

SECTION B – Entity Information for: Individual Owner, Corporation, LLC, Organization, or State-Operated Agency

Individual Corporation
 Limited liability company (LLC)
 State-Operated Agency Organization

Name: _____ Type: _____

Address: _____
 (street) (city) (state) (zip)

Phone #: _____ Fax #: _____ Email: _____

<u>For corporation: officers</u> <u>For LLC: managing member</u> <u>For state-operated agency:</u> <u>head of state-operated</u> <u>agency</u> <u>For organization: head of</u> <u>organization</u>	<u>Title</u>	<u>Home Address</u>	<u>Email</u>	<u>Will this person be on-site or have access to children?</u>	
				<u>No</u>	<u>Yes</u>

SECTION C – Relocation (if applicable)

If this application is to receive a license at a new location, the following documentation is required:

- The deed or lease;
- Blueprints or diagrams; and
- The plan review narrative including a completed Emergency Plan for Residential Child Care Facilities and Day Treatment Programs template.

Submitted

SECTION D – Program Information

Hours of operation: _____ a.m. – _____ p.m. or a.m. (circle one) **Days of operation:** M T W Th F Sa Su **Months of operation:**
 January to December
 August to June
 _____ to _____

Ages of children accepted: (use “kindergarten” for children attending kindergarten. Otherwise, use exact ages.)

Example: From 4 years to 17 years From _____ to _____

Facility or program type(s) – check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Parenting adolescent | <input type="checkbox"/> Uses restrictive procedures |
| <input type="checkbox"/> Alternative to detention | <input type="checkbox"/> Shelter care | |
| <input type="checkbox"/> Drug and alcohol treatment | <input type="checkbox"/> Wilderness adventure | |
| <input type="checkbox"/> Independent living | <input type="checkbox"/> Day treatment | |

SECTION E – Staffing (attach an additional sheet if needed)

Legal name	Employee title/position	Date of birth	Race*	Ethnicity*	Works 24 or more hours/week
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

***Race is a DSCYF database required field. Select a designation below to complete this column.**

- AI**=American Indian/Alaskan Native **B**=Black/African-American **NH**=Native Hawaiian/Pacific Islander
A=Asian **W**=White **MU**=Multi-Racial Undefined

***Ethnicity is a DSCYF database required field. Select a designation below to complete this column.**

- H**=Hispanic/Latino **NH**=Not Hispanic/Latino **UD**=Unable to Determine

