

SECTION B – Entity Information (as applicable)

If there is no entity, check “individual” and skip the related entity information.

Submit one:
 Delaware State business license
 -or-
 Proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents)

Entity name: _____ Entity type: Individual Corporation
 Limited liability company (LLC)

Entity address: _____
 (street) (city) (state) (zip)

Phone #: _____ Fax #: _____ Email: _____

1. If entity is an LLC, list below a name, address, and phone number for the managing member.
2. If entity is a corporation, list below a name, address, and phone number for each corporate officer.

<u>For corporation: officers</u>	<u>Title</u>	<u>Address and email</u>	<u>Will this person be on-site or have access to children?</u>	
			<u>No</u>	<u>Yes</u>
<u>For LLC: managing member</u>				

SECTION C – Previous Licensure

Has any person listed on page 1 or 2 of this application been previously licensed or approved to care for children in Delaware or any other state? Yes No

List the name and address of the licensed/approved agency/facility/home, and the dates for which a license or approval was given.

Has any person listed on page 1 or 2 of this application ever had an application or license to provide care for children in Delaware or any other state denied, revoked, suspended, withdrawn, or placed on probation? Yes No

List the name and address of the agency/facility/home, the person’s relationship to the facility, type of action, and the date of this event.

SECTION D – References for the Applicant

List three individuals in the community who are not related to the applicant. **OCCL will contact these references.**

Name	Address	Telephone/Email

SECTION E – Program Information

Hours of operation	Days of operation	Months of operation
a.m. – _____ p.m. or a.m. (circle one)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/> January to December

Ages of children to be served	<input type="checkbox"/> August to June
(Use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)	<input type="checkbox"/> _____ to _____

Example: From 4 years to 17 years

From _____ to _____

Anticipated number of children to be served: _____

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

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

