



Nathan Deal, Governor

Keith Horton, Commissioner

Georgia Department of Human Services • Office of Inspector General • Residential Child Care Unit
Two Peachtree Street, NW • Suite 28.234 • Atlanta, GA 30303 • 404-657-9651 • 404-657-9637 (Fax)

APPLICATION FOR LICENSE
CHILD PLACING AGENCY

To: Georgia Department of Human Services
Office of Residential Child Care
2 Peachtree Street, NW
Suite 32-458
Atlanta, GA 30306

Date Received _____
Initial Application

Section A: Identification

From:

Form with fields: Name of Organization, Street, City, State, Zipcode, County, Phone Number, Fax Number, E-Mail Address, Mailing address if different from street address, City, State, ZipCode, Name of Administrator and/or Designated Contact Person

SECTION B: GOVERNING BODY

Form with fields: 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, Office of Residential Child Care, 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)
STATE OF GEORGIA)
My commission expires: _____.

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

Source: http://uscis.gov/graphics/lawsregs/handbook/hand_emp.pdf US Handbook for Employers, p.23



Clyde L. Reese, Esq. Commissioner

Georgia Department of Human Services • Office of Residential Child Care • LaMarva E. Ivory, Director
Two Peachtree Street, NW • Suite 28-234 • Atlanta, GA 30303 • 404-657-9651 • 404-657-9637

Provider Licensure Packet

The Residential Child Care Section of the Office of Residential Child Care 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. ORCC 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: Office of Residential Child Care
Application Unit
2 Peachtree St., NW Suite 32-458
Atlanta, GA 30303



Clyde L. Reese, Esq. Commissioner

Georgia Department of Human Services • Office of Residential Child Care • LaMarva E. Ivory, Director
Two Peachtree Street, NW • Suite 28-234 • Atlanta, GA 30303 • 404-657-9651 • 404-657-9637

RESIDENTIAL CHILD CARE PROVIDERS AND APPLICANTS

IMPORTANT!!!!

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

We do not maintain a copy of your policies and procedures in your state file once you are licensed. We do not have the file room space.

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 the Office of Residential Child Care at all times. You are also required to document that you have informed your staff of any changes to your agency's policies which in any way affects the performance of their duties.

DO NOT PROVIDE US WITH YOUR 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.



Clyde L. Reese, Esq. Commissioner

Georgia Department of Human Services • Office of Residential Child Care • LaMarva E. Ivory, Director
Two Peachtree Street, NW • Suite 28-234 • Atlanta, GA 30303 • 404-657-9651 • 404-657-9637

ATTENTION APPLICANT

PLEASE READ CAREFULLY

Obtaining a license to operate a program under the Office of Residential Child Care Office DOES NOT 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 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_____

DFCS ASSURANCE OF COMPLIANCE WITH FEDERAL
REGULATIONS REGARDING CIVIL RIGHTS

Aging Services | Child Support Services | Family & Children Services | Office of Residential Child Care

An Equal Opportunity Employer

_____ (hereinafter called the "Provider")
(Name of Provider Agency)

HEREBY AGREES THAT it will comply with title VI of the Civil Rights Act of 1964, USDA Regulations implementing Title VI, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975 and all regulations issued pursuant to the aforementioned titles; that no recipient/applicant for services of this provider shall, on the grounds of race; color; sex; national origin; handicap, age, religious creed or political beliefs, be excluded for which the Provider receives Federal financial assistance through the Division of Family and Children Services; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure, thereon is provided for improved with the aid of Federal financial assistance extended to the provider by the Division of Family and Children Services, this assurance shall obligate the Provider, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Provider for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Provider for the period during which the Federal financial assistance is extended to it by the Division of Family and Children Services.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Provider by the Division of Family and Children Services, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The Provider recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Provider, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Provider.

Dated: _____

(Provider) _____

By _____
(Owner/Chairman of Board of Residential Care Facility,
County DFCS Director, or Comparable

Authorized Official)

Provider's Mailing Address:

_____(County)