



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MAINE CENTER FOR DISEASE CONTROL AND PREVENTION
DIVISION OF ENVIRONMENTAL AND COMMUNITY HEALTH**

Children's Licensing
Child Placing Agency Application

SECTION 1: Facility Information			
Facility/Agency Name:			
Physical Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	County:
Telephone No.: ()		Fax No.: ()	
Email Address:		Social Security No or State Tax ID:	

SECTION 2: Application Type	
APPLICATION FOR CHILD PLACING AGENCY	
License Type (Select all that apply):	
<input type="checkbox"/> New License <input type="checkbox"/> Renewal License - License #: _____	

For questions regarding this program and/or application, please contact the following:

**Department of Health and Human Services
Maine Center for Disease Control
Division of Environmental and Community Health
Child Care Licensing Unit
286 Water St., 3rd Floor
11 State House Station
Augusta, ME 04333-0011**

Tel: (207) 287-5020 Fax: (207) 287-9304 Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: info.dhhs@maine.gov

<i>Office Use Only:</i>				
Check# _____	MO # _____	Amount \$ _____	Initials: _____	License# _____

SECTION 3: Facility Contact Information

Name and Title of Primary Contact Person:

Telephone No.: ()

Email Address:

Name and Title of Second Applicant (if applicable):

Telephone No.: ()

Email Address:

Name and Title of Board Chair:

Telephone No.: ()

Email Address:

Corporation Name (if applicable):

Mailing Address:

City:

State:

Zip:

County:

Telephone No.: ()

Fax No.: ()

SECTION 4: Program Administrator (Additional Information)**Education:**

School Name	City/State	Last Grade Completed	Degree	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History: Provide the last five (5) years of employment history (attach separate sheet if necessary).

Name and Address of Employer	Position Held	Dates From To	Reason(s) for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional References: Please include two (2) references from persons qualified to indicate the qualifications and degree of experience of the administrator and one (1) character reference from an unrelated person. At time of initial licensure, please submit letters from persons providing references.

Name	Address	Daytime Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 5: Casework or Program Supervisor (Additional Information)

Education:

School Name	City/State	Last Grade Completed	Degree	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History: Provide the last five (5) years of employment history (attach separate sheet if necessary).

Name and Address of Employer	Position Held	Dates From To	Reason(s) for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 6: Facility Information

Current Licenses / Certificates. List any licenses currently held:

Type	Terms	Expiration Date
_____	_____	_____
_____	_____	_____

Type of facility:

- Individual Proprietorship
- Non-Profit Corporation
- Tribal Government
- Church
- Partnership
- Parent Co-Op
- Other (describe): _____

Services:

- With Adoption Program
- Without Adoption Program
- Respite Care Only

Legal Process and Service on behalf of Child Placing Agency: Record names of two (2) persons authorized to receive legal process and service:

Name	Address	Daytime Telephone
_____	_____	_____
_____	_____	_____

Waiver Request: If you are requesting a new waiver/exception or an extension, please describe your request:

SECTION 7: Staff Roster

Complete the following information. Use additional paper is necessary.

Full Name:	Title:	Date of Birth:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Birth:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Birth:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Birth:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Birth:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Birth:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Birth:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Birth:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Birth:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

SECTION 8: Submission

Remember to submit the following documents with your completed application:

- Most recent Budget (with Expected Funding Source)
- List of Board Members/Offices Held/Address
- Staff Roster

In addition, first time applicants must also submit:

- Articles of Incorporation
- Complete Policy Manual
- Reference Letters

SECTION 9: Declaration

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 of Health and Human Services and the State Fire Marshal's Office (if applicable) to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws pertaining to the operation of such facilities.

I/We also understand that the signing of this application effectively serves as a release of information and gives permission to the Department of Health and Human Services to obtain any criminal or protective records information which may be on file in any Country, State or Federal Office. I/We understand any falsification of statement may be grounds for denial.

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

Print name of Applicant/Operator/Administrator	Signature of Applicant/Operator/Administrator	Date

Print name of Board President (If Applicable)	Signature of Board President (If Applicable)	Date