



PRE-SUBMITTAL MEETING CARE FACILITY SUPPLEMENTAL INFORMATION

This application is for: [] In-Home Day Care [] Day Care Center
[] Family Care Home [] Group Home

Are any other Care Facilities located within 1/2 mile? [] Yes [] No

Is the owner also the operator? [] Yes [] No

Has application been made to Division of Facility Services? [] Yes [] No

What are ages (in years) of those receiving care? [] less than 2 1/2 [] 2 1/2 - 5 [] over 5

How many will receive care? ___ How many hours per day will they receive care? ___

What are the hours of operation? _____

Total number of caregivers? ___ Number of caregivers at one time? ___

Will any caregivers reside here? [] Yes [] No

*Ambulatory [] Yes [] No

Will food be prepared on-site? [] Yes [] No

Type of water supply system: [] Well [] Public Water [] Community Water

Type of waste system: [] Septic Tank [] Public Sewer [] Community Sewer

How many bedrooms does the building currently have? _

Please attach detailed description of the proposed facility.

*Ambulatory: a person who can evacuate the building without physical or verbal assistance during a fire or other emergency.

Signature _____

Date: _____

Please be aware that Wake County cannot design your care facility or type of facility. The applicant must know what type of care and number of occupants in order to begin the application process.

By completing this application for a preliminary review, you and the various agencies of Wake County can begin to determine if your proposed project is possible and help to avoid unanticipated costs and minimize delays. A member of the Care Facilities project team will schedule a date and time when you will be able to meet with all of the above County agencies as needed during one meeting.

When you meet for preliminary review please be prepared to supply the following:

Copy of application from Division of Facilities Services (if not provided with application for preliminary review),