

NOTICE ABOUT COMPLETING APPLICATION PACKETS FOR SUBMISSION:

ALTHOUGH YOU MAY PUT YOUR INFORMATION IN A BINDER OR NOTEBOOK, IT IS NOT NECESSARY TO DO SO. THE SUBMITTED INFORMATION WILL BE REMOVED AND THE BINDER OR NOTEBOOK WILL BE DISCARDED.

ALSO, PLEASE DO NOT PLACE PAGES OF YOUR PACKET IN PLASTIC PROTECTOR SHEETS.

FINALLY, PLEASE BE SURE TO PUT THE INFORMATION YOU ARE SUBMITTING IN THE ORDER IDENTIFIED IN THE "OPERATION AND SITE PLAN CHECKLIST".

INFORMATION FOR LICENSING EVALUATION
GEORGIA DEPARTMENT OF HUMAN SERVICES
RESIDENTIAL CHILD CARE LICENSING

Date: _____

_____ Adoptive Placements

_____ Foster Care Placements Only

Name of Program: _____

Director _____

Geographic Area Served: _____

Office Hours: _____

Age Range of Children Accepted: _____

International: Foreign countries with which agency
acts as agent for children born outside of U.S.: _____

A. Agency Services: _____

B. Number of Staff: _____

C. Since the last re-licensure:

No. of adoption placements made: _____

No. of adoptions finalized: _____

No. of adoptive homes currently being supervised: _____

No. of foster homes on approved list: _____

No. of foster placements made since last review: _____

No. of children currently on foster care status: _____

No. of children currently in therapeutic homes, if applicable _____

D. Is the Agency Executive or Assistant Director responsible for supervision casework services?

Does the Agency Executive or Assistant Director provide direct placement or services?

Are the agency adoption records maintained in fireproof file cabinets? _____

Are they being put in non-paper format? _____