### **Group Home Provider Referral Packet**

#### **1. Cover Letter**

#### Provider's Information:

#### Name

#### Title

#### Contact Information (Phone and Email)

#### Purpose of Referral:

#### A brief summary of the provider’s intent to offer group home services under Sunny Haven’s license, specifying the type of residential services they intend to provide.

#### Compliance Acknowledgement:

#### A statement that the provider understands and agrees to comply wi**th DBHDS, HCBS, MES, and Virginia state licensing requirements.**

#### **2. Occupancy Permit**

#### Providers must submit a valid and up-to-date occupancy permit for the home in which services will be provided. This ensures the property meets all safety and accessibility standards required by DBHDS and Virginia state licensing authorities.

#### **3. Floor Plan**

#### A detailed floor plan of the home is required, showing the layout, including the number of rooms, bedroom sizes, and common areas. The plan should also include details about emergency exits and accessibility features, such as ramps or widened doorways, to ensure the home is suitable for individuals with disabilities.

#### **4. Insurance**

#### Providers must submit proof of the following types of insurance:

#### General Liability Insurance: A policy that meets the minimum coverage requirements set by DBHDS and Virginia state licensing.

#### Homeowner’s Insurance: A current policy that covers the use of the home as a sponsored residential site, ensuring the provider is prepared for any incidents that may occur on the property.

#### **5. Staffing Schedule**

#### Providers must provide a comprehensive staffing plan that outlines the following:

#### The number of staff working at the home.

#### The specific roles and responsibilities of each staff member.

#### A detailed weekly schedule that shows the shifts and availability of staff to support the residents' needs.

#### **6. Trainings**

#### Documentation of completed training programs is required to ensure staff meet the necessary qualifications for caregiving, in accordance with DBHDS regulations. The following certifications must be included:

#### First Aid/CPR: Certification ensuring the ability to respond to medical emergencies.

#### Therapeutic Options: Certification in managing challenging behaviors in line with DBHDS standards.

#### Medication Administration (if applicable): Certification confirming that the provider is qualified to manage and administer medications safely.

#### Providers must also demonstrate a commitment to ongoing professional development, including any additional training required by Sunny Haven and regulatory authorities.

#### **7. Background Checks**

#### Providers must submit proof of the following background screenings for themselves and any staff working in the home:

#### Criminal Background Check: A complete criminal history check to ensure the safety of individuals receiving care.

#### Child Protective Services (CPS) Check: Verification that the provider and staff have no history of child abuse or neglect.

#### Other Required Background Screenings: Any additional checks required by DBHDS or Sunny Haven to ensure a safe caregiving environment.

#### **8. Resume or Application**

#### Each provider and staff member must submit a detailed resume or application, which includes:

#### A summary of relevant work experience, particularly in caring for individuals with intellectual or developmental disabilities.

#### Educational background, highlighting any qualifications relevant to caregiving.

#### A history of any specialized training in residential services or community-based care.

#### **9. Personal References**

#### Providers must include letters from at least three personal and professional references who can attest to their qualifications, work ethic, and experience in providing care. References should:

#### Be familiar with the provider’s experience in working with individuals with disabilities.

#### Be able to speak to the provider’s ability to maintain a safe and supportive home environment.

#### Offer insight into the provider's character and commitment to ethical caregiving practices.

#### **Submission Process**

#### Please compile the required documents into a single, organized packet. The referral packet should be submitted via secure email to:

#### Marcie Childress, Director; Email: marciecsunnyhaven@gmail.com

#### Cc: Dana Kiser, Program Manager; Email: danasunnyhaven@gmail.com

#### Cc: Catherine Linkenhoker, HR Manager; Email: hr.sunnyhavenrs@gmail.com

#### **For any questions or assistance, please call us: 877-575-6625**

You may also fax to: 540-527-5101

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#### **By submitting this referral packet, providers acknowledge their understanding of and agreement to comply with all relevant DBHDS, HCBS, and Virginia state licensing regulations.**

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### **Cover Letter**

### **Provider's Information:**

### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### **Purpose of Referral**

### (Please provide a brief summary of your interest in becoming a Group Home Provider under Sunny Haven's license, including the type of residential services you intend to offer.)

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### **Compliance Acknowledgement**

I, , hereby acknowledge and affirm that I understand and agree to comply with all applicable regulations and requirements as set forth by the Virginia Department of Behavioral Health and Developmental Services (DBHDS), Home and Community-Based Services (HCBS), Managed Enrollment Services (MES), and Virginia state licensing authorities.

I commit to adhering to all relevant standards, policies, and procedures, including but not limited to:

* Providing care that is person-centered, community-integrated, and respectful of the rights and dignity of the individuals I serve.
* Maintaining accurate and timely documentation, including electronic records as required by Sunny Haven, using the Lauris system or other designated platforms.
* Ensuring that the home environment meets all safety, accessibility, and licensing requirements as mandated by DBHDS and Virginia state regulations.
* Participating in ongoing training and professional development to remain compliant with current laws and best practices in the field of sponsored residential care.
* Cooperating fully with inspections, audits, and any other oversight activities conducted by DBHDS, MES, or Sunny Haven.
* Implementing and following any corrective actions or recommendations provided by regulatory bodies to maintain compliance with all legal and ethical standards.

I understand that failure to comply with these requirements may result in the revocation of my license to provide group home services under Sunny Haven's license.

**Provider's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_