

Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056
 Note: If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.
A User Fee must be attached to this application.
 If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.
Complete the Procedural Checklist on page 8 of the instructions.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) Virginia Baptist Children's Home & Family Services		2 Employer identification number (EIN) (If none, see page 3 of the Specific Instructions). 54-0515739
1b c/o Name (if applicable)		3 Name and telephone number of person to be contacted if additional information is needed Joel B. Miller, Esquire 540-982-0234
1c Address (number and street)	Room/Suite	
860 Mount Vernon Lane		4 Month the annual accounting period ends September
1d City, town, or post office, state, and ZIP + 4. If you have a foreign address, see Specific Instructions for Part I, page 3. Salem VA 24153		
1e Web site address www.vbchfs.org		5 Date incorporated or formed January 1, 1901
6 Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> (501(k)) d <input type="checkbox"/> 501(n)		
7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.		
8 Is the organization required to file Form 990 (or Form 990-EZ)? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach an explanation (see page 3 of the Specific Instructions). Religious Organization		
9 Has the organization filed Federal income tax returns or exempt organization information returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.		

10 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See **Specific Instructions** for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

- a Corporation — Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b Trust — Attach a copy of the Trust indenture or Agreement, including all appropriate signatures and dates.
- c Association — Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Sign Here Stephen W. Richerson, Executive Director
(Signature) (Type or print name and title or authority of signer) June 11, 2003
(Date)

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization — past, present, and planned. **Do not merely refer to or repeat the language in the organizational document.** List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

see attachment #2

- 2 What are or will be the organization's sources of financial support? List in order of size.

1. Income from fees for services 2. Contributions 3. Income from investments 4. Unrestricted Bequests
5. Realized gains from investments 6. Gain on sale of property

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

see attachment #3

Part II Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:	
a Names, addresses, and titles of officers, directors, trustees, etc. see Attachment #4 for Trustees and Officers	b Annual compensation none

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
 If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See **Specific Instructions** for Part II, Line 4d, on page 3.) Yes No
 If "Yes," explain.

5 Does the organization control or is it controlled by any other organization? Yes No
 Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? Yes No
 If either of these questions is answered "Yes," explain.

5b Yes. The Baptist General Assembly of Virginia (BGAV-state denominational body) nominates 1/3 of the Trustees. The Children's Home has always elected and seated the BGAV-nominated trustees. All trustees are required to be members of churches affiliated with the Baptist General Association of Virginia.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? Yes No
 If "Yes," explain fully and identify the other organizations involved.

- a. We receive grants from some private foundations (See Part III sections 11 & 12)
- b. We have sold real estate to commercial buyers-pending sale to Innsbrook Development Company
- e. We have received Medicaid Waiver Reimbursement Income for some of our disabled residents
- f. We provide child care for some public Departments of Social Services
- g. We allow the City of Salem Department of Parks & Recreation to use our ball field and gymnasium

7 Is the organization financially accountable to any other organization? Yes No
 If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

Explanation: Although we provide each year an Audited Financial Statement (see Part IV), an Annual Report (see Part I, #3), a current list of our Board of Trustees (Part II, #4), and an annual Budget Query (Attachment #5) to the BGAV, this is done only to satisfy their criteria for continued support. However, the support of the BGAV has become but a small part of the support for the Children's Home (approximately 3.5% of the annual budget).

Part II Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate "N/A."

Salem, Va campus 16 acres; Glory Rd Camp (girls) Axton, Va; Camp on Craig (boys), Craig Co., Va; Developmental Disabilities Group home at 19477 Ructic Lane, Abingdon, Va; fleet of 46 vehicles, misc. office equipment

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? Yes No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? Yes No

b Is the organization a party to any leases? Yes No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

1. Oral lease agreement with Weatherford Baptist Church, Richmond, VA for office space

2. See attachments #6, #7 and #17 for additional contract and lease arrangements

11 Is the organization a membership organization? Yes No

If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

c What benefits do (or will) the members receive in exchange for their payment of dues?

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? N/A Yes No

If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

Private pay for services may be at no cost. Fee schedule attached (Attachment #8)

For disabled adults, private pay is \$1,675 per month. Public fees are through Medicaid Waiver Reimbursement based upon billable hours approved by various local Community Service Boards

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? N/A Yes No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation? Yes No

If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? Yes No

If "Yes," explain fully.

Part III Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? Yes No

If you answer "Yes," do not answer questions on lines 2 through 6 below.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

Exceptions — You are not required to file an exemption application within 15 months if the organization:

a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See **Specific Instructions**, Line 2a, on page 4;

b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or

c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? Yes No

If "Yes," your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

4 If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3? Yes No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See **Specific Instructions**, Part III, Line 4, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

5 If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? Yes No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here and attach a completed page 1 of Form 1024 to this application.

Part III Technical Requirements (Continued)

7 Is the organization a private foundation?

- Yes (Answer question 8.)
 No (Answer question 9 and proceed as instructed.)

8 If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?

- Yes (Complete Schedule E.)
 No

After answering question 8 on this line, go to line 14 on page 7.

9 If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

- | | | |
|---|--|--|
| a | <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.) | Sections 509(a)(1) and 170(b)(1)(A)(i) |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.) | Sections 509(a)(1) and 170(b)(1)(A)(ii) |
| c | <input type="checkbox"/> As a hospital or cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (These organizations, except for hospital service organizations, MUST COMPLETE SCHEDULE C.) | Sections 509(a)(1) and 170(b)(1)(A)(iii) |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1). | Sections 509(a)(1) and 170(b)(1)(A)(v) |
| e | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g, h, or i (MUST COMPLETE SCHEDULE D.) | Section 509(a)(3) |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public safety. | Section 509(a)(4) |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit. | Sections 509(a)(1) and 170(b)(1)(A)(vi) |
| h | <input checked="" type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. | Sections 509(a)(1) and 170(b)(1)(A)(vi) |
| i | <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| j | <input type="checkbox"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of h or i. The organization would like the IRS to decide the proper classification. | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

If you checked one of the boxes a through f in question 9, go to question 14. If you checked box g in question 9, go to questions 11 and 12. If you checked box h, i, or j, in question 9, go to question 10.

Part III Technical Requirements (Continued)

- 10 If you checked box h, i, or j in question 9, has the organization completed a tax year of at least 8 months?
 Yes — Indicate whether you are requesting:
 A definitive ruling. (Answer questions 11 through 14.)
 An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed.)
 No — You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.

11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, **Statement of Revenue and Expenses**, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

see Attachment #10

12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:

- a Enter 2% of line 8, column (e), Total, of Part IV-A 213,649
 b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 12a above. Attachment #16

13 If you are requesting a definitive ruling under section 509(a)(2), check here and:

- a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3.)
 b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. **Do not submit blank schedules.**)

	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?	X		B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?		X	D
Is the organization a private operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?	X		F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		X	I

Part IV Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A. Statement of Revenue and Expenses

	Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
	(a) From 09-02 to 03-03	(b) 2002	(c) 2001	(d) 2000	
Revenue					
1 Gifts, grants, and contributions received (not including unusual grants—see page 6 of the instructions).	864,862	2,142,055	1,906,225	2,629,635	7,542,777
2 Membership fees received					
3 Gross investment income (see instructions for definition)	370,295	794,013	997,776	949,142	3,111,226
4 Net income from organization's unrelated business activities not included on line 3					
5 Tax revenues levied for and either paid to or spent on behalf of the organization					
6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)					
7 Other income (not including gain or loss from sale of capital assets) (attach schedule)	6,476	12,943	4,120	4,918	28,457
8 Total (add lines 1 through 7)	1,241,633	2,949,011	2,908,121	3,583,695	10,682,460
9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22	2,092,757	3,925,795	3,328,235	2,840,216	12,187,003
10 Total (add lines 8 and 9)	3,334,390	6,874,806	6,236,356	6,423,911	22,869,463
11 Gain or loss from sale of capital assets attachment # 12	(5,890)	241,363	4,120	4,918	244,511
12 Unusual grants					
13 Total revenue (add lines 10 through 12)	3,328,500	7,116,169	6,240,476	6,428,829	23,113,974
Expenses					
14 Fundraising expenses	215,879	407,292	437,225	577,830	
15 Contributions, gifts, grants, and similar amounts paid (attach schedule)					
16 Disbursements to or for benefit of members (attach schedule)					
17 Compensation of officers, directors, and trustees (attach schedule)					
18 Other salaries and wages	2,234,009	4,387,919	4,105,195	3,722,652	
19 Interest	8,845	25,123	0	0	
20 Occupancy (rent, utilities, etc.)	221,201	370,832	386,676	343,622	
21 Depreciation and depletion	169,350	322,234	334,488	279,343	
22 Other PREPAID EXPENSES	1,134,346	2,146,970	2,201,001	1,942,976	
23 Total expenses (add lines 14 through 22)	3,767,751	7,264,078	6,847,360	6,288,593	
24 Excess of revenue over expenses (line 13 minus line 23)	(439,251)	(137,909)	(606,884)	140,236	

Part IV Financial Data (Continued)

B. Balance Sheet (at the end of the period shown)		Current tax year Date
Assets		
1	Cash	82,246
2	Accounts receivable, net	345,074
3	Inventories	
4	Bonds and notes receivable (attach schedule)	* Line 7
5	Corporate stocks (attach schedule)	* Line 7
6	Mortgage loans (attach schedule)	
7	Other investments (attach schedule) attachment # 13	20,038,802
8	Depreciable and depletable assets (attach schedule) attachment # 14	* Line 9
9	Land	3,249,048
10	Other assets (attach schedule)	33,275
11	Total assets (add lines 1 through 10)	23,748,445
Liabilities		
12	Accounts payable	144,994
13	Contributions, gifts, grants, etc., payable	
14	Mortgages and notes payable (attach schedule) attachment # 15	600,000
15	Other liabilities (attach schedule) ACCRUED EXPENSES	108,394
16	Total liabilities (add lines 12 through 15)	853,388
Fund Balances or Net Assets		
17	Total fund balances or net assets	22,895,057
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	23,748,445

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation

Schedule B. Schools, Colleges, and Universities

1 Does, or will, the organization normally have: (a) a regularly scheduled curriculum, (b) a regular faculty of qualified teachers, (c) a regularly enrolled student body, and (d) facilities where its educational activities are regularly carried on? Yes No
 If "No," do not complete the rest of Schedule B. See Attachment 18 for additional detail

2 Is the organization an instrumentality of a state or political subdivision of a state? Yes No
 If "Yes," document this in Part II and do not complete items 3 through 10 of Schedule B. (See instructions on the back of Schedule B.)

3 Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to:

a Admissions? Yes No
b Use of facilities or exercise of student privileges? Yes No
c Faculty or administrative staff? Yes No
d Scholarship or loan programs? Yes No

If "Yes" for any of the above, explain.

4 Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students? Yes No

Attach whatever corporate resolutions or other official statements the organization has made on this subject.

5a Has the organization made its racially nondiscriminatory policies known in a manner that brings the policies to the attention of all segments of the general community that it serves? Yes No

If "Yes," describe how these policies have been publicized and how often relevant notices or announcements have been made. If no newspaper or broadcast media notices have been used, explain.

b If applicable, attach clippings of any relevant newspaper notices or advertising, or copies of tapes or scripts used for media broadcasts. Also attach copies of brochures and catalogs dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of the organization's programs.

6 Attach a numerical schedule showing the racial composition, as of the current academic year, and projected to the extent feasible for the next academic year, of: (a) the student body, and (b) the faculty and administrative staff.

7 Attach a list showing the amount of any scholarship and loan funds awarded to students enrolled and the racial composition of the students who have received the awards.

8a Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

b State whether any of the organizations listed in 8a have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the individuals listed in 8a are officers or active members of such organizations.

9a Enter the public school district and county in which the organization is located.

b Was the organization formed or substantially expanded at the time of public school desegregation in the above district or county? Yes No

10 Has the organization ever been determined by a state or Federal administrative agency or judicial body to be racially discriminatory? Yes No

If "Yes," attach a detailed explanation identifying the parties to the suit, the forum in which the case was heard, the cause of action, the holding in the case, and the citations (if any) for the case. Also describe in detail what changes in the organization's operation, if any, have occurred since then.

For more information, see back of Schedule B.

Schedule F. Homes for the Aged or Handicapped

1 What are the requirements for admission to residency? Explain fully and attach promotional literature and application forms. The person seeking admission to the DDM Program would have needs that can be adequately met in a group home setting and who would benefit from and is able to participate in an individual PLAL of training and care services. An applicant must be: 18 years of age or older, be developmentally disabled, able to have medical needs met on an outpatient basis, agreeable to living in a group home, able to benefit from group interaction and participation (see Attachment #19).

2 Does or will the home charge an entrance or founder's fee? Yes No
If "Yes," explain and specify the amount charged.

3 What periodic fees or maintenance charges are or will be required of its residents?
The charge for room and board and supervision would be a monthly fee to the families paying for the residents placement. For residents receiving Medicaid waiver funding, the only monthly charge to families would be the room and board fee and the patient pay amount. Some residents who work in the community (most at a workshop setting) may pay a portion of their room and board fee. This varies due to work schedule and the amount of money each resident receives from their job. (See Attachment #19, Fee and Cost Sheet).

4a What established policy does the home have concerning residents who become unable to pay their regular charges?
The VBCH&FS/DDM works with each family based on their ability to pay and assists in finding financial support as needed. Families are encouraged to pursue Medicaid waiver funding through the local community services board when needed to support placement.

b What arrangements does the home have or will it make with local and Federal welfare units, sponsoring organizations, or others to absorb all or part of the cost of maintaining those residents?

The arrangements made for a resident to receive state funding (Medicaid waiver) would be processed by the family members, the person seeking placement and the case manager with the local community services board. This is arranged prior to placement. DDM is not involved in any financial arrangements with other agencies or families other than private pay.

5 What arrangements does or will the home have to provide for the health needs of its residents?
All residents within the DDM program have their health care needs met by medical professionals in the community. There are no medical staff on duty within the group homes. Staff, with resident and family knowledge, make appointments for the residents. The Staff provide transportation to/from and support during appointment if needed. The Staff is trained to administer medications for each resident. These medications are prescribed and overseen by local physicians, neurologist, psychologist and psyciatrist.

6 In what way are the home's residential facilities designed to meet some combination of the physical, emotional, recreational, social, religious, and similar needs of the aged or handicapped?

See Attachment #19, Description

7 Provide a description of the home's facilities and specify both the residential capacity of the home and the current number of residents.

DDM operates 11 group homes across Virginia providing permanent, Christian homes to adults with developmental disabilities. The homes, 8 of which are in community settings & 3 of which are on the campus of VBCH, provide spacious living areas that include: a living room, dining room, kitchen, office, staff bedrooms, bedroom for each resident and bathrooms that are shared by 2 to 4 residents. Some of the homes have an extra bedroom for persons doing respite. (See attached list of home, capacity & number of residents)

8 Attach a sample copy of the contract or agreement the organization makes with or requires of its residents. See Attachment #19

For more information, see back of Schedule F.