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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISIONRESIDENTIAL 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 InspectionSanitation InspectionFood ServiceLetter of Approval for ZoningProgram 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 genderStaffing planProgram changes resultant from change of genderStaff training plan |
| **[ ]**  | CHANGE AGE RANGE SERVED      | AGE RANGE      | Statement of which facility will be usedStaffing PlanProgram 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      |