Department of Human Services  
Checklist for the Initial Application for a Certificate of Compliance for a Human Service Setting

This checklist is designed to assist you in completing the initial application for a Certificate of Compliance to operate a human service setting. If the application packet is not complete when submitted, it will be returned to you to be completed and resubmitted. Each entry may not be necessary for each applicant. If you have questions about any required document, you may call the Human Services Licensing Administration at 717-705-0383 for clarification.

Items necessary to be considered a complete application are as follows:

- **Application for Certificate of Compliance (HS 633)** - Application must be signed by the owner or if a Corporation, by a Corporate officer.

- **Articles of Incorporation** – If the facility or agency is operated by a Corporation, LLC, LP, etc, a copy of the Department of State’s approved papers must be included.

- **Fictitious Name Approval** - If the legal entity is for profit and wishes to name the home something other than the owner’s or corporations, LLC’s name, or other legal entity’s name, then a copy of the Department of State’s approved fictitious name papers must be included.

- **Foreign Business** - If the legal entity is a Corporation, LLC, LP, etc formed in a state other than Pennsylvania, then a copy of the Department of State’s approved authorization to do business in Pennsylvania must be included.

- **Occupancy Permit** – A copy of the final or approved Occupancy Permit issued from the Department of Health, Department of Labor and Industry, or the local municipality must be included. The address on the Occupancy Permit MUST match the home’s address on the application in number 1. *(This is not applicable for Family Living Home, 55Pa. Code Chapter 6500)*

- **Application fee** as follows for the number of beds you are requesting to be licensed *(The application fee only applies to Personal Care Homes, 55 Pa.Code Chapter 2600, and Assisted Living Residences, 55 Pa.Code Chapter 2800)*:
  
<table>
<thead>
<tr>
<th>Beds Range</th>
<th>Application Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 beds or less</td>
<td>$15.00</td>
</tr>
<tr>
<td>21 – 50 beds</td>
<td>$20.00</td>
</tr>
<tr>
<td>51-100 beds</td>
<td>$30.00</td>
</tr>
<tr>
<td>101 beds and over</td>
<td>$50.00</td>
</tr>
<tr>
<td></td>
<td>$75 per bed Fee (collected when license is issued)</td>
</tr>
</tbody>
</table>

Please enclose a check or money order made payable to Department of Human Services.

- **Proof of non-profit status**, if applicable, in the form of a copy of The Department of Treasury’s approval of non-profit, § 501(c)(3), status.

*Please note that a copy of an application is not acceptable. It must be a copy of the approved document.*

The completed Application Packet should be submitted to:

- **Via First Class Mail**:  
  Department of Human Services  
  Human Services Licensing  
  P.O. Box 2675  
  Harrisburg, PA 17105-2675

- **Via Courier**:  
  Department of Human Services  
  Human Services Licensing  
  Room 623, Health & Welfare Building  
  7th & Forster Streets  
  Harrisburg, PA 17120

- **Department of Human Services, Bureau of Equal Opportunity** - Civil Rights Compliance Questionnaire - Civil Rights approval is required prior to the issuance of a Certificate of Compliance. The completed Civil Rights Compliance Questionnaire should be submitted to the Bureau of Equal Opportunity Office serving your region:

  - **Central Regional Office**:  
    Department of Human Services  
    Bureau of Equal Opportunity  
    Room 223 Health & Welfare Building  
    P.O. Box 2675  
    Harrisburg, PA 17105-2675

  - **Southeastern Regional Office**:  
    Department of Human Services  
    Bureau of Equal Opportunity  
    Room 1105-B, Philadelphia SOB  
    1400 Spring Garden Street  
    Philadelphia, Pa. 19130-4088

  - **Western Regional Office Room**:  
    Bureau of Equal Opportunity  
    702, Pittsburgh SOB 300  
    Liberty Avenue  
    Pittsburgh, PA 15222-1210