



APPLICATION DOCUMENTS FOR  
**Community Based Living Arrangement - Organization**  
**(CBLA Facility)**

INITIAL/CHOW APPLICATION

Org Name: \_\_\_\_\_

Circle Type: Corp Assoc LLC

Partnership

Facility Address: \_\_\_\_\_ Beds: \_\_\_\_\_

Credential #: \_\_\_\_\_

Applicant(s): \_\_\_\_\_

DATE SUBMITTED	DOCUMENT	REFERENCE
	Certificate of Compliance from State Fire Marshall (SFM). Some CBLA facilities may require sprinklers, contact the SFM for more information. DPBH will send a facility/agency (CBLA services only) inspection request to the SFM after the application and fee are submitted. After the SFM office completes its inspection, it will notify DPBH of the facility/agency's compliance.	<a href="#">NRS 449.131(2)(a)(b)</a>
	Copy of Nevada State Business License # <b>Exp:</b>	<a href="#">NRS 449.0045</a>
	Copy of current business license from county, city or town in which business is located (or written verification of exception from requirement to obtain local business license) <b>Jurisdiction:</b> <b>Exp:</b>	<a href="#">NAC 449.011(4)(e)</a> <a href="#">NRS 449.040(10)</a>
	Federal Tax Identification Number of Organization #	<a href="#">NRS 449.0045</a>
	Articles of Incorporation or Bylaws ( <b>corporations only</b> )	<a href="#">NAC 449.011(4)(g)</a>
	Articles of Association	<a href="#">NAC 449.011(4)(g)</a>
	Articles of Organization ( <b>LLCs only</b> )	<a href="#">NAC 449.011(4)(g)</a>
	Organization's Constitution	<a href="#">NAC 449.011(4)(g)</a>
	Partnership Agreement ( <b>if applicable</b> )	<a href="#">NAC 449.011(4)(g)</a>
	List of members of applicant's governing body	<a href="#">NRS 449.0045</a>
	Name, title and principal business address of each officer and member of its governing body	<a href="#">NRS 449.0045</a>
	The signature of the chief executive officer or an authorized representative	<a href="#">NRS 449.0045</a>
	For each member of the governing body: 3 or more letters of professional reference	<a href="#">NRS 449.0045</a>
	Complete state background check	<a href="#">NRS 449.122</a>
	Copies of policies and procedures relating to the provision of services	<a href="#">NRS 449.0045</a>
	Complete a Division of Public and Behavioral Health-approved administration of medication program	<a href="#">NRS 449.0045</a>
	Community Based Living Arrangement (CBLA) Services Mandatory Training - proof of completion of 16 hours of training concerning the provision of services provided by the Division of Public and Behavioral Health	<a href="#">NRS 449.0045</a>

**When submitting your application, you MUST upload all of the documents on this checklist, with the exception of Certificate of Compliance from State Fire Marshall & background check reports.**



APPLICATION DOCUMENTS FOR

**Community Based Living Arrangement – Services Only  
(CBLA Services Only)**

INITIAL/CHOW APPLICATION

**Applicant Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Credential #:** \_\_\_\_\_

DATE SUBMITTED	DOCUMENT	REFERENCE
	Certificate of Compliance from State Fire Marshall (SFM). Some CBLA facilities may require sprinklers, contact the SFM for more information. DPBH will send a facility/agency (CBLA services only) inspection request to the SFM after the application and fee are submitted. After the SFM office completes its inspection, it will notify DPBH of the facility/agency's compliance.	<a href="#">NRS 449.131(2)(a)(b)</a>
	Copy of current business license from county, city or town in which business is located (or written verification of exception from requirement to obtain local business license) <b>Jurisdiction: Exp:</b>	<a href="#">NAC 449.011(4)(e)</a> <a href="#">NRS 449.040(10)</a>
	Articles of Incorporation and Bylaws ( <b>Corporations only</b> )	<a href="#">NAC 449.011(4)(g)</a>
	Articles of Organization ( <b>LLCs only</b> )	<a href="#">NAC 449.011(4)(g)</a>
	Partnership agreement ( <b>if applicable</b> )	<a href="#">NAC 449.011(4)(a)(4)</a>
	Complete a state background check	<a href="#">NRS 449.122</a>
	Complete a federal background check	<a href="#">NRS 449.122</a>
	Provide proof of fingerprinting completion	<a href="#">NRS 449.122</a>
	Copy of Social Security card	<a href="#">NRS 449.0045</a>
	List of members of governing body of applicant	<a href="#">NRS 449.0045</a>
	Name, title and principal business address of each officer and member of its governing body	<a href="#">NRS 449.0045</a>
	For each member of the governing body: 3 or more letters of professional reference	<a href="#">NRS 449.0045</a>
	Copies of policies and procedures relating to the provision of services	<a href="#">NRS 449.0045</a>
	3 or more letters of professional references for applicant	<a href="#">NRS 449.0045</a>
	Proof of current Standard First Aid Certification	<a href="#">NRS 449.0045</a>
	Proof of successful completion of CPR course from American Red Cross or American Heart Association	<a href="#">NRS 449.0045</a>
	Complete a Division of Public and Behavioral Health-approved administration of medication program	<a href="#">NRS 449.0045</a>
	Community Based Living Arrangement (CBLA) Services mandatory training	<a href="#">NRS 449.0045</a>
	Proof of Completion of 16 hours of training concerning the provision of services provided by the Division of Public and Behavioral Health	<a href="#">NRS 449.0045</a>

**When submitting your application packet you MUST turn in all of the documents on this checklist, with the exception of Certificate of Compliance from State Fire Marshall & background check reports, or your application packet will be considered incomplete.**