



**Department use only**  
Date received:  
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**Children's Agency  
Application for License Renewal  
IDAPA 16.06.02 Idaho Statutes 39-1203, 39-1204**

<u><b>Program Site Information</b></u>			
_____ Site Name-Name to appear on license			
_____ Site Street Address of license	_____ City	_____ State	_____ Zip
_____ Site Mailing Address if different than site address			
_____ Site Telephone Number		_____ Site Email	
_____ Site Contact Name		_____ Contact Telephone Number	
_____ Site Contact Email Address		_____ Program Website	

**Note: Information in this application is available to the public upon request.**

Please list the name of the Chief Administrator to be immediately available at all times that the program is in operation: \_\_\_\_\_ When not available, a designee must be assigned and available.

Is this application an annual license renewal request?    Yes    No

\*Is this application in regards to a change in terms/services prior to the annual renewal?    Yes    No    If yes, please attach revised policies that relate to rules 528 and 529.

\*Is this application in regards to a change in location or ownership?    Yes    No    If yes, please provide proposed new address and/or new owner name.

Has any person, corporation, or partnership with a ten percent or more interest in the program had an Idaho Department of Health and Welfare license revoked within the past 5 years?    Yes    No    If yes, please attach an explanation with names, dates and circumstances.

**\*Submit the above requested information and proceed to the signature page.**

**Please answer the following questions as they pertain to current practices**

Does the agency provide shelter care services?	Yes	No
Will the Department's representative have access to all record?	Yes	No
Does the agency provide adoption home studies?	Yes	No
Does the agency license foster homes?	Yes	No
Does the agency license adoption homes?	Yes	No
Does the agency recruit families to become foster or adoptive homes?	Yes	No
Does the agency provide domestic adoption services?	Yes	No
Does the agency provide international adoption services?	Yes	No

**In addition to all Child and Staff Records, please assure the following are readily available for review by the Department Representative during the on-site survey:**

- A copy of an annual audit, an auditor's report, or a current tax return. (Rule 536)
- A copy of the Permanent Register (Rules 560)
- Incident reports this licensing year related to restraints, death, suicide threat, suicide attempt, hospitalization, law enforcement contact, unauthorized removal of child. (Rules 473,573,)
- Documentation of any grievances, complaints, or allegations of abuse or neglect. (Rules 570, 574, 623)
- If any foster or adoptive home premises contain an above-ground or in-ground pool, pond, or other body of water, attach verification of compliance with all sections of rule 430.
- Proof of insurance for all vehicles used by agency staff to transport children.(Rule 546.02.j)

**Please submit the following documents with this application**

- A copy of all policies related to IDAPA 16.06.02 that have been changed, deleted, revised, updated since the last licensing survey.(Rule105) (please highlight all changes)
- A roster of all children served since the last licensing survey including Name, DOB, Date of Placement, Date of Discharge.(Rule 561)
- A roster of all currently placed children including Name, DOB and Date of Placement. (Rule 561)
- A staff roster of all employees that worked during the last licensing year. This would include employees that were hired and terminated this review period: Name, Date of Hire, Date of Termination, Job Title, Degree/Diploma (Rule 546)
- The Employee Background Check Form for New Hires. This applies only to those agencies contracting with the Department of Health and Welfare for placement of children. (Rules 109, 546)
- A current roster for the Board of Directors. (Rule 521)
- An organizational chart identifying job positions, individuals in each position and lines of authority within the organization.(Rule 523)
- A list of all foster parents holding an agency license at any time during the review period including those who may not be currently licensed. Include the names, date of licensure, date of termination if applicable, and names of all children served by the family this review period.
- A list of all families accepting placement for an adoption through the agency this review period. Include the names of the adoptive parents, names and ages of children adopted and whether the adoption was international or domestic.
- A list of all families the agency completed or updated an adoption home study for this review period. Include the names, type of home study and date completed.
- A copy of the agency social worker caseload. Please identify caseload as foster families with placed children, adoptive home study families including those awaiting an adoptive or foster placement.
- The current program description including a description of the fees the agency charges.(Rule 528)
- A realistic budget projecting income and expenditures. (Rule 535)
- Certificate of Insurance for agency vehicles, general liability, fire, professional liability. (Rule 524)

## Application Declarations

I hereby swear and affirm that the foregoing information is substantially true and correct based upon good information and belief, the source of which is my diligent good faith efforts to provide accurate and complete answers to each of the application questions. It is my understanding and I hereby agree that any false information supplied by me in this application or in support of this application shall be sufficient grounds to deny this application.

I further understand and agree that I will cooperate in good faith with the Idaho Department of Health and Welfare in allowing authorized Department representatives to visit this facility at any reasonable time, announced or unannounced, to interview such staff, employees, volunteers or other personnel as may be determined necessary by the Department in conducting its licensing study/investigation.

It is also my understanding and agreement that an authorized representative from the Idaho Department of Health and Welfare may interview any child placed in care of this facility in the course of the Department's licensing investigation/study. Such interviews may be conducted in private solely between the Department's representative and child or children.

I also understand and agree that the Department may conduct collateral interviews with any source of information regarding this facility in the course of the licensing investigation/study.

I understand and agree that a refusal by this facility to allow interviews with any child, employee or staff member shall be grounds to deny this application.

I further understand and agree that the burden and responsibility to supply all required information and documents rests with the applicant and failure or refusal to supply such information and/or documents at the time of application shall be grounds to deny this application.

I further declare that I am an authorized representative of this program and I have reviewed and understand the Licensing rules applicable to a Children's Residential Care Facility License. (IDAPA 16.06.02)

Name of Applicant

Applicant Title

Date of Application

Signature of Applicant