



**APPLICATION FOR LICENSE TO OPERATE A  
RESIDENTIAL TREATMENT AGENCY FOR CHILDREN AND YOUTH**

Initial  Renewal

We hereby submit this application to the Department of Social Services, Children's Division, for a license to operate a residential treatment agency for children and youth in the State of Missouri. We agree to abide by all laws and regulations governing the licensure and operation of residential care facilities in the State of Missouri.

LEGAL NAME OF AGENCY	TELEPHONE NUMBER	FAX NUMBER
EMERGENCY CONTACT TELEPHONE NUMBER	AGENCY WEB SITE	AGENCY E-MAIL

PHYSICAL ADDRESS (STREET NUMBER, CITY, COUNTY, ZIP CODE)

MAILING ADDRESS (STREET NUMBER, CITY, COUNTY, ZIP CODE)

OWNER NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
------------	-----------------	---------------	--------------

CHIEF EXECUTIVE NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
----------------------	-----------------	---------------	--------------

EXECUTIVE DIRECTOR NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
-------------------------	-----------------	---------------	--------------

ADMINISTRATOR NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
--------------------	-----------------	---------------	--------------

BOARD PRESIDENT NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
----------------------	-----------------	---------------	--------------

BOARD CHAIR PERSON NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
-------------------------	-----------------	---------------	--------------

MAXIMUM NUMBER OF CHILDREN TO RECEIVE CARE	AGES OF CHILDREN TO RECEIVE CARE
--	----------------------------------

SEX OF CHILDREN TO RECEIVE CARE  
 Male  Female  Both

NAME AND ADDRESS OF SCHOOL ATTENDED BY THE CHILDREN

SERVICES TO BE PROVIDED  
 Basic Core  Maternity/Infant/Toddler/Preschool  Residential Treatment  Intensive Residential Treatment

CONDUCTED UNDER OF THE AUSPICES OF (NAME OF SPONSORING ORGANIZATION, IF APPLICABLE)	ADDRESS
---	---------

DATE ORGANIZED	DATE INCORPORATED	STATE OF INCORPORATION	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit
----------------	-------------------	------------------------	---

CURRENTLY ACCREDITED BY  
 Council on Accreditation of Services for Children and Families, Inc  Joint Commission on Accreditation of Healthcare Organizations  
 Commission on Accreditation of Rehabilitation Facilities  Not Accredited

ORIGINAL ACCREDITATION DATE	CURRENT TERM OF ACCREDITATION
-----------------------------	-------------------------------

IS THERE ANY PENDING LEGAL ACTION AGAINST THE AGENCY, ANY BOARD MEMBER OR ANY STAFF MEMBER INVOLVING THE OPERATION OF THE AGENCY?  
 Yes  No If Yes, please explain on a separate page.

PLEASE LIST ANY OTHER STATE AGENCIES THAT LICENSE YOUR ORGANIZATION

NOTE: MISSOURI LAW PROVIDES THAT 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 RENEWAL THEREOF SHALL BE GUILTY OF A CLASS A MISDEMEANOR. IN CASE SUCH GUILTY PERSON BE A CORPORATION, ASSOCIATION, INSTITUTION, OR SOCIETY, THE OFFICERS THEREOF WHO PARTICIPATE IN THE ACTIVITY SHALL UPON CONVICTION BE SUBJECT TO THE PENALTIES PROVIDED BY LAW. § 210.531 RSMo. ANY PERSON IS GUILTY OF A CLASS B MISDEMEANOR IF SUCH PERSON SUBJECT TO BACKGROUND CHECK REQUIREMENTS KNOWINGLY FAILS TO COMPLETE A BACKGROUND CHECK, AS DESCRIBED UNDER §§ 210.493 AND 210.1263. §210.1283 RSMo.

I hereby certify that officers, managers, contractors, volunteers with access to children, employees and other support staff of the residential care facility, and owners who will have access to the facilities have, or will have, completed Background Checks and have been found eligible as required in § 210.493 and 13 CSR 35-71.015.

SIGNATURE OF PERSON LEGALLY AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE AGENCY	DATE
--	------

TITLE
-------

--