

APPLICATION FOR RUNAWAY HOMELESS YOUTH PROGRAM (RHYP) REGISTRATION

To: Georgia Department of Human Services
Office of Inspector General
Residential Child Care Unit
Application Section
2 Peachtree Street, NW, Suite 30-246
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 Organization's Administrator and/or Designated Contact Person				
Emergency Contact Name		E-Mail Address		Phone Number

SECTION B: TYPE OF OWNERSHIP

Proprietary NON-PROFIT (Attach copy of IRS 501(c)(3) Determination Letter)	
Name of Legal Governing Body	
Name of Officers and Governing Board (Attach Notarized Acceptance letters)	Title

SECTION C: OPERATIONAL REQUIREMENTS

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

SECTION D: CLIENTS

1. Do you currently have clients? () Yes () No If yes, what is the age range of clients? _____
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 Executive Director	_____ Date
_____ Signature of Board President	_____ Date

Name of Applicant

Name of Proposed Location

Mailing Address

Facility Address

City, State, Zip code

City, State, Zip code

Telephone number Fax number

County

Email address

Ages of Children