**EOHHS Siting Guidelines and Operational Procedures**

**2017**

**EOHHS NEW HOME REQUEST, Page 1**

To be submitted to the Director of the EOHHS Facilities Office for all current and/or proposed homes for all EOHHS’ agencies, state operated or provider operated residential programs.

EOHHS Agency: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EOHHS Agency Contact: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Request Received by Agency \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Request Sent to EHS \_\_\_\_\_\_\_\_\_\_\_\_\_

Operator of the home: (provider name or state operated) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of home

Street and number: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Including street address, city/town, and zip code)

Status: (current; proposed; sale in process; pending licensure, in response to RFR, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of individuals to be served/ occupy the home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setting: Shared Living; Group Home; Independent Apartment; Supported Housing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief profile of the population to be served: (for example, Intellectual Disabilities, Developmental Disabilities, Mentally Ill, Brain Injured, Teen Program, Children or Youth Programs.)

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Other Useful Information: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EOHHS RESIDENTIAL HOME ADDRESSES ARE CONFIDENTIAL AND ARE EXEMPT FROM DISCLOSURE UNDER THE MASSACHUSETTS PUBLIC RECORDS LAW. THE INFORMATION SUBMITTED PURSUANT TO THIS FORM SHOULD NOT BE SHARED EXCEPT AS PROVIDED IN THIS FORM**

**This form once completed is to be sent to the Director of the EOHHS Facilities Office at**

[**EHS.Grouphomes@Massmail.state.ma.us**](mailto:EHS.Grouphomes@Massmail.state.ma.us)

**with a copy to the Director of the Interagency Council on Housing and Homelessness.**

**EOHHS NEW HOME REQUEST, Page 2**

**GROUP HOME SITING CONSIDERATIONS**

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor contact if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building owner (please check one)

* State owned \_\_\_\_\_\_\_
* Vendor owned \_\_\_\_\_\_\_
* State leased \_\_\_\_\_\_\_
* Vendor leased \_\_\_\_\_\_\_

Population profile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe neighborhood:

Please provide description, including distance to site, for the following:

* Please identify stores and other services:
* Please identify parks and recreational activities:
* Please identify health care services:
* Please identify places of worship:
* Please identify public transportation:

Other considerations:

*Form filled out by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*