

COMMUNITY BASED RESIDENTIAL FACILITY (CBRF) IDENTIFICATION OF HAZARDS REQUEST

This is a request for identification and description of the type and extent of any specific hazards that may affect the health and safety of the residents of a proposed Community Living Arrangement. This request is being made in compliance with Chapter 50.03(4)(a)(3), Wis. Stats., for Community Based Residential Facilities (CBRFs) which states:

The Department (of Health Services) shall request that the Planning Commission or Agency send to the Department **within 30 days** a description of any specific hazards which may affect the health and safety of the residents of the Community Based Residential Facility. No license may be granted to a Community Based Residential Facility until the 30-day period has expired or until the Department receives the response of the Planning Commission or Agency, whichever is sooner.

Receipt of this form also serves as notification that a Community Living Arrangement, as defined in Chapter 46.03(22), Wis. Stats., is being proposed in your community. Completion of this form is not mandatory. Return this form to the address on the accompanying letter.

PLANNING COMMISSION OR AGENCY / CBRF / PROSPECTIVE LICENSEE ADDRESS INFORMATION

Name - Planning Commission or Agency		Date Sent	
Street Address	City	State	Zip Code
Name - Proposed CBRF			
Street Address - Facility	City	State	Zip Code
Name - Prospective Licensee			
Street Address - Prospective Licensee	City	State	Zip Code

IDENTIFY THE GENERAL TYPES OF DISABILITY CATEGORIES THIS PROGRAM WILL SERVE.

Number of Residents

TO BE COMPLETED BY THE PLANNING COMMISSION OR AGENCY

Identify and describe any specific hazards that may affect the health and safety of resident of this proposed facility. See the reverse side for a list of possible hazards with space for comments. Attach additional pages if necessary.

- A. Hazards identified (*Identify on reverse side.*)
- B. NO hazards identified
- C. NO hazard investigation conducted

SIGNATURE - Person Conducting Investigation		Date Signed	
Address (if Different from Addressee)	City	State	Zip Code

EXAMPLES OF POTENTIAL HAZARDS

This is not a complete list but a guide to the kind of information that may apply. Indicate any additional hazards not on this list.

NATURAL HAZARDS

1. Is there an open pit or quarry near the proposed facility?
2. Is there an unguarded body of water nearby?
3. Is the proposed facility located on floodplain?
 - a. flood way, or
 - b. flood fringe?What is the regional (or 100 year) flood elevation?

MAN-MADE HAZARDS

1. Is the quality of air in the neighborhood of the proposed facility adversely affected by pollution?
2. Is there a level of noise pollution being generated from any particular sources in the surrounding area which could negatively affect the health or safety of the residents?
3. Are there any obnoxious odors from any source?
4. Is the proposed facility located by or on a heavily used highway or major thoroughfare?

PROBLEMS WITH SUPPORT SERVICES

1. Are local police and fire department services accessible in case of an emergency?
2. Are health care facilities accessible for both normal and emergency services?
3. Are there any hazards which a resident of the proposed facility would encounter go to or from:
 - a. Elementary and secondary schools or adult vocational schools (where applicable);
 - b. Places of employment, including sheltered workshops (where applicable); or,
 - c. Other commonly used facilities such as parks, recreational centers, libraries, etc.?

Comments: