

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**  
**Health Regulation & Licensing Administration**

Intermediate Care Facilities Division  
Phone: 202-724-8800  
Fax: (202) 442-9430



Mailing Address  
899 North Capitol Street N.E. 2<sup>nd</sup> Fl.  
Washington, D.C. 20002

**License Renewal Application Instructions**  
**Community Residence Facility-Chapter 34**

---

Dear Provider,

Please follow the checklist below for completing the application and return for processing.

1. Application for Licensure
2. Licensure Fee
3. Fire Report and/or Fire Receipt for Inspection
4. Insurance Verification Form(to include the expiration date)
5. Certificate of Good Standing (DCRA – Office of Corporation Division for current year with seal)
6. Clean Hand Act Certification Form (DOH Certification Form)

The renewal application must be completed 90 days before your agency license expire. Please note that no inspection will be conducted unless the renewal application and annual licensure fee are received by 90 days before your agency license expire. **Failure to submit the application with the annual licensure fee (check or money order) will result in your application not being processed. All checks or money orders must be made payable to the “D. C. Treasurer”.**

The license fees for community residence facilities are as follows (Title 22 of the District of Columbia Municipal Regulations (DCMR), Public Health and Medicine, Chapter 31, Health-Care and Community Residence Facilities, Section 3114, effective August 30, 1996):

<u>Number of Beds</u>	<u>Annual Fee</u>	<u>Late Fee</u>
1-5	65.00	32.50
6-10	97.50	48.75
11-20	130.00	65.00
21-40	195.00	98.00
41-60	260.00	130.00

If you have any questions regarding this matter, please contact Louis Woodard, Supervisory Social Worker, Intermediate Care Division at (202) 724-8800.