

FOOD SERVICE ESTABLISHMENT

CHANGE OF OWNERSHIP

APPLICATION

Name of Establishment _____

Will there be any changes to the previous menu, equipment or facility structure? _____

Date Submitted _____

PLEASE FILL OUT ALL DOCUMENTS COMPLETELY.

This application will begin the process for your establishment to receive a new permit in the new ownership name. Additional information may be requested.

The current Georgia Rules and Regulations governing food service establishments can be downloaded from the following website:

OCONEE COUNTY ENVIRONMENTAL HEALTH FEES

EFFECTIVE JULY 1, 2017
NEW ON-SITE SEWAGE FEES EFFECTIVE AUGUST 1, 2024

<u>ON-SITE SEWAGE</u>	
<u>SUBDIVISION</u>	
Subdivision Plat Review	\$300
Subdivision Lot Review	\$100
<u>RESIDENTIAL</u>	
Septic Tank Inspection	\$450
Septic Tank Inspection > 5 Bedrooms	\$500
Septic Tank Inspection Re-inspection	\$250
Septic Tank Evaluation	\$175
Septic System Location Plan Review	\$50
Septic System Site Plan Review	\$75
Septic System Repair Permit	\$200
Addition/modification inspection	\$225
Expedited Service	\$400
<u>COMMERCIAL</u>	
Septic Inspection 1 - 1000 gpd	\$600
Septic Inspection 1001 - 2000 gpd	\$950
Septic Inspection 2001 - 5000 gpd	\$1,450
Septic Inspection 5001 - 9999 gpd	\$2,250
Septic Tank Re-inspection	\$450
Septic Tank Evaluation	\$450
Site Plan Review 1 - 1000 gpd	\$150
Site Plan Review 1001 - 2000 gpd	\$200
Site Plan Review 2001 - 5000 gpd	\$300
Site Plan Review 5001 - 9999 gpd	\$400
Septic System Repair Permit	\$365
Expedited Service	\$400
<u>SEPTAGE REMOVAL</u>	
Pump Truck Inspection	\$200

<u>FOOD SERVICE</u>	
<u>PLAN REVIEWS</u>	
Type 1 Facility - No Food	\$400
Type 1 Facility - Food Served	\$425
Type 2 Facility - < 40 Seats	\$475
Type 2 Facility - > 40 Seats	\$550
Type 3 Facility - < 40 Seats	\$600
Type 3 Facility - > 40 Seats	\$650
Extended Food Service Facility	\$450
Mobile Food Service Facility	\$450
Mobile Food Service Unit	\$450
Temporary/Festival Review	\$150
HACCP Review	\$150
<u>INSPECTION FEES</u>	
Annual Type 1 Facility - No Food	\$325
Annual Type 1 Facility - Food Served	\$425
Annual Type 2 Facility - < 40 Seats	\$475
Annual Type 2 Facility - > 40 Seats	\$550
Annual Type 3 Facility - < 40 Seats	\$600
Annual Type 3 Facility - > 40 Seats	\$650
Extended Food Service Facility	\$450
Mobile Food Service Facility	\$550
Mobile Food Service Unit	\$550
Temporary/Festival Inspection	\$150
Restaurant Re-inspection	\$200
<u>MISCELLANEOUS</u>	
Expedited Service	\$400
Preliminary/Consultation review	\$100
Resubmittal Fee	\$225
Food Safety Class per Person	\$50
ServSafe Class per Person	\$175
ServSafe Exam Only	\$75

<u>TOURIST ACCOMODATIONS</u>	
Annual Inspection < 50 rooms	\$400
Annual Inspection > 50 rooms	\$600
Plan Review < 50 rooms	\$400
Plan Review > 50 rooms	\$650
Re-inspection Fee	\$200
Re-submittal Fee	\$200
Expedited Service	\$400
<u>SWIMMING POOLS</u>	
Annual Inspection	\$400
Plan Review	\$600
Pressure Test Inspection	\$150
Construction Inspection	\$300
Re-Inspection Fee	\$200
Resubmittal Fee	\$200
Expedited Service	\$400
<u>INDIVIDUAL WATER SUPPLY</u>	
Water Sample - Individual	\$40
Water Sample - Loan	\$200
Water Sample - Non-public Facility	\$75
Water Sample - Expedited Service	\$300
Well Location Inspection	\$75
<u>OTHER</u>	
Institutional Evaluation	\$150
Plan Review Tattoo/Piercing Establishment	\$400
Tattoo/Piercing Establishment Annual Permit	\$450
Body Artist exam fee	\$50
Tattoo/Piercing Establishment Re-Inspection Fee	\$200
Facility List	\$50
Permit/Inspection Report Replacement	\$50
File Search/Copy Fee	\$5
Returned Check Fee	Bank Rate
Signature Fee	\$50
Operating Without a Permit	2 X Permit Fee
Late Fee (Per 30 days)	\$30
Informal Hearing (Add Legal Cost)	\$250.00 + Legal Fees
Formal Hearing (Add Legal Cost)	\$500.00 + Legal Fees

Reason for plan review (Check appropriate block)

New Application
 Change of Ownership

Information Change
 Renovation of Existing Establishment

Establishment Name			
Physical Location			
Establishment Mailing Address	City	State	Zip
Establishment Phone Number	Email		
Contact Person (Manager) at the local Establishment	Email	Phone Number	

(Must be different address than that of the Establishment)

Owner Information			
Owner or Officer of the Legal Ownership		Title	
Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe)			
Owner/Business/Corporate Address		City	State
Owner or Officer of the Legal Ownership	Phone Number	Email	Zip
Legal Business Name as to appear on the Food Service Permit (the business owner's name or corporation name as it appears on the business license):			

Billing Information			
Contact Name			
Billing Address		City	State
Phone Number	Email	Zip	

CONTACT PERSON FOR THE PLAN REVIEW:

Name _____ Telephone Number _____

Email _____

SECTION B – TYPES OF OPERATIONS (Check all that apply)

Type of Establishment	Food Preparation
<input type="checkbox"/> Bar or Tavern only <input type="checkbox"/> Bar with Food Service <input type="checkbox"/> School <input type="checkbox"/> Caterer <input type="checkbox"/> Buffet <input type="checkbox"/> Kiosks/Extended Food Service <input type="checkbox"/> Limited Food Service <input type="checkbox"/> Mobile food unit <input type="checkbox"/> Restaurant <input type="checkbox"/> Restaurant w/Caterer <input type="checkbox"/> Takeout or Drive-in only <input type="checkbox"/> Restaurant and retail <input type="checkbox"/> Institution (jail, hospital, etc.) <input type="checkbox"/> Restaurant with Wholesale Processing <input type="checkbox"/> Other _____	<input type="checkbox"/> No cook step (Do not cook any food items) <input type="checkbox"/> Only heat commercially pre-cooked foods
	<input type="checkbox"/> Cook raw foods <input type="checkbox"/> Cool food items (serve leftovers) <input type="checkbox"/> Hot holding <input type="checkbox"/> Serve raw or undercooked food items <input type="checkbox"/> Thawing <input type="checkbox"/> Use Time as a Public Health Control
	<input type="checkbox"/> Reduced-oxygen packaging (vacuum-packaging, sous vide packaging, cook-chill packaging, modified atmosphere packaging, or controlled atmosphere packaging) <input type="checkbox"/> Use food additives or components such as vinegar to render food not potentially hazardous (time/temp control for safety food) Ex. Sushi rice <input type="checkbox"/> Smoke food as a method of food preservation rather than as a method of flavor enhancement <input type="checkbox"/> Other _____

Hours of Operation:

FROM

TO

Sunday _____
 Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____

Copy of Proposed Menu attached:

YES ()

NO ()

Number of Seats _____

Number of Staff _____
 (Maximum per Shift)

Total Square Feet of Facility _____

Maximum Number of Meals to be Served: Breakfast _____
Lunch _____
Dinner _____
Total Served Daily _____

Days Between Deliveries _____

Projected Date for Start of Construction _____

Projected Date for Completion of Project _____
(Ready for the final walk-through inspection for the Food Service Permit)

I have submitted plans/applications to the following:
(Please note date of submittal on applicable line)

Code Enforcement _____ Fire Dept. _____

Public Works _____ Other _____

AGREEMENT:

The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to OCGA 26-2-371-373 and hereby certifies that he/she has received a copy of the Rules for Food Service, Chapter 290-5-14, Georgia Department of Public Health.

I understand that the Responsibilities of a Permit Holder (Rule .02 subsection (1)(f)) must be followed in order to retain the Food Service Permit.

I attest to the accuracy of the information provided in this application, affirm that the facility will comply with Chapter 290-5-14, and will allow the Health Authority access to the establishment.

I further understand that Annual Inspection fees will be billed and that failure to pay by the due date will result in late fees. Late fees are applied at a rate of \$30.00 for every 30 days that the bill is past due.

Signature _____

Print Name _____

Title (Must be owner or officer of the legal ownership) _____

Date _____

NOTE:

It is **ILLEGAL** to begin food service operations without first obtaining a valid food service permit from Oconee County Environmental Health Services.

Any changes to the existing food service establishment will require **PRIOR APPROVAL FROM THE OCONEE COUNTY HEALTH DEPARTMENT**. This includes any menu change that requires the installation of food equipment and/or structural changes, involves a food preparation process that was not performed in the establishment prior to the menu change, or poses a health risk to consumers because it is a raw animal food served raw or undercooked.

STATEMENT:

I hereby certify that the above information is correct, and I fully understand that any deviation from the above information and approved food service plans and specifications without prior permission from the Oconee County Health Department – Environmental Health Division may nullify final approval.

Signature(s) _____
Owner(s) or responsible representative(s)

Date: _____

NOTES:

**YOU WILL BE NOTIFIED IN WRITING AFTER YOUR PLANS ARE REVIEWED.
DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING OR
CONSTRUCTION ACTIVITY WITHOUT WRITTEN APPROVAL FROM THIS
OFFICE.**

Approval of these plans and specifications by the Oconee County Health Department does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further DOES NOT constitute endorsement or acceptance of the completed establishment (structure or equipment). A preliminary inspection of the each completed establishment with the necessary equipment in place & operational will be necessary to determine if it complies with the Georgia Rules and Regulations governing food service establishments.

If there are any equipment changes, building modifications, etc...after the original plans have been approved, you must contact this office and request approval. Failure to obtain approval from this office for such changes will result in additional fees and may delay the opening of your establishment.

**FOOD
SERVICE**

FOOD PREPARATION

REVIEW

A. TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS

1. Check categories of Time/Temperature Control for Safety (TCS) foods to be handled, prepared and served.

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	()	()
Cold processed foods (salads, sandwiches, vegetables)	()	()
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
Bakery goods (pies, custards, cream fillings & toppings)	()	()
Raw or undercooked foods such as sushi, ceviche, eggs or steak to order. (Disclosure and Reminder Statements will be required on the menus)	()	()
Other _____		

2. Thawing Time/Temperature Control for Safety (TCS) foods

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place (specific cooler or sink).

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

2. List proposed food vendors/suppliers: _____

3. What are the projected frequencies of deliveries per week for the following:

Frozen foods _____

Refrigerated foods _____

Dry Goods _____

C. COLD STORAGE

4. Does each refrigerator/freezer have a thermometer? YES () NO ()

Number of refrigeration units: _____

Number of freezer units: _____

5. Is there a bulk ice machine available? YES () NO ()

6. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked or ready to eat foods? YES () NO ()

If yes, how will cross-contamination be prevented? _____

D. COOKING & REHEATING

9. List types of cooking equipment _____

10. What type(s) of food product thermometer(s) will be used to measure final cooking/reheating temperatures of PHF's?

Bi-metallic stem (dial) Digital, fast read
 Thin meat, small diameter probe Thermocouple Other _____

11. How will PHF's that are cooked, cooled, and reheated for hot holding be rapidly reheated?

12. List types of hot holding equipment _____

E. COOLING

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN FOOD ITEMS (SOUPS, GRAVY)	THICK FOOD ITEMS (STEWNS, CASSEROLES)	RICE/ NOODLES
Shallow Pans					
Ice Baths/Ice Paddle					
Reduce Volume or Size					
Specialty Rapid Chill Equipment					
Other (describe)					

13. Please list items of food prepared more than 24 hours in advance of service.

14. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES () NO ()

If not, how will these ready-to-eat foods be cooled to 41°F?

F. PREPARATION

15. How will bare hand contact with ready-to-eat foods be prevented? _____

16. What type of sanitizer do you intend to use? _____

Sanitizer concentration: _____ ppm

*A test kit for sanitizer must be available for use.

17. Will all produce be washed prior to use? YES () NO ()

If No, describe _____

18. Is there a planned location used for washing produce only? YES () NO ()

Describe: _____

19. Will any cold, ready-to-eat, potentially hazardous foods be kept longer than 24 hours?
YES () NO ()

If Yes, describe your date marking/labeling procedures? _____

20. Describe the procedure used for minimizing the length of time Potentially Hazardous Foods are kept in the temperature danger zone (between 41°F to 135°F) during preparation.

21. Will specialized processing methods (such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, vacuum packaging) be done on-site? YES () NO ()

If yes, provide HACCP plan as required by the Health Authority.

G. MANAGEMENT & PERSONNEL

22. Does your facility's policy to exclude or restrict food workers who are sick or have infected cut or lesions meet the standards set by (*Rule. 03 subsection (4) (a-f & h)*)?

YES () NO ()

Please attach a copy of your employee health policy.

23. Do you have a Certified Food Safety Manager on-site?

YES () NO ()

If YES, provide name, certification number and expiration date:

Name: _____

CERTIFICATION # _____

EXPIRATION DATE: _____

If NO, provide estimated date of certification completion (**MUST BE WITHIN 60 DAYS OF OPENING**)

Do you have written procedures for responding to clean-up or vomit and diarrheal events that may occur within the establishment?

YES () NO ()

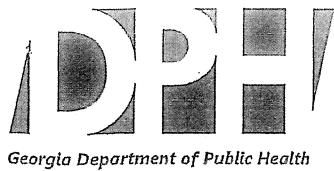
If YES, please attach.

H. HOT WATER FIXTURES: LEAVE SHADED CELLS BLANK (FOR OFFICE USE).

		GALLONS PER HOUR		
EQUIPMENT TYPE	QUANTITY	HIGH	LOW	
VEGETABLE SINK		15	15	=
THREE COMPT. SINK		20	15	=
FOUR COMPT. SINK		80	60	=
PRE-RINSE FOR DISHES-SHOWER HEAD TYPE		45	45	=
BAR - 3 COMPT. SINK		20	20	=
BAR - 4 COMPT. SINK		25	25	=
CHEMICAL SANITIZING GLASSWASHER		60	60	=
HAND WASH SINKS		5	5	=
MEAT PREP/THAW SINK		10	10	=
HOT WATER FILLING FAUCET		15	15	=
BAIN MARIE		10	10	=
GARBAGE CAN WASHER/MOP SINK		20	10	=
NINE AND TWELVE POUNDS CLOTHES WASHER		45	45	=
SIXTEEN POUNDS CLOTHES WASHER		60	60	=
EMPLOYEE SHOWER		20	20	=
DISHMACHINE FINAL RINSE 100% USAGE GALLONS PER HOUR	_____	GALLONS		=
		TOTAL PEAK DEMAND		=

WATER HEATER: (ATTACH SPECIFICATION SHEET)

MAKE _____ MODEL _____ NUMBER OF UNITS _____



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Verification of Residency for Public Benefits O.C.G.A. Section 50-36-1(e)(2)

As part of my application for public benefits from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[check one of the following]

- (1) A citizen of the United States;
- (2) A legal permanent resident of the United States;
or
- (3) A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number _____.

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). That secure and verifiable document is my _____

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

Signature of Applicant

Subscribed and sworn before me
this _____ day of _____, 20____.

Printed Name of Applicant

Notary Public
My commission expires _____.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued July 10, 2013 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

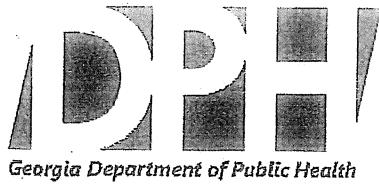
The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law¹ [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

¹ Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law.

- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # GC-09008
ALIEN RESIDENCY VERIFICATION POLICY

Approval:		16 July 2013
	Sidney R. Barrett, Jr., General Counsel	Date
		8/1/13
	James C. Howgate, Chief of Staff	Date

1.0 PURPOSE

1.1 **AUTHORITY** – The Georgia Department of Public Health (DPH) Alien Residency Verification Policy is published under the authority of DPH and in compliance with the following:

1.1.1 Official Code of Georgia Annotated (OCGA), Sections:

13-10-90 et seq; 36-91-2(12); 50-36-1 et seq.

1.1.2 The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. Sections 1601 through 1646

2.0 SCOPE

This policy applies to all applications for employment with DPH; to all contracts let by DPH for the physical performance of services; and to the issuance of licenses and non-exempt “public benefits” by DPH and by the Health Districts.

3.0 POLICY

The policy of the Department of Public Health is to verify that contractors and applicants for a license or public benefit are lawfully present in the United States where required by law to do so. This requirement is in addition to any other program eligibility requirements applicable to that license or public benefit.

4.0 DEFINITIONS

4.1 **“Applicant”** as defined by O.C.G.A. Section 50-36-1(a)(3) means a person 18 years of age or older who has made application for access to public benefits on behalf of an individual, business, corporation, partnership, or other private entity.

4.2 **“Public benefit”** as defined by O.C.G.A. Section 50-36-1(a)(4) means a federal, state or local benefit for which application is made by a person 18 years of age or older, including without limitation the following: adult education, authorization to conduct a commercial enterprise or business, business license, certificate, or

Department of Public Health POLICY AND PROCEDURES	Policy No.	GC-09008	
Alien Residency Verification	Effective Date:	01/17/2012	Revision #: 2
	Page No.	2 of 5	

registration, cash allowance, health benefits, and occupational or professional license.

- 4.3 **"Public services contract"** means a contract between a vendor and the Department whereby the vendor physically provides labor or services for or on behalf of the Department with a value of \$2500 or more.
- 4.4 **"SAVE"** as defined by O.C.G.A. Section 50-36-1(a)(5) means the federal Systematic Alien Verification of Entitlement program operated by the United States Department of Homeland Security.
- 4.5 **"Secure and verifiable documentation"** as defined by O.C.G.A. Section 50-36-2(b)(3)(A) means a person identification document of a type approved by the Attorney General and posted in accordance with Code Section 50-36-2(f).

5.0 RESPONSIBILITIES

- 5.1 It is the responsibility of every vendor who signs a public services contract with DPH to provide an affidavit of compliance with O.C.G.A. § 13-10-91 and to require similar affidavits from its subcontractors and sub-subcontractors.
- 5.2 It is the responsibility of each applicant for employment to present evidence of United States citizenship, or lawful presence in the United States and legal eligibility to hold employment.
- 5.3 It is the responsibility of the DPH Office of General Counsel to file all compliance reports in a timely manner on behalf of DPH.
- 5.4 It is the responsibility of the DPH Division of Operations collect and compile the information required by O.C.G.A. § 50-36-4(d), and provide such report to General Counsel no later than 15 December of each year.

6.0 PROCEDURES

6.1 PUBLIC SERVICES CONTRACTS

- 6.1.1 All public services contracts shall include as an attachment of *DPH Form GC09008A*, calling for the general contractor to provide an affidavit of compliance with O.C.G.A. § 13-10-91, and to require similar affidavits from its subcontractors and their sub-subcontractors. The form of the affidavit shall be *State Purchasing Authority Form SPD-SP054*.
- 6.1.2 The Division of Operations shall collect and compile the following information on public services contracts let by DPH during the calendar year: the legal name, address, and federal work authorization program (E-Verify) user number, and date of contract.

Department of Public Health POLICY AND PROCEDURES	Policy No.	GC-09008	
Alien Residency Verification	Effective Date:	01/17/2012	Revision #: 2
Page No.		3 of 5	

6.2 EMPLOYMENT WITH DPH.

All applicants for employment with DPH shall be required to demonstrate United States citizenship, or lawful presence in the United States and legal eligibility to hold employment. Verification shall be made through the *E-Verify* system. DPH shall publish on its website the federally issued *E-Verify* user identification number and the date of authorization.

6.3 REPORTING

The Division of General Counsel shall be responsible for timely filing on or before 31 December of each year a report to the Department of Audits and Accounts certifying compliance with O.C.G.A. Sections 50-36-1 *et seq.* and 13-10-91, with DPH's federal work authorization program verification user number and, for each public services contract let by DPH that year, the date of issuance, the vendor's legal name, address, and federal work authorization verification user number.

6.4 PUBLIC BENEFITS AND LICENSES.

6.4.1 DPH program managers shall be responsible for identifying and reporting to General Counsel any license issued by DPH and any public benefit offered upon application by an applicant, whether that benefit is offered directly by DPH or through a contractor, grantee, or vendor working under contract to DPH.

6.4.1.1 General Counsel shall determine whether or not an applicant for a particular license or public benefit is legally subject to the requirement of verification. An applicant shall be subject to verification unless it is determined that:

6.4.1.1.1 lawful presence within the United States is not required by law, ordinance, or regulation for that benefit;

6.4.1.1.2 the benefit is assistance for health care items or services that are necessary for the treatment of an emergency medical condition of the applicant as defined in 42 U.S.C. Section 1396b(v)(3) and are not related to an organ transplant procedure;

6.4.1.1.3 the benefit is short-term, non-cash, in-kind emergency disaster relief;

6.4.1.1.4 the benefit is public health assistance for immunization with respect to immunizable diseases, and for testing or treatment of symptoms of communicable diseases, whether or not such symptoms are caused by a communicable disease;

Department of Public Health POLICY AND PROCEDURES	Policy No. GC-09008	Effective Date: 01/17/2012	Revision #: 2
Alien Residency Verification	Page No.	4 of 5	

6.4.1.1.5 the benefit is for prenatal care;

6.4.1.1.6 the benefit is provided through a charitable non-profit organization; or

6.4.1.1.7 the benefit is an in-kind (non-cash) service delivered at the community level, including through other public or non-profit agencies, provided that neither the provision of the service, the amount of the service provided, nor the cost of the service is conditioned on the individual recipient's income or resources, and that the service is necessary for the protection of life or safety. "Services necessary for the protection of life or safety" include crisis counseling and intervention programs; treatment of mental illness or substance abuse; nutritional services for seniors or persons requiring special assistance; medical and public health services (including treatment and prevention of diseases and injuries) and mental health, disability, or substance abuse assistance; and activities designed to protect the life or safety of workers, children and youths, or community residents.

6.4.1.2 If General Counsel determines that an applicant for a particular license or public benefit is subject to the requirement of verification, then the applicant's eligibility for such public benefit shall be verified as follows:

6.4.1.2.1 The applicant shall provide at least one secure and verifiable document establishing the applicant's identity;

6.4.1.2.2 The applicant shall sign a sworn affidavit using *DPH Form GC09008B or GC09008C* verifying that the applicant is a United States citizen 18 years of age or older; a legal permanent resident 18 years of age or older; or a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 United States Code, 18 years of age or older, and lawfully present in the United States, in which case the applicant must provide the alien number assigned by the United States Department of Homeland Security; and

6.4.1.2.3 If the applicant is an alien or nonimmigrant, then eligibility shall be verified through SAVE.

Department of Public Health POLICY AND PROCEDURES	Policy No.	GC-09008	
Alien Residency Verification	Effective Date:	01/17/2012	Revision #: 2
	Page No.	5 of 5	

6.4.1.2.4 An applicant applying for or renewing an application for a public benefit who has previously submitted a secure and verifiable documents and a signed and sworn affidavit that he or she is a United States citizen shall not be required to resubmit such documentation.

7.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	January 17, 2012	Initial Issue
1	July 24, 2012	Annual review and update. Reformat to new template
2	July 1, 2013	Updated to reflect House Bill 160, enacted in 2013

8.0 RELATED FORMS

GC09008A – Contract Attachment "I" for Public Works Contracts

GC09008B – Affidavit for Public Benefits

GC09008C – Affidavit for License