

STATE OF NEW HAMSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 Pleasant St, Concord, NH 03301-6527
603-271-9040 FAX: 271-4968 TDD Access: 1-800-735-2964

Emergency Certification for Community Residence – 3 or fewer beds

Name of Residence/Program: _____ Region: _____

Physical Address: _____
(street) (town) (state) (zip)

Mailing Address: _____
(street) (town) (state) (zip)

Home Provider name: _____ Telephone #: _____

Vendor Agency Name: _____

Vendor Agency Address: _____

Vendor Contact Person: _____ Contact Phone#: _____

E-Mail Address: _____

Area Agency Name: _____

Area Agency Address: _____

AA Contact Person: _____ Telephone #: _____

Name of Residence Administrator: _____

Is residence currently certified Yes No If yes, indicate certificate number: _____

Number of beds currently certified: _____ Total number of beds to be certified: _____

Is this consumer served by: DD BH ABD Waiver Other _____

Number of Community Participation slots requested for this Emergency placement: _____

Number of hours of supervision per day per ISP: _____

I Certify that:

A. _____, born on _____ needed immediate placement on _____ to protect his/her health and
(Individual's name) (date of birth) (date)
safety because _____

B. There is no condition within the above residence that would pose a health or safety threat to the client.

C. This residence is in full compliance with the statutes and regulations governing Community Residences.

Area Agency Executive Director or Community Mental health Executive Director:

Signature _____
Date

Print Name and Title

*Emergency, as defined by He-M 1001.02 and He-M 1002.02 is an unexpected occurrence or set of circumstances in an individual's life which consists of, culminates in, or has resulted for a serious physical and/or psychological injury and requires immediate remedial attention.

*Application must be completed and received by Health Facilities Administration within **7 days** of placement. Please attach a copy of the current floor plan. (Faxes or e-mails acceptable)

*Emergency certification **shall be valid for maximum of 45 days.** Refer to He-M 1001 if an extension of this certification is necessary.

Please attach a copy of the emergency evacuation plan per He-M 1001.13(c)(13)