INQUIRY FORM: RESIDENTIAL MATERNITY HOME

Agency Name: ____________________________________________________________________________________

Contact Person: ___________________________________________________________________________________

Street: ___________________________________________________________________________________________

City: _______________________________    Zip Code: ________________    County: ___________________________

Email Address: ____________________________________________________________________________________

Telephone: _______________________________________________________________________________________

Effective August 1, 2011 residential maternity homes have to be accredited for three years from either the Council on Accreditation (COA), The Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations (TJC), The Commission on Accreditation of Rehabilitation Facilities (CARF) or The Council on Quality and Leadership (CQL) before they can be licensed. Please attach your accreditation letter verifying your accreditation and the date you were accredited.

Mail this form, along with accreditation letter to:

North Carolina Division of Social Services
Regulatory and Licensing Services
952 Old US Highway 70
Black Mountain, North Carolina 28711