



Department use only
Date received:
____/____/____

Children's Agency
Application for Initial License
IDAPA 16.06.02 Idaho Statutes 39-1203, 39-1204

Program Site Information

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 Address

Site Contact Name Contact Telephone Number

Site Contact Email Address Program Website Address

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.

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.

Program Affiliations

- None Idaho Department of Juvenile Corrections
Idaho Division of Behavioral Health
Idaho Division of Family and Community Services Other

Please answer the following questions

Does the agency provide shelter care services? Yes No
Will the Department's representative have access to all records? 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 onsite 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)

- If any foster or adoptive home premises contain an above-ground or in-ground pool, pond, or other body of water, 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 with this application

- A notebook with tabbed dividers corresponding to IDAPA sections 500 and 600. Include behind each tab all policies, forms, inspection reports, etc. related to the corresponding IDAPA rule.
- Evidence the agency complies with applicable city and/or county ordinances. (Rule 101)
- Attach a staff roster of all employees: Name, Date of Hire, Job Title, Degree/Diploma (Rule 544, 546)
- Attach 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)
- Attach proof of non-profit status if providing adoption services. (Rule 661)
- Attach the current roster for the Board of Directors. (Rule 521)
- Attach organizational chart identifying job positions, individuals in each position and lines of authority within the organization. (Rule 523)
- Attach a copy of the current program description rule 528 including a current description of the fees the organization charges. (Rule 528)
- Attach a realistic budget projecting income and expenditures. (Rule 535)
- Current Certificate of Insurance for agency vehicles, comprehensive 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 agency 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 agency 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 agency in the course of the licensing investigation/study.

I understand and agree that a refusal by this agency 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 Agency License. (IDAPA 16.06.02)

Name of Applicant

Applicant Title

Date of Application

Signature of Applicant