DBHDS
Virginia Department of Behavioral Health and Developmental Services

Supplemental Health Inspection Form for
DD Residential ICF-IID Service for Adults (01-005)
MH Crisis Stabilization Unit Service for Adults (01-019)
MH Crisis Stabilization Unit Service for Children and Adolescents (01-020)
SA Residential Clinically Managed Low-Intensity Service-ASAM Level 3.1 for Adults (01-045)

Purpose: The purpose of this form is to assist applicants seeking licensure for the programs listed above to determine if a food permit is required by the Virginia Department of Health.

Provider Name:

DBHDS general regulations require applicants to submit a copy of their Food Establishment inspection report if applicants are preparing or serving food. You have applied for one of the following services:

- DD Residential ICF-IID Service for Adults (01-005)
- MH Crisis Stabilization Unit Service for Adults (01-019)
- MH Crisis Stabilization Unit Service for Children and Adolescents (01-020)
- SA Residential Clinically Managed Low-Intensity Service-ASAM Level 3.1 for Adults (01-045)

These services are considered residential services where individuals would reside and therefore need to be fed.

The Virginia Department of Health (VDH) permits and inspects Food Establishments as outlined in the Food Regulations (12VAC5-421).

- A "food establishment" is an operation that stores, prepares, packages, serves, or vends food directly to a consumer, such as a restaurant, caterer, or feeding location.
- A food establishment is not a place that offers only pre-packaged food that does not require time or temperature control, a produce stand that only offers whole, uncut fresh fruits and vegetables, a food processing plant, or facilities that are exempt by the Code of Virginia § 35.1-25. Exemptions.

You are applying for one of the residential services listed above, with a residential certificate of occupancy. To determine if your service will need a food permit, please select the option below that is applicable to the food service at the location:

☐ Please indicate the number of individuals to be served at this location:

☐ The applicant **WILL** be preparing or serving food for the individuals. Please contact the local health department to determine if a VDH food permit is required.

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☐ The local health department states the service at this location does not require a food permit. (Email or documentation from health department is attached.)

☐ The local health department states the service at this location is exempt from food permitting. (Email or documentation from health department is attached. Upload both documents into the CONNECT Provider Portal.)

☐ The applicant **WILL NOT** be preparing or serving food for the individuals. The individuals receiving services will prepare their own food. Please answer the questions below:

Where will the food be purchased? (For example: local grocery store, Walmart, etc. Food pantries are **not** acceptable to secure food for individuals receiving services.)

Who will be preparing the food?

Who will be serving the food?

I attest that the provider owner or operator is responsible for purchasing the individual's food. I attest that all information provided in this form is accurate.

Provider Name:

Provider Signature:

Date: