



## Guilford County Department of Public Health Application for a Residential Care Inspection

Name of Center: \_\_\_\_\_

Address of Center: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Is the facility licensed by DSS  Yes  No

*If YES an application fee is \$200 made payable to Guilford County Department of Public Health (GCDPH) is required.*

Does the center use well water for drinking and cooking?  Yes  No

A completed application must be received by the Guilford County Department of Public Health 30 days in advance. Applications can be **Faxed** to 336-641-4812 Attention Paula Cox: **Emailed** to [pcox@co.guilford.nc.us](mailto:pcox@co.guilford.nc.us): or **Mailed** to GCDPH 1203 Maple St, Greensboro NC 27405, Attention Paula Cox. If appointments are not kept an additional trip fee of \$50 will be charged for return visits

If you have any questions contact Paula Cox at 336-641-4556.