



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
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BOARD PRESIDENT

MAILING ADDRESS	E-MAIL ADDRESS	PHONE NUMBER
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MAXIMUM NUMBER OF CHILDREN TO RECEIVE CARE	AGES OF CHILDREN TO RECEIVE CARE
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SEX OF CHILDREN TO RECEIVE CARE
☐ Male ☐ Female ☐ Both

NAME AND ADDRESS OF SCHOOL ATTENDED BY 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)

DATE ORGANIZED	DATE INCORPORATED	STATE OF INCORPORATION	<input type="checkbox"/> Non-profit <input type="checkbox"/> For Profit
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CURRENTLY ACCREDITED BY
☐ Council on Accreditation of Services for Children and Families, Inc
☐ Commission on Accreditation of Rehabilitation Facilities
☐ EAGLE (Educational Assessment Guidelines Leading Toward Excellence)
☐ The Joint Commission
☐ TFA (Teaching Family Association)
☐ Not Accredited

ORIGINAL ACCREDITATION DATE	CURRENT TERM OF ACCREDITATION
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EDUCATION
☐ On grounds school – residential agency staffed
☐ On ground school – public school staffed
☐ Public school only

☐ Yes ☐ No If yes please explain of a separate Page.

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.

SIGNATURE OF PERSON LEGALLY AUTHORIZED TO SUBMIT THE APPLICATION OF BEHALF OF THE AGENCY

TITLE



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
RESIDENTIAL PROGRAM UNIT

THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION FOR LICENSURE PURSUANT TO 13 CSR 35-71.020.

- ☐ 1. Articles of incorporation or organization, bylaws, and a list of all board members to include any board officers with such officers' contact information.
- ☐ 2. Signed and dated copy of the division's civil rights agreement. Please complete the RPU-32.
- ☐ 3. Proposed budget for a period of not less than one (1) year, including sources of income.
- ☐ 4. Documentation of professional and commercial liability insurance, worker's compensation insurance, fire and disaster insurance, and insurance for any vehicles operated by the facility (coverage must include personal injury protection for passengers). Please provide declaration page providing proof of insurance.
- ☐ 5. Document setting forth the authority and responsibilities delegated to the executive director by the board of directors. Please attach executive director's job description.
- ☐ 6. Chart depicting facility's organizational structure. Please provide organizational chart that includes the name of all professional staff.
- ☐ 7. Personnel manual.
- ☐ 8. Job titles and job descriptions for all staff.
- ☐ 9. Name, phone number, and email address of the designated caregiver authorized by the facility to use the reasonable and prudent parent standard pursuant to 210.665, RSMo, if contracted with the State of Missouri.
- ☐ 10. Projected staffing plan for the anticipated capacity. Please provide a proposed schedule of direct care staff on site reflecting how ratios will be met at all times.
- ☐ 11. Staff training plan. Please include a training plan that covers all required training topics as noted in regulation for the upcoming year.
- ☐ 12. Certification that all individuals required to complete a background check and to be found eligible for employment or presence at the facility pursuant to 13 CSR 35-71.015 have completed the required background check and have been found eligible for employment or presence by the division. Please complete the RPU-10. Please do not send copies of individual background eligibility letter and/or FCSRs.
- ☐ 13. Verification of the education, licensing credentials, and experience of all professional staff. Please provide transcripts and proof of licensure.
- ☐ 14. Resumes for all professional and administrative staff.
- ☐ 15. Evidence of compliance with local building and zoning requirements. Please provide a letter from city or county zoning officer or inspector stating compliance or use form RPU-6.
- ☐ 16. Floor plan of the facility that identifies the specific use of each room.
- ☐ 17. Evidence of compliance with the fire safety requirements required by the State Fire Marshal. Please do not include inspections for alarms, sprinkler systems, or fire extinguishers.
- ☐ 18. Local health department inspection certificates and any permits required by local ordinance. Please include food safety inspection as well as water and sewage inspections. Water and sewage inspections are not required if a site is on public water and sewage.
- ☐ 19. Documentation that any pool on the grounds is operated in accordance with all applicable local ordinances. Please include any applicable permits or certificates.
- ☐ 20. Program and/or policy manual for the facility that contains the following materials:
 - ☐ A. Description of specific program models, including methods of treatment.
 - ☐ B. Description of the recreational program.
 - ☐ C. Document outlining the respective educational responsibilities of the facility and any local education authority, as applicable.
 - ☐ D. Personnel health verification policy.
 - ☐ E. Intake policy.
 - ☐ F. Health and sick care protocol for residents.
 - ☐ G. Medication policy, including psychotropic medications.
 - ☐ H. Medical record retention policy for residents.
 - ☐ I. Confidentiality policy.
 - ☐ J. Visitation policy.

- ☐ K. Critical incident reporting policy.
- ☐ L. Child abuse and neglect reporting policy.
- ☐ M. Discipline policy for residents.
- ☐ N. Restraint policy using a recognized and approved physical restraint program.
- ☐ O. Locked isolation policy.
- ☐ P. Volunteer policy.
- ☐ 21. Description of facility's religious requirements and practices if applicable.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
Children's Division
RESIDENTIAL PROGRAM UNIT
OPERATING SITES

P. O. BOX 88
JEFFERSON CITY, MO 65103

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ALL OPERATING SITES:

A. NAME

STREET AND NUMBER

CITY, COUNTY, ZIP CODE

TOTAL NUMBER OF CHILDREN

MALE

FEMALE

BOTH

AGE RANGE
FROM

TO

B. NAME

STREET AND NUMBER

CITY, COUNTY, ZIP CODE

TOTAL NUMBER OF CHILDREN

MALE

FEMALE

BOTH

AGE RANGE
FROM

TO

C. NAME

STREET AND NUMBER

CITY, COUNTY, ZIP CODE

TOTAL NUMBER OF CHILDREN

MALE

FEMALE

BOTH

AGE RANGE
FROM

TO

D. NAME

STREET AND NUMBER

CITY, COUNTY, ZIP CODE

TOTAL NUMBER OF CHILDREN

MALE

FEMALE

BOTH

AGE RANGE
FROM

TO

E. NAME

STREET AND NUMBER

CITY, COUNTY, ZIP CODE

TOTAL NUMBER OF CHILDREN

MALE

FEMALE

BOTH

AGE RANGE
FROM

TO

F. NAME

STREET AND NUMBER

CITY, COUNTY, ZIP CODE

TOTAL NUMBER OF CHILDREN

MALE

FEMALE

BOTH

AGE RANGE
FROM

TO

G. NAME

STREET AND NUMBER

CITY, COUNTY, ZIP CODE

TOTAL NUMBER OF CHILDREN

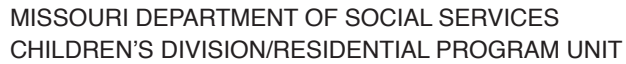
MALE

FEMALE

BOTH

AGE RANGE
FROM

TO

[illegible]



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
RESIDENTIAL PROGRAM UNIT
CIVIL RIGHTS AGREEMENT

CIVIL RIGHTS INFORMATION AND AGREEMENT FORM

Public Law 88-352, the Federal Civil Rights Act of 1964, states as follows in Section 601, Title VI of the Act: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Under the authority of section 602 of Title VI of the Act, the Secretary of the U.S. Department of Health, Education and Welfare has promulgated a regulation carrying out the intent of the Act as it applies to programs and grants which receive Federal financial assistance through the Department. This Regulation is set forth in Title 45, Code of Federal Regulations, Part 80. Subsection 80.5 is stated in part as follows: "(a) In grant programs which support the provision of health or welfare services, discrimination in the selection or eligibility of individuals to receive the services, and segregation or other discriminatory practices in the manner of providing them, are prohibited. This prohibition extends to all facilities and services provided by the grantee under the program or, if the grantee is a State, by a political subdivision of the State. It extends also to services purchased or otherwise obtained by the grantee (or political subdivision) from hospitals, nursing homes, schools, and similar institutions for beneficiaries of the program, and to the facilities in which such services are provided, subject, however to the provision of 80.3(e)" (which refers to sheltered workshops under Vocational Rehabilitation.)

In view of the above it is mandatory for the Children's Division, if it is to continue receiving Federal funds for financing the public assistance, medical care, vocational rehabilitation for the blind, and social service programs in Missouri, to receive from each person, agency, or institution from which care or services are purchased for applicants or recipients of assistance or services, written assurance of compliance with the Civil Rights Act.

We are enclosing two (2) copies of Form, RPU-32, "Civil Rights Agreement." Please fill out both forms, sending the original to the State Supervisor, Residential Program Unit, Children's Division, PO Box 88, Jefferson City, Missouri 65103 within thirty (30) days and keep one (1) copy for your file.

NAME OF AGENCY

DATE

MAILING ADDRESS

SIGNATURE OF ADMINISTRATOR OR EXECUTIVE DIRECTOR

SIGNATURE OF PRESIDENT OF BOARD OF DIRECTORS



MAIL ONE COPY WITHIN THIRTY (30) DAYS TO: MISSOURI CHILDRENS DIVISION
RESIDENTIAL PROGRAM UNIT
PO BOX 88
JEFFERSON CITY, MO 65103

****AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER****
services provided on a nondiscriminatory basis