**RESIDENTIAL CHILD CARE LICENSING**

**MATERNITY SUPPORTIVE HOUSING RESIDENCE (MSHR)**

**APPLICATION FOR REGISTRATION**

Submit Application to: [RCCAPPS@DHS.GA.GOV](mailto:RCCAPPS@DHS.GA.GOV)

**SECTION A: APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Name of Maternity Supportive Housing Residence: | |
| Street Address: | |
| City: | County: |
| State: | Zip Code: |
| Email: | Telephone: |
| Mailing Address (if different than above): | |
| Name of Applicant and/or Contact Person: | |

|  |  |  |
| --- | --- | --- |
| Emergency Contact Information | | |
| Name: | Title/Position: | |
| Address: | | |
| Telephone: | | Email: |

**SECTION B: NONPROFIT ORGANIZATION INFORMATION**

|  |  |
| --- | --- |
| Name of Nonprofit Organization the MSHR is operating on behalf: | |
| Contact Person Name/Title: | |
| Address: | |
| Email: | Phone: |
| \*A copy of the nonprofit organization’s IRS 501(c)(3) determination letter and the Nonprofit Organization  Statement acknowledging that the MSHR is operating on its behalf must be submitted with this application. | |

**SECTION C: APPLICANT ATTESTATION STATEMENT**

Effective July 1, 2022, Georgia law requires that all Maternity Supportive Housing Residences (MSHR) register with the Department of Human Services in accordance with the provisions of O.C.G.A. § 49-5-25, also known as “Betsy’s Law.” By initialing each statement and affixing my signature below, I attest to my understanding of and compliance with the following MSHR requirements.

\* Initial each statement in ink.

|  |  |
| --- | --- |
|  | The MSHR will house on behalf of a nonprofit organization no more than six pregnant women aged 18 or older and their minor children at any one time during the woman’s pregnancy and up to 18 months after childbirth. |
|  | The MSHR will not provide medical services. |
|  | The MSHR is not (i) a child welfare agency as defined in Code Section 49-5-12; (ii) the residential home of a relative in which a woman receives maternity care; or (iii) a general or special hospital. |
|  | The MSHR has policies and procedures for admission, intake, and record keeping. A copy of these policies and procedures is attached. |
|  | The MSHR is in compliance with applicable residential building codes. Attach your local Zoning approval. |
|  | The MSHR has property insurance coverage on the residence. A copy of the property insurance coverage is attached. |
|  | The MSHR has the ability to provide either directly or through partnerships with local nonprofits or government agencies and programs, assistance with wraparound services such as nutritional support, childcare, transportation, and vocational training. A summary of the ability to provide wraparound services is attached. |
|  | The MSHR will submit a $250 annual registration fee (check or money order) upon Residential Child Care Licensing (RCCL) approval of the application. |

I attest that I have reviewed the completed application, and that all information and documents provided in support of this application are true and correct to the best of my knowledge.

APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME / TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document was signed in my presence on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF NOTARY

My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_