



1. Please provide your organization's contact information (name, address, phone number, email, website)

2. What is the mission or purpose of this facility?

3. What are the criteria for residing at this facility?

4. How are residents referred to you or identified to live in this facility?

Group Home Address



5. What services are provided to your residents? Please include counseling, therapy, or treatment activities.

6. What are the funding sources for this facility?

7. What is the duration of stay for residents?

8. Is this facility licensed by the State of Missouri? If so, please share details with what agency it is licensed and the license number.

9. How is this facility staffed? Is there on-site staff and if so, what is their function?

10. Are your residents transitioned to the facility directly from incarceration?

Approval of Department Director

Date

Group Home Address



STATE OF MISSOURI)

COUNTY OF BOONE)

AFFIDAVIT

I, _____, of lawful age, having been duly sworn
and upon my oath state:

1. I am the owner or operator of a group home for individuals living with mental and/or physical disabilities, and
2. The above group home is located at _____, Columbia, Missouri, and
3. The above group home is not located within a one thousand (1,000) foot radius of another such group home

Affiant

Subscribed and sworn to before me this ____ day of _____, _____

Notary

My commission expires: