

**LICENSE APPLICATION/RENEWAL FOR
 CHILD PLACING AGENCIES AND ADOPTION AGENCIES**

<input type="checkbox"/> New Applicant		<input type="checkbox"/> Renewal Applicant	
Proposed Operation Date:		Expiration Date of Current License:	
Name of Corporation or Agency:		Name of Program:	
Corporation Mailing Address:		Residential Address:	
City, State and Zip:		City, State and Zip:	
Corporation or Agency Telephone:		Program Telephone:	
Director:			
Type of Agency to be Licensed Please Check Each That Applies:			
<input type="checkbox"/>	Child Adoption Agency		
<input type="checkbox"/>	Child Placing Agency		

Licensing of Child Placing Agencies and Child Adoption Agencies is mandatory in accordance with Section 52-8-102 MCA and 52-8-103 MCA

Please Complete Both Sides of Form ... OVER

Provider: Please add a check mark here () if item is enclosed with this application or write in the date here (_____) when the item will be sent to the Department. **(new applicant complete left hand side, renewal applicant complete right hand side)**

(x)	() New Applicant	(x)	() Renewal Applicant
<input type="checkbox"/>	Articles of Incorporation or Letter from Sponsoring Board	<input type="checkbox"/>	Documentation of staff Orientation/Training
<input type="checkbox"/>	Organizational Chart	<input type="checkbox"/>	Major changes to Articles of Incorporation, Organizational Chart, Job Descriptions, Personnel policy, Program policies, grievance procedures or other information relevant to licensure
<input type="checkbox"/>	Personnel Policy/Procedures	<input type="checkbox"/>	Current list of Board of Directors including terms of office and addresses
<input type="checkbox"/>	Job Descriptions (each staff)	<input type="checkbox"/>	Personal Statement of Health CFS-033 (each staff)
<input type="checkbox"/>	Plan for Orientation/training of Staff	<input type="checkbox"/>	Documentation of completed Criminal Records check (one for each new staff)
<input type="checkbox"/>	Program Policy/Procedures	<input type="checkbox"/>	Release of Information CFS-LIC-018 for Department completion of protective service background check (one for each new staff)
<input type="checkbox"/>	W-9 Taxpayer Identification	<input type="checkbox"/>	Yearly Budget and Annual audit of expenditures
<input type="checkbox"/>	Current list of Board of Directors including terms of office and addresses	<input type="checkbox"/>	Current Staff Roster
<input type="checkbox"/>	Personal Statement of Health CFS-033 (each staff)	<input type="checkbox"/>	Foster Parent Roster (if applicable)
<input type="checkbox"/>	Documentation of completed Criminal Records check (one for each staff)	<input type="checkbox"/>	Adoptive Family Roster (if applicable)
<input type="checkbox"/>	Release of Information CFS- LIC-018 for Department completion of protective service background check (one for each staff)		

All information I have furnished to the Department of Public Health and Human Services Child and Family Services Division is true and correct.

Signature Executive Director or other Authorized Official

Date