APPLICATION FOR LICENSE -- SPECIALIZED GROUP FACILITY

LICENSE I.D. #

If this application is being submitted for a change of address or a change of ownership or governing body. (Check the appropriate box.)

o **Change of Sponsoring Agency** o **Change of Address** o **Change of Ownership/Governing Body**

o **Change of Service** o **Change of FEIN**

Type of Application	Type of Facility (check only one box)
o Original o Change of Address	o Specialized Group Home o Specialized Group Center

Name of Group Home or Group Center		School Dist #	Telephone
Location Address Street	City	Zip	County
Mailing Address Street (if different)	City	Zip	County

Legal Name of Sponsoring and Supervising Agency (Private Child Placement Agency or County Department of Social Services)		Phone	
Location Address Street	City	Zip	County
Mailing Address Street (if different)	City	Zip	County

Legal Name of Governing Body of Specialized Group Facility (if different than Sponsoring Agency)			Employer I.D. # (SSN OK if Home)
Location Address Street	City	Zip	County
Mailing Address Street (if different)	City	Zip	County

President of the Board of Directors or Chief Executive Officer

The applicant whose signature appears on page 2 of this application hereby applies for a license to operate a Child Care Facility -- 24-Hour Care under 26-6-101 et. seq., current C.R.S. as amended, and certifies to the following facts:

I have read, and can completely demonstrate that I am fully familiar with, the Rules Regulating Specialized Group Facilities, the General Rules for Child Care Facilities and the Rules Regulating Special Activities quality standards for 24-hour care issued by the Colorado Department of Human Services, and I agree to fully comply with them.

I understand that before a license is issued an investigation must be completed, and I will cooperate with the Department of Human Services in its investigation to determine conformity with the regulations.

I understand that if issued a license, it will designate the number and ages of children for which care may be given. Further, I understand that if I fail to maintain the rules and regulations, the license is subject to suspension or revocation or may be changed to probationary and/or the facility may be subject to fines.

I hereby give authorization to the Department to obtain reports of child abuse or neglect and to review the State Database of Child Protection pursuant to state law. Applicants must sign for their minor children living in the childcare facility.

I understand that the owner, applicant, director of agency, all employees of the child care facility, and any adult (18 years of age and older) who resides in the child care facility is required to submit a complete set of fingerprints to the Colorado Bureau of Investigation, and that all costs will be borne by the owner, applicant, director, employee, or person who resides in the child care facility.

I agree to adhere to the non-discrimination provisions of Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, and Titles I through V of the Americans with Disabilities Act, as amended, and their implementation regulations which prohibit discrimination on the grounds of race, color, national origin, age or disability.

I understand that upon receipt by the Colorado Department of Human Services, this application becomes a public record.

I understand the facility, children, and staff records must be available to representatives of the Department of Human Services at any time.

I understand that a specialized group facility cannot be licensed at the same location address as a foster home.

Responses to the questions that follow are correct to the best of my ability. I understand that providing false information to the Colorado Department of Human Services could result in my being fined as much as $100 a day to a maximum of $10,000 and the license application being denied.

I understand that should I knowingly or willfully make a false statement of any material fact or thing in this application I am guilty of perjury in the second degree as defined in Section 18-8-503, Colorado Revised Statutes, and, upon conviction thereof, shall be punished accordingly.

Signature of Governing Body applying for the license		
Print Name	Title	Date

Directions for reaching facility from major intersections or highways:

Name of Child Placement Agency or County Department as Sponsoring Agency		
Signature of Child Placement Agency or County Department Official as Sponsoring Agency		
Print Name	Title	Date

Signature(s) of Group Home Parent(s)	Print Name(s)	Date
If married couple, both names and signatures are required		

Has the Group Home Parent(s) or Governing Body ever applied for a license for childcare before? o Yes o No

If so, when and what type?

Is the Group Home Parent(s) or Governing Body name and address the same? o Yes o No

If not, what were they?

Was license denied? o Yes o No If yes, give details.

Name and signature of Child Placement Agency or County Department Official supervising qualified staff member per 7.709.21
Does supervisor have a MSW? o Yes o No
If no Masters qualified or Master Behavioral Science, name and signature of staff with MSW or Masters in Behavioral Science

List below all persons living in the specialized group facility, including group home parent(s), spouse, caregiver's children, relatives, and roommates. (Do not include names of foster children.)

Full name	Birth Date	Occupation or School	Grade Completed	Relationship	Date of Last Medical

Adults, 18 years of age and older, other than applicant living in the home must sign and have notarized the statement below.

I hereby authorize the Colorado Department of Human Services to review my name with the State Trails and obtain any reports of child abuse and neglect.

Print Full Name Signature

Birth Date Mailing Address Street City Zip

Subscribed and sworn to before me this _____ day of _____, 20_____.
(Month) (Year)

My commission expires _____, 20_____.
(Month) (Year)

_____
(NOTARY)

_____
(ADDRESS)

Have you, the owner, anyone living at the facility, or anyone employed by the facility been convicted of any felony, child abuse, unlawful sexual behavior, a crime of violence, or domestic violence? o Yes o No If yes, fill out this section.

Name of Person Name at Time of Conviction, If Different Birth Date

Type of Conviction Date of Conviction

Where did the conviction occur? Town County State

IMPORTANT: It is the facility's responsibility to check with the local zoning and building code officials to ensure compliance with their regulations. Noncompliance with zoning and building codes could give reason for those authorities to close the facility. Written approval from zoning must be attached to this application.

The following two approvals are required for original applications and every 2 years there after

Safety from Fire Hazards. I hereby certify that the above premises have been inspected by an authorized representative of the local fire department and have been found to meet the requirements of the local fire district applicable to the operation of a specialized group facility.

Name of Facility	Facility Address	
Inspector's Signature	Title	Date
Name of Fire Department	Fire Department Address	
Comments		

Sanitation Survey. I, a duly authorized health officer of the area in which this establishment is located, hereby certify that the above premises have been inspected and have been found to meet the requirements of the Colorado Department of Public Health and Environment and local requirements applicable to the operation of a specialized group facility.

Name of Facility	Facility Address	
Inspector's Signature	Title	Date
Name of Health Department	Health Department Address	
Comments		

Total Number of Children To Be Cared For: Boys Girls Age Range

MAIL COMPLETED APPLICATION, AND ALL REQUIRED DOCUMENTS AND ATTACHMENTS, AND LICENSE FEE TO:

Colorado Department of Human Services
Division of Child Care
1575 Sherman Street, 1st Floor
Denver, CO 80203-1714

For further information or clarification, contact your licensing representative at 1-800-799-5876 or 303-866-5958.