



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
**APPLICATION FOR LICENSE TO OPERATE A
RESIDENTIAL TREATMENT AGENCY FOR CHILDREN AND YOUTH**

PO BOX 88
JEFFERSON CITY, MO 65103

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)			
EXECUTIVE DIRECTOR/ADMINISTRATOR			
MAILING ADDRESS		E-MAIL ADDRESS	PHONE NUMBER
BOARD PRESIDENT			
MAILING ADDRESS		E-MAIL ADDRESS	PHONE NUMBER
MAXIMUM NUMBER OF CHILDREN TO RECEIVE CARE		AGES OF CHILDREN TO RECEIVE CARE	
SEX OF CHILDREN TO RECEIVE CARE <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both			
NAME AND ADDRESS OF SCHOOL ATTENDED BY CHILDREN			
SERVICES TO BE PROVIDED <input type="checkbox"/> Basic Core <input type="checkbox"/> Maternity <input type="checkbox"/> Infant/toddler/Preschool <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Intensive Residential Treatment			
CONDUCTED UNDER OF THE AUSPICES OF (NAME OF SPONSORING ORGANIZATION, IF APPLICABLE)			
DATE ORGANIZED	DATE INCORPORATED	STATE OF INCORPORATION	<input type="checkbox"/> Non-profit <input type="checkbox"/> For Profit
CURRENTLY ACCREDITED BY <input type="checkbox"/> Council on Accreditation of Services for Children and Families, Inc <input type="checkbox"/> Commission on Accreditation of Rehabilitation Facilities <input type="checkbox"/> EAGLE (Educational Assessment Guidelines Leading Toward Excellence) <input type="checkbox"/> The Joint Commission <input type="checkbox"/> TFA (Teaching Family Association) <input type="checkbox"/> Not Accredited			
ORIGINAL ACCREDITATION DATE		CURRENT TERM OF ACCREDITATION	
EDUCATION <input type="checkbox"/> On grounds school – residential agency staffed <input type="checkbox"/> On ground school – public school staffed <input type="checkbox"/> Public school only			
IS THERE ANY PENDING LEGAL ACTION AGAINST THE AGENCY, ANY BOARD MEMBER OR ANY STAFF MEMBER INVOLVING THE OPERATION OF THE AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain of a separate Page.			

PLEASE LIST ANY OTHER STATE AGENCIES THAT LICENSE OR CERTIFY 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 THE 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, complete 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
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TITLE