



RESIDENTIAL CARE FACILITIES

In the City of Orlando, review of a proposed Residential Care Facility requires a Zoning Official Determination. City Code defines a Residential Care Facility (RCF) as:

A governmental, non-governmental, non-profit or proprietary facility providing an alternative to institutional placement, in which a caretaker provides 24 hour care to dependent clients away from their own parents, relatives or guardians, and assists them to the extent necessary to participate in normal activities and to meet the demands of daily living.

The designation of RCF includes a Community Residential Home, defined as:

A dwelling unit licensed to serve residents who are clients of the Department of Elderly Affairs, the Agency for Persons with Disabilities, the Department of Juvenile Justice, or the Department of Children and Family Services or licensed by the Agency for Health Care Administration which provides a living environment for 7 to 14 unrelated residents who operate as the functional equivalent of a family, including such supervision and care by supportive staff as may be necessary to meet the physical, emotional, and social needs of the residents.

and an Adult Family Care Home, defined as:

A facility which provides, twenty-four hours a day, a family-style living arrangement in a private home under which room, board, and care-giving services are provided to five or less disabled adults or elders who are not relatives of the owner or operator.

If your proposed facility meets the above definitions, you must request a Zoning Official's Determination and demonstrate compliance with each of the following requirements. Also, your application must include a written response to the questions on the back of this page:

1. Maximum number of residents/clients: your facility shall not allow occupancy by more than 6 clients.*
2. Level of Care: A caregiver must be available to care for or assist residents with daily living 24 hours a day. (The care giver is not providing intensive, required medical care or nursing, but rather the same type of a care a parent, relative, or legal guardian may provide to their dependent children – assistance to participate in normal activities and meet the demands of daily living.)
3. Residents' Characteristics: Residents must in some way be dependent on the care.
4. Length of Stay:
 - a. The minimum length of stay for the residents of the RCF shall be one month. The facility shall not be intended to provide emergency, short-term, or temporary shelter. (RCF residents are in need of more than emergency services.)
 - b. Occupancy must be pre-arranged by the client or by an agent acting on the client's behalf.
5. Minimum Separation**: Your facility must be at least 1,000 ft. from another State-licensed RCF. With your application, you must submit documentation from each of the following agencies, clearly demonstrating that the agency has not licensed any other Community Residential Home with six or fewer residents within 1,000 ft. of your proposed facility.** You may obtain such documentation from the following sources:
 - a. Agency for Persons with Disabilities (fiddresources.org/html/provider_search.asp)
 - b. Department of Juvenile Justice (djj.state.fl.us/Residential/Facilities/allfacilities.html)
 - c. Department of Children and Family Services (dcf.state.fl.us/access/CPSLookup/search.aspx)
 - d. Agency for Health Care Administration (floridahealthfinder.gov/facilitylocator/FacilityProximitySearch.aspx)

PLEASE NOTE THAT YOU ARE REQUIRED TO OBTAIN AND ANNUALLY RENEW A CITY-ISSUED BUSINESS TAX RECEIPT, OR APPROVAL SHALL EXPIRE.

For facilities for seven or more clients, please contact the Zoning Official for more information.

If your facility does not meet the minimum 1,000 ft. distance separation, a Conditional Use Permit application must be submitted and approved prior to the establishment of the use. Please contact the Zoning Official for the next steps.

Responses to City of Orlando Review of Proposed Residential Care Facility

1. GENERAL DESCRIPTION.

Describe the general purpose of your facility and the services offered:

2. CLIENTS/RESIDENTS.

The maximum number of clients/residents at my facility will be _____

3. CAREGIVERS.

Describe the number and responsibilities of the caregiver(s) at your facility:

4. RESIDENTS.

Describe the level of dependence of the residents on the caregivers:

5. LENGTH OF STAY.

The minimum length of stay at the proposed facility will be _____

Describe how occupancy will be arranged:
