



**BEXAR COUNTY FIRE MARSHAL'S OFFICE  
AND OFFICE OF EMERGENCY MANAGEMENT**

622 DOLOROSA  
SAN ANTONIO, TEXAS 78207  
TEL: 210.335.0300 FAX: 210.335.0330

Chris Lopez  
Fire Marshal



## **BOARDING HOME PERMITS**

### **USE OF THIS APPLICATION**

In accordance with Commissioners Court Order Adopting Regulations for Permitting and Inspection of Boarding Home Facilities in Unincorporated Bexar County pursuant to Chapter 260 of the Texas Health and Safety Code, all new and existing boarding home facilities within the unincorporated area of Bexar County are required to have a valid permit issued from the Fire Marshal's Office. This application is intended for all proposed new boarding home permits and/or all renewals of existing boarding permits.

### **BOARDING HOME FACILITY DEFINITION**

In accordance with Section 1.01 of Commissioners Court Order, a Boarding Home Facility means an establishment that:

- a. Furnishes, in one or more buildings, lodging to three or more persons with disabilities or elderly persons who are unrelated to the owner or operator of the establishment by blood or marriage; and
- b. Provides community meals, light housework, meal preparation, grocery shopping, money management, laundry services, or assistance with self-administered medication but does not provide personal care services as defined in Section 247.002 of the Texas Health and Safety Code to those persons.

Note that "Personal Care Services" is defined in Section 247.002 of the Texas Health and Safety Code as:

- a. Assistance with meals, dressing, movement, bathing, or other personal needs or maintenance;
- b. The administration of medication by a person licensed to administer medication or the assistance with or supervision of medication; or
- c. General supervision or oversight of the physical and mental well-being of a person who needs assistance to maintain a private and independent residence in an assisted living facility or who needs assistance to manage the person's personal life, regardless of whether a guardian has been appointed for the person.

### **STEPS TO OBTAIN A BOARDING HOME PERMIT**

Depending on your situation, please follow the appropriate steps as outlined below:

Situation 1: If this application is for a proposed **new structure** for a new proposed boarding home facility, please contact the Bexar County Fire Marshal Code Compliance Office for instructions on submitting construction documents for plan review, building and fire system permits, and inspections. Note that you will have to submit a completed Boarding Home Permit Application with your construction document submittal package. This will ensure that you receive your initial annual Boarding Home Permit along with your Certificate of Occupancy once the final inspection is conducted and approved.

Situation 2: If this application is for an **existing structure**, regardless if it is currently being used or not as a boarding home, 1) submit a completed Boarding Home Permit Application; 2) submit a detailed floor plan of the facility to include the total square footage; and 3) If currently a boarding home, submit a Resident Assessment Form on each resident. The County will begin its review and inspection process in order to issue your Boarding Home Permit.

#### **PERMIT FEE AND EXPIRATION/RENEWAL**

The permit fee and renewal fee to operate a boarding home facility is \$1,000.00. The permit to operate a boarding home facility expires one year after the date of issuance. Further, a permit holder is required to apply for renewal at least 30 calendar days before the expiration of the permit using the Boarding Home Permit Application.

#### **NONTRANSFERABILITY OF THE PERMIT**

A permit to operate a boarding home facility is not transferable to another owner, operator, or location.

#### **REVIEW PROCESS**

Step 1: Once the County receives a completed Boarding Home Permit Application and all the necessary paperwork and/or construction documents and applicable fees the County will review the application to verify compliance with the County requirements relating to boarding homes.

Step 2: A fire and life safety inspection will be conducted. Every building utilized as a boarding home must comply with the locally adopted fire and building code. If violations are found, the owner/operator will be given a reasonable amount of time to correct. A re-inspection will then be scheduled. In the event a time extension to install the required fire protection systems is approved by the Fire Marshal, a Temporary Certificate of Compliance will be issued.

Step 3: When the County has ensured that all applicable requirements are met, the County shall issue the Boarding Home Permit that will be valid for one year. Note that the Boarding Home Permit issued is required to be conspicuously posted for display in a public area within the boarding home facility.



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**Boarding Home  
Permit Application**

Permit Application No. <i>(Office use only)</i>		Date of Original Certificate of Occupancy: <i>(If applicable)</i>	
Boarding Home Facility Name:			Phone#:
Facility Address:	City, State, Zip	Building#:	Suite#:
Legal Description:			
Number of Buildings on property:	Square footage of each:		
Boarding Home Owner/Operator:	Home Phone#:	Mobile/Emergency#:	
Home Address:	City, State, Zip Code:	Email:	
	Date of Birth:	Driver's License No. / State:	
Property Owner Name:	Home Phone#:	Mobile/Emergency#:	
Property Owner Address:	City, State, Zip Code:	Email:	
	Date of Birth:	Driver's License No. / State:	
<p><b>Please check the correct circumstance below which best describes this Boarding Home:</b></p> <p><input type="checkbox"/> This application is for a proposed <u>new structure</u> for a new proposed boarding home facility.</p> <p><input type="checkbox"/> This application is for an <u>existing structure</u> where there is currently an existing boarding home that was in operation prior to October 1, 2014 at this location.</p> <p><input type="checkbox"/> This application is for an existing structure where there is <u>not</u> currently an existing boarding home.</p>			

Please describe in detail the services that will be provided to the residents by the boarding home owner/operator and/or staff:

Number of bedrooms:	Maximum number of residents:	Number of employees:
Will meals be prepared by staff and/or operator? Yes      No	Hours when residents will be under supervised watch by operator and/or employee(s):	

**PLEASE ATTACH THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:**

- Proof of insurance on the Boarding Home Facility showing the levels of coverage
- A detailed floor plan of the Boarding Home Facility to include total square footage
- Completed and signed "Resident Assessment Form" on each client/patient
  - Resident Assessment Form may be reproduced as needed
- Completed and signed "Background Check Authorization Form" along with copy of government issued ID on each employee
  - Authorization Form may be reproduced as needed
- If Boarding Home Facility is being leased by Operator, submit a letter from the property owner giving operator authorization to use rental property as a boarding home

**NOTICE**

I hereby certify that I have read and examined this application and affirm under penalty of perjury that, to the best of my knowledge, all information contained herein is true and correct. I acknowledge that my project may be subject to the requirements of the Fair Housing Act (FHA), the Americans with Disabilities Act (ADA), the Texas Accessibility Standards (TAS), and section 504 of the Rehabilitation Act of 1973. It is my responsibility to ensure my project complies with those requirements. I affirm that for information I will contact: 1-800-949-4232 for ADA, 1-800-767-7468 for FHA, or 1-800-803-9202 for TAS.

Boarding Home Owner/Operator/Agent Signature:	Date:
Print Name:	
Property Owner Signature:	Date:
Print Name:	

**OFFICE USE ONLY:**

Date Received:	Permit Fee:	Check/MO#:	Receipt #:	Received By:	Date Completed:
	\$1,000.00				
Work-Authorization Required?:		Building Permit Required?:		Sprinkler System Required?:	
YES / NO		YES / NO		YES / NO	
				Fire Alarm Required?:	
				YES / NO	



# BEXAR COUNTY FIRE MARSHAL'S OFFICE

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## Boarding Homes Program Resident Assessment Form

### INSTRUCTIONS:

1. Perform an assessment on each resident and submit completed Resident Assessment Form with initial application.
2. When applicable, perform assessment and complete Resident Assessment Form for each new resident within 10 days of move-in.
3. Submit completed forms on new residents to the Bexar County Fire Marshal's Office at 622 Dolorosa San Antonio, TX 78207.
4. Perform assessments annually for each resident and maintain completed forms in on-site boarding home records. Records should include a photocopy of the resident's state-issued photo ID and current SSI/SSDI award letter or check, if applicable. (The Bexar County Fire Marshal's Office may inspect records at any time to ensure that assessments have been completed.)

Boarding Home Name: \_\_\_\_\_ Owner/Operator: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Resident Name: \_\_\_\_\_

Assessment Date: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Move-In Date: \_\_\_\_\_ Last Assessment Date: \_\_\_\_\_

Check all that apply:  Elderly (65 or older)  Physically Disabled  Mentally Disabled  Related to owner

### Section 21.02 SELF-ADMINISTRATION OF MEDICATION

Can the resident perform the following tasks with little assistance?: (*Little assistance* is defined as reminding resident to take medication; opening and removing medications from container; placing medication in resident's hand or on a clean surface; and reminding resident when prescription needs to be refilled.)	Yes	No	N/A
Identify names of medications			
Provide reason for medications			
Distinguish color or shape of medications			
Prepare the correct dosage/number of pills			
Confirm the time to take medications			
Read labels			
If resident cannot perform the above tasks due to a temporary condition, what is the date by which the resident is expected to recover ability to self-administer medication?	/ /		

### Section 21.03 ELEMENTS OF PERSONAL CARE

Can the resident perform the following tasks:	Yes	No	N/A
Eat independently and without assistance			
Bathe without assistance			
Dress without assistance			
Move and transfer independently			
Self-evacuate in case of an emergency			
If resident cannot perform the above tasks due to a temporary condition, what is the date by which the resident is expected to recover ability to provide own personal care?	/ /		

### Section 21.05 PROFESSIONAL CARE

If resident does not meet above requirements, does resident:

Receive outside professional services that meet need for personal care or self-administration of medication?	Yes	No	N/A
If yes, please explain:			

I certify that the information contained in this form is current and correct. If, at the time of this assessment or a subsequent assessment thereafter, the resident is found to be unable to self-administer medication with little assistance and/or provide their own personal care, I understand that I am required to notify the Texas Department of Family & Protective Services by calling 1-800-252-5400; notify the resident's guardian, legally appointed representative or designated family member; and notify the Bexar County Fire Marshal's Office by calling 210-335-0300.

Assessed by (signature):	Print Name:	Title:
Boarding home Operator (signature):	Print Name:	Title:

