_\_\_\_  
\_\_\_\_\_

b. Does this facility house juveniles or adults? If a mixture, describe the maximum number of each. \_\_\_\_\_

c. Please describe all security measures in this facility. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please also respond to the criteria for review by the Community Corrections Board. This is a separate document.***

18. Does this facility house person(s) who have been convicted of or adjudicated a sex offender, as defined by state law? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, skip to question 19. If yes, please answer the following questions:

a. How many sex offenders reside in your facility? \_\_\_\_\_

b. How are these residents sent to your facility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Please describe all security measures in this facility. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please also respond to the issues for review by the Community Corrections Board. This is a separate document.***

19. If your facility was established after January 1, 2001, did you have a neighborhood meeting?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please provide the following information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_

How many people attended? \_\_\_\_\_

How were the neighbors contacted? \_\_\_\_\_

What questions/comments were discussed? Attach a separate document if necessary.

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20. Please include any other information which you feel is relevant, which has not been covered by any of these questions. \_\_\_\_\_

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