LICENSE APPLICATION FOR CHILD-CARING AND CHILD-PLACING AGENCIES

☐ Initial Application ☐ Relicensure ☐ Amendment

Date of Application: _____

Pursuant to Section 409.175, Florida Statutes, an application is hereby made to:

☐ Operate a child-caring agency (CCA) as the following subtype:

24-hour Shift Staff
- ☐ Safe House
- ☐ Runaway Shelter
- ☐ Emergency Shelter

House Parent and/or 24-hour Shift Staff
- ☐ Traditional Home
- ☐ Maternity Home
- ☐ Unaccompanied Minor Child (UAC) Home
- ☐ Wilderness Camp
- ☐ Residential Home
- ☐ At Risk House

☐ Operate a child-placing agency (CPA) with the following service subtype:

- ☐ Community-Based Care (CBC) Agency
- ☐ Case Management (CMO) Organization/Agency
- ☐ Foster Home Management Agency
- ☐ Private Adoption Agency

☐ Agency is owned or run by the County, State, or Government with ☐ more than 25 beds.

☐ Agency is located on a campus setting.

Agency Name: _____ **Also Known As:** _____

Main Office Address: _____

Facility Address: _____

Applicant's (Licensee) Name: _____

Not for Profit Agency (Y/N): _____ **Medicaid Provider (Y/N):** _____

Accreditation Type: _____ **Federal Tax ID Number:** _____

Date of Accreditation renewal: _____ **Capacity Requested:** _____

Contact Information	Name	Phone Number	Email Address
Licensee:			
Primary Contact:			
Program Director:			

Have you ever served as a board member, executive director, or other office of an agency that failed to secure a license or where the license was revoked? ☐ No ☐ Yes, _____

If yes, please list your role, agency name and State.

Please list additional facilities for child-caring agencies **or** satellite offices for child-placing agencies and the agency subtype (refer to subtypes above):

If space is required for additional locations, please provide information on an additional page of this application.

Name of Facility *(If different from above)*	**Address**	**City, State, Zip Code**	**County**	**Subtype**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I understand the following responsibilities, as the applicant for a child-caring and/or child-placing license, includes but is not limited to the following:

- Ensure compliance with Florida Statutes 409.175 and Florida Administrative Code 65C-14 applicable to the child-caring agency and Florida Administrative Code 65C-15 applicable to child-placing agency standards identified for the location and each facility listed on this application.
- Ensure timely response and action to resolve all identified licensing deficiencies or corrective actions involving the primary or satellite offices listed on this application.

I further understand that failure to oversee and comply with these responsibilities may impact the status of this child-caring and/or child-placing license.

_____ _____

Applicant (Licensee) Signature Date

_____ _____

Applicant (Licensee) Signature Date