

APPLICATION FOR LICENSURE

To: Georgia Department of Human Services
 Office of Residential Child Care
 Application Section
 2 Peachtree Street, NW, Suite 28-234
 Atlanta, GA 30303-3142

OFFICE USE ONLY
 Date received _____

SECTION A: IDENTIFICATION

Name of Organization				
Street	City	Zip Code	County	
Phone Number		Fax Number		
E-Mail Address				
Mailing address if different from street address	City	State	County	Zip Code
Name of Administrator and/or Designated Contact Person				

SECTION B: TYPE OF OWNERSHIP

Proprietary	NON-PROFIT	FOR PROFIT (Circle only one)	Individual	Partnership	(Attach copy of Certificate of Incorporation)
Name of Legal Governing Body					

Name of Officers and Governing Board (Attach Notarized Acceptance letters)	Title

Under the provision of the Official Code of Georgia, Chapter 49-5, application is hereby made for license to conduct the following child welfare program:

Child Caring Institution
____ Foster Home Care Services

Outdoor Child Caring Programs

SECTION C: CLIENTS

1. Do you currently have clients <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If "No", have you had any clients within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D: STATEMENT OF COMPLIANCE

I certify that the above information is true and correct to the best of my knowledge	
_____	_____
Signature of Executive Director	Date
_____	_____
Signature of Board President	Date

Name of Applicant

Name of Proposed Location

Mailing Address

Facility Address

City, State, Zipcode

City, State, Zipcode

Telephone number Fax number

County

Email address

Ages of Children