

# APPLICATION FOR LICENSE CHILD PLACING AGENCY

To:  
 Department of Human Services  
 Residential Child Care Licensing  
 2 Peachtree Street, NW  
 Suite 30-246  
 Atlanta, GA 30303

Georgia  
 Date Received

RE: Initial Licensure

## Section A: Identification

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

## Section B: Governing Body

Name of Legal Governing Body	
Name of Officers and Governing Board (attached notarized acceptance letters) Title	

## Section C: Program Services Please check all that apply

- A. Foster Care Placement Only
- B. Adoptive Placements Only
- C. Foster and Adoptive Placements
- D. Home Study Services Only

Date

Signature – Board President

Corporation Legally Responsible

Address

Signature- Executive Director

Name of Person Designated to work with Title

Licensing Consultant

STATEMENT OF  
RESPONSIBILITY  
TO BE SIGNED AND RETURNED WITH APPLICATION  
INFORMATION

Listed below is a summary of some of the rules, which the administrator/director must be knowledgeable about, including the reference to the appropriate rule. The administrator/director's signature at the bottom of this statement indicates an understanding of these particular rules.

1. The Board of Directors, which operates as the Governing board of the agency has specific responsibilities, 290-9-2-.03 (5) (a-1) and (6).
2. The Board has specific composition requirements, 290-9-2-.03 (8) (a-f).
3. The agency is responsible for complying with requirements of state and federal law, 290-9-2-.03 (11) and 290-9-2-.05 (5).
4. If the agency ceases operation for any reason, specific notification procedures are required, 290-9-2-.04 (5) (a).
5. There shall be at least one caseworker and once caseworker supervisor employed by the agency. The caseworker supervisor must have the minimum education and experience, 290-9-2-.04 (2), 290-9-2-.04 (4) (a) and 290-9-2-.04 (5) (a)
6. The agency shall operate according to its manual of official policies related to its services, 290-9-2-.05 (1).
7. All regulations regarding adoptive services, foster care services, and birth parent services will be adhered to and will be so documented in the appropriate case records, 290-9-2-.06 and 290-9-2-.07.
8. Special reports will be made within 24 hours to the department and confirmed in writing within 5 days regarding serious occurrences, as defined in the rule 290-9-2-.08 (6).
9. Special reports must be made in writing within 10 days regarding any legal or administrative action against the agency or any person affiliated with the agency, 290-9-2-.03 (5) (j).

I have read and understand the above regulations:

Signed \_\_\_\_\_ Date

Title:

Facility:

## LIST OF ATTACHMENTS

Please provide the following attachments along with your application. (Refer to section 290-9-2-.09 for any additional clarification of the following.)

- (a) All applications for license shall be submitted to the department. Both the Executive Director and the Chairman of the board must verify the application for the Agency.
- (b) The following information shall be submitted with the completed application forms:
  1. Certified copy of the Agency's current Articles of Incorporation.
  2. Certified (notarized) copy of the current Agency's by-laws.
  - \*3. A list of the names and addresses of the current members of the Board of Directors and a (notarized) letter of acceptance from each.
  - \*4. A list of the professional staff including their education and experience. (Director and the Caseworker Supervisor resume and degree and/or transcript)
  - \*5. The Agency's plan for financing including an itemized budget, base for and schedule of fees. Evidence of sufficient funds to support services offered.
  6. Copy of the Agency's personnel policies.
  7. Outline of the Agency's proposed program including but not limited to specific geographic area and clients to be served.
  8. Documentation of need:
    - (i) Written communication from community leaders in the field of child welfare indicating a need for the services proposed by the applicant, or
    - (ii) Recent research data establishing a need for the services proposed, and
    - (iii) Evidence that the services will be used by referral sources.
  9. The Agency's manual of operating procedures, and
  - \*10. Full written disclosure of the following as applies to the applicant Agency, its Executive Director, and any affiliates of the Agency and their child placement activities in this and other jurisdictions;
    - (i) The status of all child-placing license application submitted or licenses issued whether denied, pending, active, revoked, suspended, or voluntarily surrendered, and
    - (ii) Any current or previous judicial or administrative action against the above listed persons or entities, along with the disposition of the case.

STATE OF GEORGIA )

) AFFIDAVIT RE: PERSONAL IDENTIFICATION  
COUNTY OF \_\_\_\_\_) FOR LICENSURE/REGISTRATION

PERSONALLY APPEARED before the undersigned officer, duly authorized to

administer oaths, came the undersigned, who after having been duly sworn,

states under oath the following:

1. That my name is \_\_\_\_\_ and that I am who I say I am;
2. That my address is \_\_\_\_\_;
3. That I have presented sufficient identification to the notary that is true and accurate;
4. That I am legally in the United States of America;
5. That I am applying to the Georgia Department of Human Services, Residential Child Care Licensing, to operate a business/activity to be located at the following address:  
  
\_\_\_\_\_ that subject to regulation by the Department of Human Services and that this affidavit is a material part of the application; and
6. That if the Department subsequently determines that the material information contained in this affidavit is false, I will be in violation of licensing/registration requirements, which may result in revocation of my license or registration or denial of my application for licensure.

Sworn to and subscribed before me )

This \_\_\_ day of \_\_\_\_\_,

)  
)  
)  
)

Affiant

NOTARY PUBLIC )  
OF GEORGIA ) STATE  
commission expires: \_\_\_\_\_ ) My

**List B**

**DOCUMENT THAT ESTABLISH IDENTITY**

For individuals 18 years of older

- Driver's license or ID card issued by a state or outlying possession of the United States provided it

contains a photograph or information such as name, date of birth, sex height, eye color and address.

- ID card issued by federal, state or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, eye color, and address (including U.S. citizen ID card [INS Form I-197] and ID card for use of Resident Citizen in the U.S. [INS Form I-179])
- School identification card with a photograph
- United States military card or draft record
- Military dependent's identification card
- United States Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority

**Nathan Deal, Governor**

**Robyn A. Crittenden, Commissioner**

Georgia Department of Human Services · Office of Inspector General · Residential Child Care Licensing  
Two Peachtree Street, NW · Suite 30.246 · Atlanta, GA 30303 · 404-657-9651 · 404-651-5091 (Fax)

## Provider Licensure Packet

The Residential Child Care Licensing Unit (RCC) of the Office of Inspector General is responsible for licensing Child Caring Institutions, Child Placing Agencies, Children Transition Care Centers, Maternity Homes and Outdoor Child Caring Programs under Georgia State Law. O.C.G.A. Secs. 49-5 requires agencies to obtain a Georgia State license prior to providing services to children.

To begin the application process, you must first submit an application for license to operate a child welfare agency with all the required documents. The application must be signed and dated by the administrator or the Executive Officer of the governing body. RCC will review your application upon receipt to determine if all documents were included. If all essential documents

were 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: Residential Child Care Licensing  
Application Unit  
2 Peachtree St., NW Suite 30-246  
Atlanta, GA 30303

## RESIDENTIAL CHILD CARE PROVIDERS AND APPLICANTS

**IMPORTANT!**

**!!!**

YOU ARE REQUIRED TO MAINTAIN THE MOST CURRENT, COMPLETE COPY OF YOUR APPROVED POLICIES AND PROCEDURES AT YOUR FACILITY ALL TIMES.

We do not maintain a copy of your policies and procedures in your state file at RCC, once you are licensed.

It is the agency's responsibility to update their own policies and procedures with all revisions on an ongoing basis. The most current policies and procedures manual must be available for review by RCC staff at all times. You are also required to document that you have informed your staff of any changes to your agency's policies which may, in any way, affect the performance of their duties.

DO NOT PROVIDE US WITH THE ONLY COPY OF YOUR POLICIES AND PROCEDURES AS WE WILL NOT BE ABLE TO COPY THEM FOR YOU OR RETURN THEM TO YOU ONCE YOU ARE LICENSED.

ATTENTION  
APPLICANT

PLEASEREAD  
CAREFULLY

Obtaining a license to operate a program under the Residential Child Care Licensing Unit DOESNOT guarantee that the Georgia Department of Family & Children Services, the Georgia Department of Juvenile Justice or any other state department or agency will refer children to you for care or pay for services provided by your program.

In addition to completing the application packet for licensure, you should also contact your anticipated referral source (State Level DHS / Division of Family & Children Services, or Department of Juvenile Justice) regarding your plans to operate a program, if you choose to seek such referrals.

It is highly recommended that you initiate contact with State Level DHS/DFCS@ 404-657-3572 and/or DJJ@(404)508-6543 prior to securing a building or drafting/ writing your policies and procedures, if you intend to seek such referrals.

This form must be signed by the applicant or the applicant's Authorized representative and submitted with your application

This is to affirm and/or attest that I have read the above and understand that even though my program may become licensed to operate, it does not guarantee that my program will be approved by the referral sources for placement of children and payment for services.

Name of Program/Agency

Name of Applicant or Authorized representative (Print)

Signature of Applicant or Authorized representative