



SEMIANNUAL SELF-CERTIFICATION FOR GROUP HOMES
City Of Wheat Ridge, Colorado

Pursuant to Wheat Ridge Code of Laws Section 26-612.A.6, the undersigned provides this semiannual self-certification with respect to the group home identified below.

Complete this form and submit via email to zoning@ci.wheatridge.co.us or via mail or hand delivery to the Community Development Department, 7500 W 29th Ave, Wheat Ridge, CO 80033. For questions, please contact the Planning Division at 303-234-5931.

To be completed by all group homes:

1. Address of group home: _____

2. Type of group home: for children for elderly persons for disabled persons

3. Contact information of person filing this report (must be owner or operator):

Name: _____ Owner Operator

Company Name: _____

Address: _____

Phone: _____ Email: _____

If property owner is different, provide information below; if same as above, leave blank.

Property Owner Name: _____

Phone: _____ Email: _____

4. Report filed for (check one): January 1 through June 30 of current year

July 1 through December 31 of current year

5. Date group home started operating at this address: _____

6. Most number of residents at the address during previous 6 months: _____

7. Most number of staff at the address during the previous 6 months: _____

8. Attach all approved and in force state and county licenses required for the operation.

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9. Certify or affirm that all applicable life and safety requirements applicable to the home are current and met; if not, describe what requirements are not met and describe plans to bring the home into compliance.

Life and safety issues include features such as operable smoke detectors, operable carbon monoxide detectors, compliant sleeping room egress, and minimum room size. Every bedroom shall contain 70 square feet (SF) for single occupancy and an additional 50 SF for each additional occupant (eg 120 SF for double occupancy, 170 SF for triple occupancy, etc). Egress doors must be readily openable from the egress side without the use of a key or special knowledge or effort. Courtesy inspections may be completed by request by the Wheat Ridge Building Division. Call 303-234-5933 to make a request.)

- All applicable life and safety requirements are met: Yes No
- If not met; describe or attach a plan and schedule to bring the home into compliance: _____

To be completed only by group homes for disabled persons:

10. Number of disabled persons as defined in Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1968, the Americans With Disabilities Act, the Rehabilitation Act, or disabled persons as defined by Section 24-34-301, CRS who are presently residing in the home: _____ disabled persons.

11. The undersigned certifies that the residents in the home are disabled persons entitled to protection under the relevant laws (exclusive of any additional necessary persons employed in the care and supervision of such disabled persons).

Add or attach information required by Question 7 and any additional information, if desired.

OWNER / OPERATOR:

Signature

Print Name

Date

To be filled out by staff:

Date received _____