



**Department use only**  
Date received:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Children's Therapeutic Outdoor Program  
Application for Initial License  
IDAPA 16.06.02 Idaho Statutes 39-1203, 39-1204**

<b><u>Program Site Information</u></b>			
_____ 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**

- |  |   |
|--|---|
| <input type="checkbox"/> None                                | <input type="checkbox"/> Idaho Department of Juvenile Corrections                         |
| <input type="checkbox"/> Idaho Division of Behavioral Health | Other   |
| Idaho Division of Family and Community Services              | Division of Behavioral Health Certificate for Substance Abuse Treatment:   N/A   Yes   No |

**Please answer the following questions**

Will the Department's representative have access to all records?   Yes   No

**Please submit the following with this application**

A notebook with tabbed dividers corresponding to IDAPA sections 500 and 800. Include behind each tab all policies, forms, inspection reports, etc. related to the corresponding IDAPA rule.

Evidence the agency complies with applicable federal, state and local regulations. (Rule 101, 805)

A staff roster of all employees: Name, Date of Hire, Job Title, Degree/Diploma (Rule 544, 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)

The 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)

Attach a realistic budget projecting income and expenditures. (Rule 535)

A letter from a registered dietitian showing the facility menus are in accordance with the recommended dietary allowances of the National Research Council or equivalent. (Rule 830)

For stationary outdoor programs, a fire safety inspection and proof of corrections. (Rule 871)

For stationary outdoor programs, a fire extinguisher inspection by a Fire Extinguisher Service Agency. (Rule 871)

For stationary outdoor programs, Sanitation Inspection from Idaho Public Health District for sewage disposal (rule 872)

For stationary outdoor programs, Idaho Public Health District inspection and food permit. (kitchen) (Rule 872)

For stationary outdoor programs, if facility is on well water, attach proof of water testing. (Rule 872)

Current Certificate of Insurance for vehicles, comprehensive and 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