



**APPLICATION FOR CERTIFICATION
AS A
SAFE FOSTER HOME OR SAFE HOUSE**

Pursuant to Section 409.1678, Florida Statutes, application is hereby made to:

_____ Operate a licensed Family Foster Home, supervised by a Child-Placing Agency, that provides placement for Sexually Exploited Children or Young Adults; or

_____ Operate a licensed Child-Caring Agency that provides residential group care for Sexually Exploited Children or Young Adults.

Pursuant to Section 409.1678(2)(c)2, Florida Statutes, please specify which gender the safe foster home or safe house will serve: _____ Male _____ Female.

Name of Foster Parent(s) or Child-Caring Agency: _____

Address: _____

Foster Parent (if applicable)

Date

Foster Parent (if applicable)

Date

Executive Director for Child-Caring Agency (if applicable)

Date