



TEXAS
Health and Human
Services

Architectural Review Unit Use
Application # _____
Remittance # _____
Service Code: 5292010138
Budget ID: ZZ122 Fund:152

APPLICATION FORM

Completely fill out form. Submit with Application Package.

1. FACILITY CONTACT:

- a. Facility Name: _____
- b. Contact Name: _____ Title: _____
- c. Email: _____ Fax #: _____
- d. Phone (Direct): _____ Phone (Mobile): _____
- e. Facility Address: Zip Code: _____ City: _____
Street Address & Suite: _____
- f. License #: _____ Medicare #: _____

2. PROFESSIONAL DESIGN FIRM CONTACT: Architect/Engineer

- a. Firm Name: _____
- b. Contact Name: _____ Title: _____
- c. Email: _____ Fax #: _____
- d. Phone (Direct): _____ Phone (Mobile): _____
- e. Mailing Address: Zip Code: _____ City: _____
Street Address or PO Box: _____

3. FACILITY INFORMATION:

- a. **Application Title:** _____
- b. **Construction Type:**
 Addition Function Change Initial Renovation Replace Equip
- c. **Start:** _____ **Occupy:** _____ **Number of Phases:** _____
- d. **Application Type:** Minor Major Fast Track
- e. **Facility Type:** with application fee, unless minor project. Enter square footage
 General Hospital: _____ SF Special Hospital: _____ SF
 Psychiatric/CSU: _____ SF Special Care: _____ SF
- f. **Est. Const. Cost:** \$ _____ **Appl. Fee:** \$ _____ **Check #:** _____
- g. **Facility Type:** with no fee. Enter square footage (SF).
 ASC: _____ SF FEMC: _____ SF ESRD: _____ SF
Est. Const. Cost: \$ _____



4. LICENSED HOSPITAL BED OR ESRD STATION COUNT:

Did the project result in any changes to the total number of licensed beds or licensed ESRD stations?

NO YES: When yes is checked, complete chart below.

BED TYPE	EXIST. BED	+/- BED	FINAL COUNT
Medical/Surgical (Pedi Beds Less than 15)	_____	_____	_____
ICU/CCU/PCCU	_____	_____	_____
Intermediate Care	_____	_____	_____
Universal Care	_____	_____	_____
Neonatal ICU	_____	_____	_____
Continuing Care	_____	_____	_____
Antepartum	_____	_____	_____
LDRP (Maternity)	_____	_____	_____
Post Partum (Maternity)	_____	_____	_____
Pediatric (15 Or More)	_____	_____	_____
Skilled Nursing	_____	_____	_____
Comp. Rehabilitation	_____	_____	_____
Mental Health	_____	_____	_____

STATION TYPE	EXIST. STAT.	+/- STAT.	FINAL COUNT
In-Center Treatment	_____	_____	_____
Isolation Treatment	_____	_____	_____
Peritoneal Training (PD)	_____	_____	_____
Hemo Training (HH)	_____	_____	_____
Dual HH/PD	_____	_____	_____

(Dual HH/PD station (chair) performing both peritoneal and hemo training.)

5. BRIEF CONSTRUCTION DESCRIPTION:

Required. Cannot defer to functional program. Describes application title. Maximum 5 line description.



6. SELF-CERTIFICATION ATTESTATION: Refer#7 Agreement before signing

a. Architect Signature: _____ Date: _____
b. Architect Contact Name: _____ License#: _____
c. Architect Seal:

d. Engineer Signature: _____ Date: _____
e. Engineer Contact Name: _____ License#: _____
f. Engineer Seal:

g. Facility Contact Signature: _____ Date: _____
(Facility Administrator/CEO or Designee Facility Staff Member Signature
Name Shall Match Facility's Primary Contact Name on first page.)

Facility Contact Name: _____ Title: _____

h. Witness Name: _____ Signature: _____ Date: _____

7. SELF-CERTIFICATION AGREEMENT TERMS:

The ABOVE signed Architect and/or Engineer hereby certifies:

- They have created the architectural and engineering contract construction documents and specifications attached hereto regarding new building, new addition, renovation, alteration, modification, or conversion of an existing building for the referenced project;
- The contract construction documents have been reviewed for compliance with Texas Health and Human Services Commission: Hospital Licensing Rules (Title 25 Texas Administrative Code, Chapter 133), End Stage Renal



Disease Facilities Licensing Rules (Title 25 Texas Administrative Code, Chapter 117), Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules (Title 25 Texas Administrative Code, Chapter 134), Ambulatory Surgical Centers Licensing Rules (Title 25 Texas Administrative Code, Chapter 135) or with Freestanding Emergency Medical Care Facilities Licensing Rules (Title 25 Texas Administrative Code, Chapter 131).

- To the undersigned's knowledge, information and belief, the contract construction documents meet the requirements of the licensing rules in all material aspects.

The ABOVE signed Facility Representative: (Facility Administrator/CEO or Designee Facility Staff Member) understands and agrees:

- That notwithstanding the contract construction documents approval self-certification process undertaken pursuant to accompanying documents,
- The Architectural Review Unit shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto;
- Facility agrees to make changes for compliance with standards and regulations.
- The licensee/applicant has a continuing obligation to make any changes required by the Architectural Review Unit to comply with the licensing rules whether or not physical plant construction or alterations have been completed; and the licensee/applicant is ultimately responsible for compliance with the hospital licensing statute, Health and Safety Code, Chapter 241, and the Hospital Licensing Rules, private psychiatric hospitals and crisis stabilization units statute, Health and Safety Code, Chapter 577, and, Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules, freestanding emergency medical care facility statute, Health and Safety Code 254, and Freestanding Emergency Medical Care Facility Licensure Rules, end stage renal disease facilities statute, Health and Safety Code, Chapter 25, and End Stage Renal Disease Facilities Rules, or with the ambulatory surgical centers licensing statute, Health and Safety Code, Chapter 243, and the Ambulatory Surgical Centers Licensing Rules, including fire protection, safety, and physical plant and construction requirements.
- Facility owner/operator shall notify the Architectural Review Unit to schedule a final inspection (and intermediate inspection, if deemed required) prior to occupancy or performing services.