



## Community Residential Home Requirements

Chapter 419, Florida Statutes require that persons seeking to establish Agency for Persons with Disabilities (APD) licensed foster care facilities\* or group home facilities (meeting the definition of a “community residential homes” within the law) must provide local zoning officials with certain information as part of the license application process.

\*Note: Foster care facilities (with a maximum capacity of three residents) which intend to utilize live-in caregivers do not meet the statutory definition of “community residential home” as that term is defined in Chapter 419, F.S. and are therefore exempt from the local zoning notification requirements of the law.

**In order to ensure compliance with State law, please complete the following steps:**

### STEP ONE

- 1) Obtain a list of community residential homes in your area which are licensed by the Agency for Health Care Administration. This information can be found on the Internet via the following link: [FloridaHealthFinder | Facility/Provider | Compare and Locate](#)
- 2) Choose “Search by Proximity”
- 3) Enter the address of the proposed facility and search for each of the following provider types (with 14 or fewer beds) within one mile:
  - a. Assisted Living Facilities
  - b. Adult Family Care Homes
  - c. Residential Treatment Facilities
  - d. Intermediate Care Facilities for the Developmentally Disabled
- 4) The proposed location must be 1,000 feet from another community residential home with 6 or fewer beds.
- 5) The proposed location must be 1,200 feet from another community residential home with 7 - 14 beds.
- 6) Print out the search results for each of the above categories and submit to the Orange County Zoning Division.

*Please Note: Community residential homes with greater than 14 beds are not considered residential.*

### STEP TWO

- 1) Obtain a list of community residential homes in your area which are licensed by Department of Children and Families (DCF) from Veronica Navarrete at [veronica.navarrete@myflfamilies.com](mailto:veronica.navarrete@myflfamilies.com), (407) 752-6042
- 2) Contact [Lisa.thompson@apdcares.org](mailto:Lisa.thompson@apdcares.org) to request a current list of APD licensed community residential homes in your area.
- 3) Once you receive the lists, you must determine if the address of the proposed location is 1,000 feet from another DCF or APD licensed community residential home, contact [kendall.beres@apdcares.org](mailto:kendall.beres@apdcares.org) or [joyce.leonard@apdcares.org](mailto:joyce.leonard@apdcares.org).
- 4) Print out the search results and submit to the Orange County Zoning Division.

### STEP THREE

- 1) Complete and notarize the attached Affidavit and submit it with your license application packet. By signing the Affidavit, the applicant certifies that the proposed facility is not located within a 1,000 foot (6 or fewer beds) or 1,200 (7-14 beds) foot radius from another community residential home or has an approved variance from the Orange County Zoning Division.

If you have any questions, please contact Joyce Leonard at (352) 330-2743.



COMMUNITY RESIDENTIAL HOME AFFIDAVIT OF COMPLIANCE
WITH CHAPTER 419, FLORIDA STATUTES

SECTION 1

Name of License Applicant: \_\_\_\_\_

Address of Proposed Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Licensed Beds: \_\_\_\_\_

Will this home be a foster care facility (3 beds or less) with a live-in caregiver? Yes \_\_\_ No \_\_\_

If yes, go directly to Section 3 since Section 2 would not apply to you.

SECTION 2

- 1. I have provided the local zoning authority with the most recently published data compiled by the Agency for Health Care Administration, Agency for Persons with Disabilities, and Department of Children and Families identifying all community residential homes within the jurisdiction of the local zoning authority.
2. I further certify that notification of intent to establish this facility has been made to the local zoning authority.
3. At the time of home occupancy, I will notify local government that the facility is licensed.
4. I understand that the Agency for Persons with Disabilities assumes no financial liability or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets Chapter 419 requirements.

(6 or fewer beds): I certify that the proposed facility is not located within a 1,000 foot radius of another community residential home or has an approved variance\* from the local zoning authority.

(7-14 beds): I certify that this facility is not located within a 1,200 foot radius of another community residential home or within 500 feet of an area zoned single-family or has an approved variance\* from the local zoning authority.

\*Check this box if you have an approved variance from local zoning and please attach a copy.

SECTION 3

Printed Name of the Licensed Applicant

Signature of the Licensed Applicant

State of \_\_\_\_\_ County of \_\_\_\_\_ the undersigned certifies that the information submitted herein is true and correct. Sworn and subscribed to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_