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| ` | LICENSING DIVISION (LD)**Application for Group Care License** |
|
| Application Type (Pick one): **[ ]**  Certification **[ ]**  New **[ ]**  Renewal **[ ]**  Modification **[ ]**  Move |
| Name of Parent Agency (if applicable) |
| Name of Facility  | Federal Employer Identification Number (FEIN)      |
| Physical Address |
| City **, WA** | Zip Code  | County  |
| Telephone Number  | Fax Number  | E-Mail Address  |
| Web Address (if applicable) |
| Business Mailing Address (If Different Than Physical Address) |
| City **,**  | Zip Code  | County  |
| Telephone Number  | Fax Number  | E-Mail Address  |
| Type of License Requested[ ]  Crisis Residential Center[ ]  Secure Crisis Residential Center[ ]  Day Treatment[ ]  Emergency Respite Center[ ]  Group Home[ ]  Group Receiving Center [ ]  Overnight Youth Shelter [ ]  Resource and Assessment Center[ ]  Staffed Residential Home (6 or fewer)[ ]  Other: | Type of Service/Contract Provided (if applicable)[ ]  Medically Fragile[ ]  Maternity Home[ ]  Other:  |
| PreferredAge Range  to Capacity     |

Have you previously been licensed or certified?

**[ ]**  No **[ ]**  Yes

If yes, indicate the following:

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| --- | --- | --- | --- | --- |
| **Name on License** | **Type of License** | **City and State where licensed** | **Open**  | **Closed** |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |

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| Type Of Organization (mark all that apply)**[ ]**  Individual**[ ]**  Partnership or Non-Incorporated Association**[ ]**  Non-Profit Corporation**[ ]**  Proprietary Corporation**[ ]**  For-Profit Corporation**[ ]**  Indian Tribe |  |
| The Department of Children, Youth, and Families (DCYF) may not license, make referrals or payments, or include in its directories, agencies that discriminate against the provision of services to children in care because of race, ethnicity, religion, culture, sexual orientation, gender identity, and gender expression (SOGIE), or disability. DCYF will not license, make referrals or payments, or include in its directories, agencies that fail to comply with federal and state anti-discrimination laws related to personnel policies and procedures.I further certify that I have received, read, understand, and agree to comply with the provisions of [Chapter 74.15](https://app.leg.wa.gov/RCW/default.aspx?cite=74.15) of the Revised Code of Washington (RCW), and with the provisions of [WAC 110-145](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145) of the Washington Administrative Code (WAC) (Licensing Requirements) and [WAC Chapter 110-04](https://app.leg.wa.gov/WAC/default.aspx?cite=110-04) Background Check Requirements. I also understand that corporal punishment of children in care is prohibited under the provisions of [WAC 110-145](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145) and agree to comply with this rule. I hereby further certify that the above information and required attachments are true and complete to the best of my knowledge and give permission for DCYF to contact references and past employers, and to obtain personnel records from previous employers.I further understand that DCYF does a Federal Bureau of Investigation and Washington State Patrol criminal history and background inquiry check and a check of FamLink/DCYF Information System, which relates to suitability to have unsupervised and/or supervised access to children in out-of-home care regarding any person(s) applying for a group care license and the person(s) employees, if any.NOTE: [WAC 110-145-1390](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1390) provides that a license shall be denied, suspended, revoked or not renewed for misrepresentation or material omissions on this application. |
| **Signature** |
| Print Name | Title |
| Signature | Date |
| Attach to this application any of the documents listed below which pertain to your agency. WAC or RCW references are indicated for easy referral to requirements. Please date all written information and forms. It is not necessary to submit these documents for a reapplication unless there have been changes in content.

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| [ ]  | Articles of incorporation (if applicable) | [RCW 74.15.070](https://app.leg.wa.gov/RCW/default.aspx?cite=74.15.070) |
| [ ]  | List of staff, including staff background checks (renewal applications only) | [WAC 110-145-1325](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1325) |
| [ ]  | Program description outlining the educational, recreational, and therapeutic services (if any) to be provided to a child and the child's family.  For residential services, include a schedule of typical daily activities for persons in care and a statement of religious practices if any | [WAC 110-145-1335](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1335) |
| [ ]  | Policies and procedures | [WAC 110-145-1335](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1335) and [1420(d)](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1420) |
| [ ]  | Documentation of compliance with local ordinance, documents that the site has been secured for use (building codes and zoning) | [WAC 110-145-1355](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1355) |
| [ ]  | Budget (renewal applications only) | [WAC 110-145-1390](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1390) |
| [ ]  | Employment, education history, resumes, and criminal history check of persons charged with active agency management on forms prescribed by DCYF | [WAC 110-145-1425](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1425) |
| [ ]  | Preservice training program for initial license, in-service training plan at renewal (this in-service training program must be in writing) | [WAC 110-145-1490](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1490) and [1495](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1495) |
| [ ]  | Water test report if water supply is from a private source (residential programs) | [WAC 110-145-1585](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1585) |
| [ ]  | A floor plan of the facility drawn to scale (residential programs). A simple sketch is sufficient; blueprints are not required. Must include location of smoke detectors, carbon monoxide (CO) detectors, and fire extinguishers  | [WAC 110-145-1670](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1670)  |
| [ ]  | Discipline practices (behavior management training) | [WAC 110-145-1815](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1815) |

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| Budget Guide[**WAC 110-145-1390**](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1390) |
| Source of Funds for Current Fiscal Year to Operate Agency: | DATE FROM | DATE TO |
| Estimated Dollar Amount for New or Actual Amount for Renewal |
| United Way |       |
| Grants |       |
| Contracts |       |

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| Other (specify):       |       |

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| Totals |       |
| Expenses for Current Fiscal Year to Operate Agency: | Estimated Dollar Amount for New or Actual Amount for Renewal |
| Rent or mortgage payments |        |
| Utilities |       |
| Wages or salaries and benefits |       |
| Other professional fees |       |
| Food |       |
| Supplies (household) |        |
| Supplies (program) |       |
| Maintenance and repairs |       |
| Equipment |       |
| Insurance |       |
| Taxes |       |
| Vehicles and transportation |       |
| General operations (telephone, postage, professional dues) |       |

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| Other (specify):       |       |

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|  **Agency Management** |
| Executive Director / CEO (Attach Resume) |
| Name | Title | Birth Date | Date Employed | Monthly Salary | Hours Per Week |
| Experience for this Position | Education |
| Years | Type | Highest Grade Achieved High School/College | Degree | Major/Minor/Area of Study |
|  |  |  |  |  |
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| Director (Attach Resume) |
| Name | Title | Birth Date | Date Employed | Monthly Salary | Hours Per Week |
| Experience for this Position | Education |
| Years | Type | Highest Grade Achieved High School/College | Degree | Major/Minor/Area of Study |
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|  |  |  |  |  |
| Program Manager (Attach Resume) |
| Name | Title | Birth Date | Date Employed | Monthly Salary | Hours Per Week |
| Experience for this Position | Education |
| Years | Type | Highest Grade Achieved High School/College | Degree | Major/Minor/Area of Study |
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| Case Manager (if Applicable) (Attach Resume) |
| Name | Title | Birth Date | Date Employed | Monthly Salary | Hours Per Week |
| Experience for this Position | Education |
| Years | Type | Highest Grade Achieved High School/College | Degree | Major/Minor/Area of Study |
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