



**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
Emergency Youth Shelter 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 EMERGENCY YOUTH SHELTER
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: 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:

Capacity of Facility: _____ Age Range: From _____ to _____

Sex: Male only: _____ Female only: _____ Co-Ed: _____

Source of Water Supply:

- Municipal Well Other: _____

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

SECTION 5: Submission

First time applicants must also submit the following with their completed application:

- Articles of Incorporation
- Complete Policy Manual
- Reference Letters
- Fire Inspection Request Form (Appendix A)

SECTION 6: 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

Fire Inspection Request and Address Change Form

Type of License: EMERGENCY YOUTH SHELTER**Services cannot be provided at any location until Licensing and the Fire Marshal's Office have approved the site.**

FORM MUST BE COMPLETED BY:

1. New Applicants: Complete one (1) form for each site from which you plan to deliver services and return with your application. (Complete a separate form for each site).
2. All Applicants: Complete and submit form when you are adding a new site, changing your address, or closing a site. (Retain a copy of this form for your records).

MAIN SITE:

Agency Name: _____ Date: _____

Operator/Executive Director: _____ Telephone: _____

Address: _____ Contact Person (if different): _____

Phone: _____

(City, State, Zip)

Description of Services: _____

Age Range of Clients Served: _____ Maximum Capacity: _____

Directions to Facility: (Be specific with known landmarks.) _____

COMPLETE ONLY IF CHANGE:**Services cannot be provided at any location until Licensing and the Fire Marshal's Office have approved the site.**New Program/Agency In Process of Licensure: No Yes, date of submitted application: _____ Closing Existing Site Current Address: _____

 Moving Office Site within Same Building _____ Adding New Site New Address: _____

Date of Expected Move: _____

Contact Person: _____ Telephone: _____

Directions to Facility: (Be specific with known landmarks.) _____
