

Instructions for Completing Residential Facility Application

Type of Facility

1. Indicate which type(s) of program(s) you will be operating.

Facility Information

1. Enter the Facility Name that will appear on the license (what you wish to call the facility)
2. Enter the **physical** Address, City, and Zip of the facility.
3. Enter the **mailing** Address, City, and Zip for the facility.
4. Enter the main phone number located at the facility.

Owner Information

1. Enter the **legal** name of the owner (individual, LLC, corporation).
2. Enter the address for the owner, including City, State, and Zip.
3. Enter the main phone number for the owner.

Documents Required with Application:

1. All of these items **MUST** be included with the application, with the following exceptions:
 - a. If the owner is not an Incorporation or LLC, the Articles of Incorporation, By-Laws, and Board Roster are not required.
 - b. Authorization Letter is not required if the owner or Chairman of the Board will be the one signing the legal documents.
 - c. Health Department Inspection is not required if the facility will be caring for 10 or less children, unless required by the local Health Inspector.
2. The List of Personnel and Verification of Qualifications is required for the following:
 - a. Administrator
 - b. Social Services Director
 - c. Other Professional Staff (as identified by licensing regulations)
 - d. Any other staff already selected/employed listed (qualifications not required)

Terms of Agreement and Signature

1. Read the Statement and ensure the Legal Authority signs the document. This must be the individual (sole ownership), Chairman of the Board (Incorporation or LLC), or the person identified by the Authorization Letter.



Arkansas Department of Human Services
Division of Childcare and Early Childhood Education
Placement and Residential Licensing Unit

CHILD WELFARE AGENCY LICENSE
APPLICATION
RESIDENTIAL FACILITY

TYPE OF FACILITY

Under the provisions of the Child Welfare Agency Licensing Act 1041 of 1997, I hereby apply for a license to operate a:

- Residential Child Care Facility
Residential Family Style Care
Independent Living
Independent Living Family Style Care
Sexual Rehabilitative Program
Emergency Residential Child Care Facility
Emergency Family Style Care
Transitional Living
Psychiatric Residential Treatment Facility

FACILITY INFORMATION:

Facility Name:
Physical Address of Facility:
Mailing Address of Facility:
Phone: ()

OWNER INFORMATION:

Owner:
Address of Owner:
State: Zip: Phone: ()

Facility plans to care for: Number of children ages to
Purpose of the agency:

DOCUMENTS REQUIRED WITH APPLICATION:

- 1. Articles of Incorporation
2. By-Laws
3. Board Roster
4. Authorization Letter
5. Description of Facility Program
6. Admission/Intake Policies
7. Policy for Children's Health Services
8. Proof of Financial Soundness
9. List of Personnel
10. Verification of Qualifications
11. General and Professional Liability Insurance
12. Fire Department Inspection
13. Health Department Inspection
14. Floor Plan with Room Dimensions
15. Zoning Approval, where applicable

AN APPLICATION IS NOT COMPLETE UNTIL ALL THE ABOVE DOCUMENTS HAVE BEEN RECEIVED.

I understand that once a Completed Application has been received, the Division shall complete a licensing study and make a recommendation to the Child Welfare Agency Review Board within ninety (90) Days

TERMS OF AGREEMENT:

I understand that inspections of my facility and agency records will be conducted in accordance with the minimum requirements as promulgated by the Child Welfare Agency Review Board under authority of Act 1041 of 1997. I have reviewed the licensing requirements and agree to comply with them.

Signature of Legal Authority

Date