



**REQUEST FOR PROPOSALS FOR CY 2025 FUNDING FORM  
(OHIOMHAS LICENSED CLASS 2 RESIDENTIAL  
FACILITIES (ACFs) ONLY)**

**Instructions for Submitting this Application:**

Please complete this form in its entirety. Complete one form for each facility that you are applying for.

Please type in this document. Do not print or write in the responses by hand.

Once completed, please save this document and email the PDF version of the application to [rfp@adamhsc.org](mailto:rfp@adamhsc.org). Please make sure the subject line is *ACF CY2025 Application*.

Class 2 Residential Facility Name: \_\_\_\_\_

Class 2 Residential Facility Address: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Owner/Operator Phone: \_\_\_\_\_

Owner/Operator Email Address: \_\_\_\_\_

OhioMHAS License #: \_\_\_\_\_

OhioMHAS License Expiration Date: \_\_\_\_\_

OhioMHAS Surveyor Name: \_\_\_\_\_

Number of Beds: \_\_\_\_\_

**Has this Class 2 Residential Facility ever been contracted with the ADAMHS Board?**

Yes  No

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**Describe your program by answering the questions on the following pages.  
Character limits are imposed in each box (most allow for 300-500 words).**

1. Please describe the Personal Care Services provided at your Class 2 Residential Facility.

**2. What are the goals of your Class 2 Residential Facility?**

**3. How many staff are employed at your Class 2 Residential Facility?**

**4. Please describe the population your Class 2 Residential Facility serves.**

Please reply to the following questions about your Residential Facility by checking either "Yes" or "No"

**Does your Class 2 Residential Facility accept individuals who are registered sex offenders?**

Yes     No

**Does your Class 2 Residential Facility accept individuals who have been convicted of arson charges?**

Yes     No

**Does your Class 2 Residential Facility accept individuals who have hearing impairments?**

Yes     No

**Does your Class 2 Residential Facility accept individuals who have vision impairments?**

Yes     No

**Does your Class 2 Residential Facility accept individuals who have physical impairments requiring use of a wheelchair, scooter, etc.?**

Yes     No

**Does your Class 2 Residential Facility accept individuals who are young adults (ages 18-25)?**

Yes     No

**Does your Class 2 Residential Facility accept male residents?**

Yes     No

**Does your Class 2 Residential Facility accept female residents?**

Yes     No

**Does your Class 2 Residential Facility have 24 hour a day staffing?**

Yes     No

**Do staff at your facility speak any languages other than English? (If yes, please indicate languages)**

Yes     No

**Is your Class 2 Residential Facility currently in the licensure renewal process with OhioMHAS?**

Yes     No