

Arizona Department of Health Services

ASSISTED LIVING FACILITY  
LETTER OF COMPLIANCE

THIS DOCUMENT IS TO CERTIFY THAT THE HOME OF:

Name of Provider \_\_\_\_\_

Name of Assisted Living Facility \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

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Lower half to be completed by city or county representative.

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**IMPORTANT NOTE:** Assisted Living Facilities are Health Care Institutions which may care for residents who are NOT capable of self-preservation in an emergency, due to physical limitations and/or cognitive deficits.

1. Is in compliance with all building code requirements of the city/county of \_\_\_\_\_ to establish an Assisted Living Facility, and
2. Is approved to care for a maximum of \_\_\_\_\_ residents.
3. The facility listed above was originally built according to local codes and standards as evidenced by construction permits and inspections on file at this city/county office.       YES       NO       OTHER

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NAME \_\_\_\_\_ DATE \_\_\_\_\_

City/County Representative

TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

OFFICE \_\_\_\_\_

This document is to provide the Department of Health Services with evidence that Assisted Living Facility services can be approved in your city/county. Since various cities and counties within Arizona do not provide special building inspections or require the installation of particular devices for the approval of an Assisted Living Facility, we are requesting from those cities/counties completion of this document to know that your city/county is aware of this project and approves. If there are any questions, please contact this office at (602) 364-2639.

This document is not meant to represent zoning approval.