**Residential Care License**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Name:** | | {{BLAccountName}} | |
| **Facility #:** | | {{BLAccountId}} | |
| **Facility Address:** | | {{BLAccountPhysicalAddress}} | |
| **Licensee:** | | {{BLOrganizationName}} | |
| **Facility Category:** | | {{AccountCategoryL1}}, {{AccountCategoryL2}},  {{AccountCategoryL3}} | |
| Service Type | Number of Programs | | Total Capacity |
| {{#CarePrograms}}{{CareProgramServiceType}} | {{CareProgramQuantity}} | | {{CareProgramToalCapacity}}{{/CarePrograms}} |
| Total Maximum Capacity | | | {{BLAccountTotMaxCapacity}} |

**Conditions on Permit:**

Manual text entry

|  |  |
| --- | --- |
| **Permit #:** | {{BLIdentifier}} |
| **Permit Effective Date:** | {{BLPeriodStart}} |
| **Licensing Officer:** | {{BLAOwnerName}} |
| **Health Authority:** | {{BLOrganizationHA}} |