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|  | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  RESIDENTIAL PROGRAM UNIT  **APPLICATION FOR LICENSE AMENDMENT-RESIDENTIAL TREATMENT AGENCY FOR CHILDREN AND YOUTH** | | | | | |
| LEGAL NAME OF AGENCY | | | | | TELEPHONE NUMBER | | |
| ADDRESS (STREET NUMBER, CITY, COUNTY, ZIP CODE) | | | | | | | |
| We hereby make application to the Children's Division, Department of Social Services, for an amendment to the current License to Operate a Residential Treatment Agency for Children and Youth. Please amend the current Residential Treatment Agency for Children and Youth license to change the following (check all that apply): | | | | | | | |
| **CHECK** | **AMENDMENT TYPE** | | **CHANGE** | | | | **REQUIREMENTS** |
|  | NEW SITE | | ADDRESS | | | | Approved:  Fire and Safety Inspection  Sanitation Inspection  Food Service  Letter of Approval for Zoning  Program description if different from present program |
|  |  | | CAPACITY | GENDER | | AGE RANGE |  |
|  | CHANGE CAPACITY | | CAPACITY | | | | Approved Fire and Safety Inspection |
|  | NAME CHANGE | | NAME | | | | Copy of the amended Articles of Incorporation  Copy of the amended By-Laws |
|  | CHANGE GENDER SERVED | | GENDER | | | | Statement of which facility will be used for each gender  Staffing plan  Program changes resultant from change of gender  Staff training plan |
|  | CHANGE AGE RANGE SERVED | | AGE RANGE | | | | Statement of which facility will be used  Staffing Plan  Program changes resultant from change of age |
|  | ADDRESS CHANGE (Same Location) | | ADDRESS | | | |  |
|  | ADD SPECIALIZED CATEGORY OF CARE | | CATEGORY | | | | Program changes resultant from adding a different specialized category of care |
|  | OTHER (Explain): | |  | | | |  |
| NOTE: Any person who violates any applicable provision of Sections 210.481 to 210.536, or who for himself or for any other person makes materially false statements in order to obtain a license or the reveal thereof shall be guilty of a Class A Misdemeanor. | | | | | | | |
| **I certify the information provided with this application and attachments to be true:** | | | | | | | |
| SIGNATURE OF DIRECTOR OR BOARD CHAIR  ► | | | | | | | DATE |
| TITLE | | | | | | | |