



Georgia Department of Human Services

Aging Services | Child Support Services | Family & Children Services

Provider Registration Packet:

On and after July 1, 2011, all 501(c)(3) organizations providing services to runaway or homeless children are required to register with the Residential Child Care Licensing (RCCL) pursuant to O.C.G.A. § 49-5-160 et. seq. To begin the registration process, you must first submit an application for registration with all the required documents. The application must be signed and dated by the administrator or the Executive Officer of the governing body. RCCL will review your application upon receipt to determine if all documents are included. If all essential documents are included, your application will be considered complete and the initial administrative review process will begin. Failure to submit a completed application may result in your application being returned.

Submit the application Packet to:

Georgia Department of Human Services
Residential Child Care Licensing
47 Trinity Ave., S.W.
Atlanta, GA 30334

APPLICATION FOR RUNAWAY HOMELESS YOUTH PROGRAM (RHYP) REGISTRATION

To: Georgia Department of Human Services
Office of Inspector General
Residential Child Care Licensing
47 Trinity Ave., S.W.
Atlanta, Georgia 30334

OFFICE USE ONLY
Date Received: _____

SECTION A: IDENTIFICATION

Name of Organization: _____			
Street	City	Zip	County
Mailing address, if different from street address			
Phone Number			
Email Address			
Name of Organization's Administrator and/or Designated Contact Person			
Emergency Contact Person	Email Address	Phone Number	

SECTION B: TYPE OF OWNERSHIP

*** NON-PROFIT*** Attach a copy of IRS 501(c)(3) Determination Letter	
Name of Legal Governing Body	
Name of Officers and Governing Board (Attach notarized acceptance letters)	Title
_____	_____
_____	_____
_____	_____

APPLICATION FOR RUNAWAY HOMELESS YOUTH PROGRAM (RHYP) REGISTRATION cont.

SECTION C: OPERATIONAL REQUIREMENTS

Have you attached all of the required documentation outlined in the "Review Checklist" for Runaway and Homeless Youth Programs? () Yes () No

SECTION D: CLIENTS

1. Do you currently have clients? () Yes () No
2. If "No", have you had any clients within the past 12 months? () Yes () No
3. Do you provide services other than those provided as part of your RHYP?
() Yes () No If yes, list services provided: _____

SECTION E: STATEMENT OF COMPLIANCE

I certify that the above information is true and correct to the best of my knowledge.

Signature of Director

Date

Signature of Board President

Date

Name of Proposed Location

Facility Address

City, State, Zip

County

Ages of Children