

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENING & REGULATORY SERVICES

APPLICATION FOR LICENSURE/CERTIFICATION

(CHILDREN'S RESIDENTIAL FACILITY)

DATE: _____

APPLICATION IS: NEW _____ RENEW _____ ADD PROGRAM/SERVICE _____

NAME/TITLE OF ADMINISTRATOR/OPERATOR: _____

PHONE: _____ BIRTHDATE: _____

NAME OF SECOND APPLICATION (If Applicable):

PHONE: _____ BIRTHDATE: _____

ADDRESS: _____ MAILING ADDRESS (If different):

SOCIAL SECURITY # OR EMPLOYER I.D.# _____

CONTACT PERSON/PHONE (If different): _____

NAME OF FACILITY/AGENCY: _____

CORPORATE NAME (If different): _____

CORPORATE ADDRESS: _____

(If different from above) _____

NAME OF BOARD CHAIR: _____

ADDRESS: _____

TYPE OF FACILITY/AGENCY:

Individual Proprietorship: ____

Partnership: ____

Non-Profit Corporation: ____

For-Profit Corporation: ____

Tribal Government: ____

Parent Co-op: ____

Church: ____

Other (describe): _____

CURRENT LICENSES/CERTIFICATES:

Type: _____ Terms: _____ Exp. Date: _____

Type: _____ Terms: _____ Exp. Date: _____

WAIVER/EXCEPTION REQUEST OR RE-REQUEST (If Applicable): DESCRIBE:

I/We have received and read the rules for the licensing and/or certification process. I/We understand that this application authorizes representatives of the Department and the State Fire Marshal's Office (if applicable) to make such visits and inspections as may be necessary to ascertain that the facility is in compliance with the laws pertaining to the operation of such facilities.

I/We further certify that all information contained in this application (including addendum) is complete and accurate.

SIGNATURES REQUIRED:

_____/DATE: _____
Applicant/Operator/Administrator

Type or Print Name

_____/DATE: _____
2nd Applicant (If Applicable Only)

Type or Print Name

_____/DATE: _____
Board President (If Applicable Only)

Type or Print Name

FURTHER INSTRUCTIONS:

1. COMPLETE THE ATTACHED ADDENDUM SPECIFIC TO THE TYPE OF LICENSURE OR CERTIFICATION THAT IS BEING APPLIED FOR.
2. SUBMIT ALL ITEMS REQUESTED IN THE "PLEASE SUBMIT" SECTION OF THE FORM.

ADDENDUM
APPLICATION FOR – CHILDREN’S RESIDENTIAL FACILITY

FACILITY POPULATION:

Number of children to be served: _____ Age Range From _____ to _____

Capacity of facility: _____ Sex: Male _____ Female _____ Co-Ed _____

SERVICES TO BE PROVIDED BY FACILITY (Check ALL that apply):

Group Home _____	Waiver Foster Home _____
Mental Health Services _____	Alcohol & Drug Treatment _____
School _____	Sex Offender Program _____
Crisis Residential Program _____	Transitional _____
Independent Living Program _____	Diagnosis/Assessment _____
Dual Diagnosis Program _____	Staff Secure program _____
Other (Please Describe): _____	

SOURCE OF WATER SUPPLY: Municipal _____ Well _____ Other _____

PLEASE SUBMIT:

1. Completed Application
2. Fire Inspection Form (New Applicant Only)
3. Articles of Incorporation (New Applicant Only)
4. Certificate of Occupancy (New Applicant Only)
5. Lead Test Results (If Applicable-New Applicant Only)
6. Complete Policy Manual (New Applicant Only)
*Include Sample Client File
7. Staff Roster

SUBMIT TO:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING & REGULATORY SERVICES
41 ANTHONY AVENUE
11 STATE HOUSE STATION
AUGUSTA, ME 04333

Phone: 207-287-9300 Fax: 207-287-9252 TTY: 1-800-606-0215

FIRE INSPECTION REQUEST & ADDRESS CHANGE FORM

FORM MUST BE COMPLETED BY:

1. New Applicants (Complete one form for each site from which you plan to deliver services and return with your application.
2. All applicants (Complete and submit form when you are adding a site, changing your address, or closing a site – KEEP COPY OF FORM FOR YOUR RECORDS).

MAIN SITE:

Agency Name (If Applicable): _____ Date: _____
Operator/Exec. Director: _____ Phone: _____
Address: _____ Contact Person (If Different): _____

BRIEF DESCRIPTION OF SERVICES: _____

AGE RANGE OF CLIENTS SERVED: _____ MAXIMUM CAPACITY: _____

DIRECTIONS TO FACILITY: (Be specific with known landmarks) _____

COMPLETE ONLY IF CHANGE:

New Program/Agency In Process of Licensure _____
Closing Existing Site _____ Address: _____
Adding a New Site _____ Address: _____
Moving Office Site Within Same Building _____

NEW SITE: Date of Expected Move: _____
Contact Person: _____ Phone: _____

Directions (If different from above): _____

