



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Children's Licensing and Investigation Services
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 #: _____
<input type="checkbox"/> Change in name	<input type="checkbox"/> Other _____

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

**Department of Health and Human Services
Children's Licensing and Investigation Services
2 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011**

Tel: (207) 287-5020

Fax: (207) 287-9304

TTY users call Maine relay 711

Email: info.dhhs@maine.gov

SECTION 3: Facility Contact Information			
Name and Title of Primary Applicant:		Date of birth:	
Telephone No.: ()	Email Address:		
Name and Title of Second Applicant (if applicable):		Date of birth:	
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)
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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).
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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.
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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 by Organization:

Type	Terms	Expiration Date
_____	_____	_____
_____	_____	_____

Type of facility: Adoption Therapeutic Foster Care**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 waiver/exception or an extension, please attach waiver request form.

SECTION 7: Staff Roster

Complete the following information. Use additional paper is necessary.

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

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

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

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

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

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

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

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

Full Name:	Title:	Date of Hire:
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, which must include a written statement of philosophy, purpose, and geographic area the agency will serve, sample file to include all agency forms (ex. adoption applicant application, home study format, foster care child file, job descriptions for all staff positions).
- 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 and child 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