



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MATERNITY HOME TAX CREDIT
APPLICATION FOR AGENCY ELIGIBILITY VERIFICATION

LEGAL NAME OF THE ORGANIZATION	EXECUTIVE DIRECTOR
MAILING ADDRESS	
PHYSICAL ADDRESS	
TELEPHONE NUMBER	CHARTER NUMBER (ISSUED BY THE SECRETARY OF STATE)
CONTACT PERSON	CONTACT PERSON EMAIL ADDRESS

- Total tax credits issued annually can not exceed the amount stated in section 135.600, RSMo.
- Tax credits will be apportioned equally among classified agencies at the beginning of each fiscal year.
- Unused tax credits may be reapportioned at the Department's discretion at any time during the year.

Information required to be considered as a classified maternity home eligible to receive contributions that may qualify for the Maternity Home Tax Credit.

1. A copy of the organization's certificate of incorporation;
2. Verification of Internal Revenue Services (IRS) tax exemption status (tax exemption certificate);
3. Brief description of the agency's primary business functions, including the following annual (January-December) data:

<input type="checkbox"/> Number of pregnant women served (for all services provided);	<input type="checkbox"/> Number of pregnant women accessing residential services;
<input type="checkbox"/> Average length of time pregnant women stay in the residential facility;	<input type="checkbox"/> Ages of pregnant women served (for all services provided);
<input type="checkbox"/> Ages of pregnant women accessing residential services;	<input type="checkbox"/> Average cost to house one resident participant;
<input type="checkbox"/> Percent of total budget funded through donations eligible for the Maternity Home Tax Credit;	
<input type="checkbox"/> Residential facility capacity.	
4. Facilities serving women under age eighteen (18) must provide a license certificate or letter of good standing issued by the Children's Division.
5. Facilities considered exempt from licensing requirements, must attest to that status (see enclosed Exemption to License Requirements form).

_____ is a residential facility located in the state of Missouri **established for the purpose of providing housing and assistance to pregnant women who are carrying their pregnancies to term**, and which is exempt from income taxation under the United States Internal Revenue Code.

(FACILITY NAME)

In accordance with section 135.600, RSMo, I certify that the information provided above is true and accurate.

I agree to notify the Department of Social Services within thirty (30) days of any change in business functions that may affect my agency's qualifying status in this tax credit program.

EXECUTIVE DIRECTOR SIGNATURE	PRINTED NAME	DATE
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Remit to: Department of Social Services
 Attention: Maternity Home Tax Credit
 P.O. Box 626
 Jefferson City, MO 65102-0626

The Director shall inform each eligible maternity home of its share of the apportioned credits no later than thirty (30) days following July 1 of each fiscal year.

Within thirty (30) days of any reapportionment, the Director shall notify those maternity homes that would be affected by the reapportioned tax credit. The Director will consider comments the maternity homes submit concerning planned future uses of the agency's tax credit allocation prior to the end of the thirty (30) day period. The Director's decision regarding reapportionment shall be final.

Once an agency has been certified by the Department of Social Services, the organization's name will be added to the list of agencies that are eligible for the Maternity Home Tax Credit. A complete list of eligible agencies is available on the Department of Social Services website: www.dss.mo.gov or by writing to the address listed above.

**Agencies must submit application for recertification annually.
 All incomplete or inaccurate applications will be returned to the Maternity Home.**



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INSTRUCTIONS

1. Provide the organization's LEGAL name.
2. Provide the name of the executive director.
3. Provide the organization's physical address in addition to a P.O. Box (if applicable).
4. Provide the organization's telephone number.
5. The agency's Charter Number issued by the Secretary of State.
6. Provide the name of contact person, if different from the executive director, and their email address.

Supporting Documentation to be attached:

1. A copy of certificate of incorporation.
2. Verification of Internal Revenue Service (IRS) tax exempt status.
3. Brief description of the agency's primary business functions, including the following annual (January-December) data:
 - Number of pregnant women served (for all services provided);
 - Number of pregnant women accessing residential services;
 - Average length of time pregnant women stay in the residential facility;
 - Ages of pregnant women served (for all services provided);
 - Ages of pregnant women accessing residential services;
 - Average cost to house one resident participant;
 - Percent of total budget funded through donations eligible for the Maternity Home Tax Credit;
 - Residential facility capacity.
4. Facilities serving women under age eighteen (18) must provide a license certificate or letter of good standing issued by the Children's Division.
5. Facilities considered exempt from licensing requirements, must attest to that status (see enclosed Exemption to License Requirements form).

All information should be submitted to:

Department of Social Services
Attention: Maternity Home Tax Credit
P.O. Box 626
Jefferson City, MO 65102

All maternity homes must establish their eligibility on an annual basis. All maternity homes must submit the above information no later than June 1 of each calendar year to maintain their eligibility for the tax credit.



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EXEMPTION TO LICENSE REQUIREMENTS

Check all boxes that apply.

- Any residential care facility operated by a person in which the care provided is in conjunction with an educational program for which a tuition is charged and completion of the program results in meeting requirements for a diploma recognized by the state Department of Elementary and Secondary Education;
- Any camp, hospital, sanitarium, or home which is conducted in good faith primarily to provide recreation, medical treatment, or nursing or convalescent care for children;
- Any person who receives free of charge, and not as a business, for periods of time not exceeding ninety consecutive days, the child of personal friends of such person as an occasional and person guest, and who receives custody of no other unrelated child;
- Any child placing agency operated by the Department of Mental Health or any foster home or residential care facility operated or licensed by the Department of Mental Health under sections 630.705 to 630.760, RSMo, which provides care, treatment, and habilitation exclusively to children who have a primary diagnosis of mental disorder, mental illness, mental retardation or developmental disability, as defined in section 630.005, RSMo;
- Any foster home arrangement established and operated by any well-known religious order or church and any residential care facility or child placement agency operated by such organization; or
- Any institution or agency maintained or operated by the state, city or county.

**In accordance with section 210.516, RSMo, I certify that _____
(FACILITY NAME)
qualifies as an exempt facility as described above.**

EXECUTIVE DIRECTOR