



City of North Port

North Port Fire Rescue District

4980 City Center Boulevard
North Port, Florida 34286



www.cityofnorthport.com

(941) 240-8150

Fax: (941) 240-8182

Home Businesses – New or Change of Occupancy

RE: Residential and Nonresidential Home Care Facilities

Please check the appropriate type of home care business you are starting to help us determine which requirements of *Florida Administrative Code 69A Division of State Fire Marshal* and *Florida Fire Prevention Code (current edition)* will apply to your facility. Additionally, provide a copy of State Licensure Application* or State License*.

<input checked="" type="checkbox"/>	Facility Type	Facility Description	State Licensure*	Fire Inspection Required
<input type="checkbox"/>	Adult Day-Care Home	Provide basic services to 3 or more persons, 18 years of age or older, unrelated to proprietor	AHCA	Yes
<input type="checkbox"/>	Adult Family Care Home	Provide room, board, and personal care to 5 or fewer disabled adults or frail elders, unrelated to proprietor	AHCA	Yes
<input type="checkbox"/>	Adult Family Care Home	Provide room, board, and personal care to 2 or fewer adults who do not receive optional state supplementation	Not Required	N/A
<input type="checkbox"/>	Assisted Living Facility	Provide housing, meals, and 1 or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator	AHCA	Yes
<input type="checkbox"/>	Family Day-Care Home	Provide regular care for children from at least two unrelated families for a period less than 24 hours and receipt of payment, fee, or grant for any of the children receiving care, whether or not operated for profit	DCF	Yes
<input type="checkbox"/>	Large Family Day-Care Home	Provide regular care for children from at least two unrelated families for a period less than 24 hours, receipt of payment, fee, or grant for any of the children receiving care, whether or not operated for profit, and which has at least two full-time child care personnel on the premises during the hours of operation	DCF	Yes
<input type="checkbox"/>	Foster Care Facility	Provide full-time living environment for not more than 3 individuals with developmental disabilities including supervision and care necessary to meet the physical, emotional, and social needs	APD	Yes
<input type="checkbox"/>	Group Home Facility	Provides full-time living environment for 4 but not more than 15 individuals with developmental disabilities including supervision and care necessary to meet the physical, emotional, and social needs	APD	Yes
<input type="checkbox"/>	Intermediate Care Facility	Licensed and certified in accordance with state law, and certified by the Federal Government, pursuant to the Social Security Act, as a provider of Medicaid services to persons who have developmental disabilities	AHCA	Yes

*AHCA – Florida Agency for Health Care Administration

DCF – Florida Department of Children and Families

APD – Florida Agency for Persons with Disabilities