



**Request for Evaluation of a
Residential Care Facility**

1. Facility Address: _____ Unit (where applicable): _____

City: _____ Zip: _____

License Number _____ (if applicable) Maximum Capacity: _____

2. Contact Person Information:

Name: _____ Phone (day): (____) _____

Phone (cell): (____) _____ Fax: (____) _____

Email Address: _____

3. What dates/times someone will be onsite at the facility? _____

4. Type of License: Adult Care Home, Family Care Home, Mental Health, Maternity Home, Other _____

** Operators requesting an inspection of a day time only program (ex: Adult Day Care, Day Treatment, etc) must call 980-314-1620*

5. This request is for a: New facility Facility re-licensing

6. Sewage Disposal: Municipal (City of Charlotte) Septic system

7. Water Supply: Municipal (City of Charlotte) Private well

8. Supervising Agency (if applicable): _____

Supervising Agency contact number: (____) _____

9. Owner of Facility: _____

10. Comments: _____

Signature of Applicant: _____ Date _____

Name of Applicant (PRINT): _____ Applicant Phone Number: _____

****Once this Department receives this application, an inspector will either 1) Call and schedule an inspection or 2) Conduct an unannounced inspection.**

Mail or FAX the completed application to:

Mecklenburg County Health Department
Attention: Residential Care Facilitator
700 N. Tryon Street, Suite 208
Charlotte, NC 28202-2236

FAX: (704) 336-5306

The Mecklenburg County Health Department is responsible for the annual sanitation inspection of establishments meeting the statutory definition of **residential care facility (RCF)** as defined in the NC **Rules Governing The Sanitation Of Residential Care Facilities**, 15A NCAC 18A, Section .1600. These rules define a RCF to be one that has a current license from the NC Department of Health & Human Services (DHHS), provides room or board for 12 or fewer residents, and which is receiving an annual inspection under the above rules.

Prior to January 1, 2013, the inspection process required all operators to apply for an inspection. Effective immediately, this Department will follow the inspection protocol below:

- Facilities licensed, as a Maternity Home, Adult Care Home, or Family Care Home will receive an unannounced inspection by December 31 of each year. However, an operator can request an inspection anytime throughout the year.
- Facilities that have a Mental Health License (Ex. MHL-000-000) are required to apply for an inspection by December 31 of each year.

An inspection application can be obtained by calling **980-314-1620**.