

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Office of Inspector General
Division of Regulated Child Care
Frankfort, Kentucky 40621

APPLICATION FOR LICENSURE TO OPERATE A CHILD-CARING FACILITY
AND/OR A CHILD-PLACING AGENCY

Receipt No. _____

1. Name of Facility: _____
(Telephone Number)

Address: _____
(Street) (City) (State) (County) (Zip Code)

List mailing address if different than location of facility:

_____ (Street) (City) (State) (County) (Zip Code)

2. Owner: _____
Address: _____

3. If incorporated, list name as filed with Secretary of State's Office:
Name of Corporation: _____
Address: _____
(Street) (City) (State) (County) (Zip Code)

4. Define geographical area to be served: _____

5. Maximum capacity: _____

6. Please check services to be provided:

- | <u>Child-Caring Facility</u> | <u>Child-Placing Agency</u> |
|--|-------------------------------------|
| _____ Group Home (1-8 capacity) | _____ Adoption Placement |
| _____ Treatment | |
| _____ Crisis Intervention | _____ Foster Placement |
| _____ Wilderness Youth Camp | _____ Foster Care |
| | _____ Therapeutic Foster Care |
| _____ Institution (9 or more capacity) | _____ Medically Fragile Foster Care |
| _____ Treatment | |
| _____ Crisis Intervention | _____ Independent Living Program |
| _____ Wilderness Youth Camp | |
| _____ Emergency Shelter (Any capacity) | |
| _____ Treatment | |

7. If Foster Placement is checked, state estimated number of foster homes to be used:

8. Age range of children to be served: _____

9. Will agency serve children of both sexes? _____ (If NO, please specify limitations)

10. Name of Executive Director: _____

Education:

11. Other Staff

<u>NAME</u>	<u>POSITION</u>	<u>YRS. EXPERIENCE</u>	<u>EDUCATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree that this facility shall be open at all times for inspection by state agency licensure personnel.

I certify that the information given in completing this application is accurate to the best of my knowledge And recognize that falsification of this application can result in the denial or revocation of license.

Authorized Signature

Date

Licensure Fee:

Initial Fee for Child Caring: \$100.00
Renewal Fee for Child Caring: \$50.00

Initial Fee for Child Placing: \$100.00
Renewal Fee for Child Placing: \$50.00

PLEASE MAKE CHECK/MONEY ORDER PAYABLE TO KENTUCKY STATE TREASURER.

Forward check/money order to:

Cabinet for Health and Family Services
Office of Inspector General
Division of Regulated Child Care
275 East Main Street 5E-F
Frankfort, Kentucky 40621

For Initial Licensure Attach:

1. A copy of the Articles of Incorporation.
2. A mission statement of purposes, objectives, scope of services provided, and specifying kinds of children to be accepted for care.
3. A copy of the constitution and by-laws.
4. A list of officers, board members and advisory board members, if any, including addresses and professions. For officers include title and term of office.

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