

INSTRUCTIONS
For Completion of the Ohio Department of Health
SPECIAL POPULATION UNIT/FACILITY DISCLOSURE FORM
For Residential Care Facilities

Instructions

1. Complete every section of the Special Population Unit/Facility Disclosure Form by **block printing** or **typing**. Incomplete or illegible forms will be returned for correction. If printing, please use blue or black ink.
2. Falsification or misrepresentation is prohibited by state law.
3. If there is insufficient space to complete an answer, continue the answer on an additional separate sheet. If multiple answers are listed on an additional separate sheet(s), please number your responses according to the question being answered.
4. Complete a new Special Population Unit/Facility Disclosure Form:
 - a. At the time of annual license renewal;
 - b. When the facility begins a special care unit;
 - c. When the facility census indicates that the number of individuals with identified diagnoses triggers disclosure; or
 - d. As directed by the director or his representative.
5. Indicated if attaching supporting documentation in the appropriate boxes.
6. Call the Ohio Department of Health (ODH) Division of Quality Assurance, Bureau of Information & Operational Support (BIOS), Licensure Section at (614) 466-7713.
7. Return this, along with supporting documentation and your license application or renewal (if applicable) to:

Ohio Department of Health
Bureau of Information & Operational Support - Licensure Section
246 N. High St. – 3rd Floor
Columbus, Ohio 43216-0118

Or by facsimile to:

(614) 564-2426

**Ohio Department of Health
Division of Quality Assurance**

**Residential Care Facility
Special Population Unit/Facility Disclosure Form**

Facility Name:		License Number:
Street Address:		Maximum Licensed Capacity of this Facility:
City:	Zip:	County:
Telephone (including Area Code): ()	FAX (including Area Code): ()	E-mail of Contact Person:

Name of Owner:	Telephone (including Area Code): ()
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Name of Administrator (if different from ()6)

