

Instructions for Completing Child Placement Agency Application

Type of Facility

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

Agency Information

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

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.
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
CHILD PLACEMENT AGENCY

TYPE OF AGENCY:

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

- Adoption
Foster Care
Therapeutic Foster Care
Therapeutic Foster Care-Sexual Rehabilitative Program
Placement Residential

AGENCY INFORMATION:

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

OWNER INFORMATION:

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

Purpose of the agency:

DOCUMENTS REQUIRED WITH APPLICATION:

- 1. Articles of Incorporation
2. By-Laws
3. Board Roster
4. Authorization Letter
5. Description of Agency 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

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 foster homes 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