



COMMUNITY RESIDENTIAL HOME AFFIDAVIT OF COMPLIANCE WITH CHAPTER 419, FLORIDA STATUTES FOR ADULT FAMILY CARE HOMES

Name of adult family care home (AFCH): _____

Address: _____ Telephone: (____) _____

City: _____ State: FLORIDA Zip: _____ - _____

Number of Licensed Beds: _____ Is the AFCH located in an area zoned single-family or multi-family? Yes No

If NO, compliance with 58A-14.003(1)(a)3., Florida Administrative Code, is required. Please attach AHCA form number 3180-1021 or a letter from the local zoning official verifying zoning.

If YES, please check appropriate zoning: single-family; multi-family. Compliance with the following is also required:

- I have provided the local zoning authority with the most recently published data compiled by the Agency for Health Care Administration, Department of Elder Affairs and the Agency for Persons with Disabilities, identifying all community residential homes within the jurisdiction of the local zoning authority.
I certify that this adult family care home is not located within a 1,000 foot radius of another community residential home, or has an approved variance* from the local zoning authority.
I further certify that notification of intent to establish this facility has been made to the local zoning authority (copy of dated letter attached).
At the time of home occupancy, I will notify local government that the facility is licensed.
I understand that the Agency for Health Care Administration assumes no financial or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets these dispersion requirements.

*Check if you have an approved variance and attach a copy of approval.

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 _____, _____

By _____

NOTARY PUBLIC

Title _____

Date _____

My commission expires: _____