



Union County Environmental Health

Division of Union County Health Department

Phone: (704) 283-3553 Fax: (704) 283-3825

www.co.union.nc.us

Instructions for Requesting an Inspection of Residential Care Facility

<u>Item</u>	<u>Instructions</u>
1.	Enter the facility name as it appears on the license. Provide the mailing address of the facility. If in an apartment complex, duplex, etc., provide the unit or apartment number.
2.	Provide the license type, license number, and the license expiration date.
3.	Provide the name of the owner(s) and the name of the contact person, if different. The owner may be an individual, an agency, a partnership, or a corporation. (If an agency, partnership, or a corporation is the owner, a contact person's name is necessary.) Provide the city and zip code for the property and list telephone numbers where we can reach the owner or operator during the day and evening hours.
4.	List dates and times when it is known that someone will be at the facility. Not having this information will result in a delay in our completing the request.
5.	Indicate the type of facility to be evaluated.
6.	Indicate whether the request is for a new facility, a renewal of a facility inspected previously, or whether this is an existing facility that is to be licensed under a new agency (agency transfer).
7.	Indicate the date of the last inspection of the facility.
8.	Indicate the type of sewage disposal.
9.	Indicate the type of water supply.
10.	Indicate the name of the state or local agency which provides regulatory supervision of the facility to whom copies of inspection reports should be sent. If this is the first request for your agency, include your mailing address on a separate page or attached note.
11.	Print the name and title of the person completing the application.
12.	Enter the daytime telephone number(s) for the person requesting the inspection.
13.	Enter comments that will help in processing the application. This can include directions to the facility (especially helpful for facilities in new subdivisions or on new roads), general vicinity of the facility, deadline for licensure, etc.
14.	Enclose a copy of your North Carolina Facility License.
15.	The person completing the request should sign on this line.
16.	Mail to Union County Environmental Health Department

Applications will be processed in the order they are received.

NOTE: If items 1 – 15 are not completed, the application will be returned so the required information can be provided. No action will be taken by the Health Department for incomplete requests.



Union County Environmental Health

Division of Union County Health Department

Phone: (704) 283-3553 Fax: (704) 283-3825

www.co.union.nc.us

Request for Evaluation of a Residential Care Facility

1. Facility Name: _____
(as it appears or will appear on license)

Facility Address: _____

2. License Type: _____ License #: _____ License Exp. Date: _____

3. Owner and Contact Person(s): _____

City: _____ Zip: _____ Phone (day): _____

Phone (other): _____

Copy of written request requesting inspection on agency letterhead attached.

4. What dates/times will someone be available at this site? _____

5. This request is for the evaluation of a (an): [] .5600 [] Group Home
[] Respite care facility [] Other (specify type below)

6. This request is for a: [] New facility [] Facility re-licensing [] Agency Transfer

7. Date of last inspection: _____

8. Sewage Disposal: [] Municipal (city) [] Septic system [] Community sewage system

9. Water supply: [] Municipal (city) [] Private well [] Community well

10. Supervising Agency: _____

11. Requesting Person: _____ Title: _____

12. Requesting Person's Phone (day): _____ Other: _____

13. Comments and Directions to Facility: _____

14. A copy of the North Carolina Facility License is enclosed [] Yes [] No

15. Signature of Person Completing Application: _____

**Mail the completed application to: Union County Environmental Health Department
500 North Main Street
Suite 36
Monroe NC 28112
Attention: Christy Ford**

Or, you may fax the request to 704-283-3825