**Request for Evaluation of a**

**Residential Care Facility**

1. Facility Address: Unit (where applicable):

City: Zip:

**License Number:** **(if applicable)**  Maximum Capacity: \_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Person Information:

Name:                                                               Phone (day): ( )

Phone (cell):                                                        Fax: ( )

Email Address:

1. What dates/times someone will be onsite at the facility?

1. Type of License: ☐ Adult Care Home, ☐ Family Care Home, ☐ Mental Health, ☐ Maternity Home,

 ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

1. This request is for a: ☐ New facility ☐ Facility re-licensing
2. Sewage Disposal: ☐ Municipal (City of Fayetteville) ☐ Septic system
3. Water Supply: ☐ Municipal (City of Fayetteville) ☐ Private well
4. Supervising Agency (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Agency contact number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Owner of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Comments:

Signature of Applicant: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant (PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Once this Department receives this application, an inspector will call and schedule an inspection.\*\*

**Cumberland County Health Department**

**Environmental Health**

**1235 Ramsey Street**

**Fayetteville, NC 28301**

**Phone: (910)433-3618**

**Fax: (910)433-3793**

**Mail or FAX the completed application to:**

The Cumberland County Health Department is responsible for the annual sanitation inspection of establishments meeting the statutory definition of residential care facility (RCF) as defined in the NC Rules Governing The Sanitation Of Residential Care Facilities, 15A NCAC 18A, Section .1600. These rules define a RCF to be one that has a current license from the NC Department of Health & Human Services (DHHS), provides room or board for 12 or fewer residents, and which is receiving an annual inspection under the above rules.

Prior to January 1, 2013, the inspection process required all operators to apply for an inspection. Effective immediately, this Department will follow the inspection protocol below:

• Facilities licensed, as a Maternity Home, Adult Care Home, or Family Care Home will receive an unannounced inspection by December 31 of each year. However, an operator can request an inspection anytime throughout the year.

• Facilities that have a Mental Health License (Ex. MHL-000-000) are required to apply for an inspection by December 31 of each year.

An inspection application can be obtained by calling 910-433-3618.