

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS**

**PART II: PROGRAM ADDENDUM TO APPLICATION FOR LICENSURE OF A
CHILD-PLACING AGENCY**

NAME OF CHILD-PLACING AGENCY: _____

OPERATING INFORMATION

Executive Director (Name): _____ Title _____ Phone _____ Fax Number _____ Email _____

Agency contact person, if not Executive Director (Name): _____ Title _____ Phone _____ Fax
Number _____ Email _____

POPULATION and SERVICES

LICENSE REQUESTED FOR:

Maximum Number of Children (*to be served at any one time*): _____

Gender: Males _____ Females _____ Both _____

Will the agency accept custody of children (choose one): Y N

Ages served: Minimum (no less than birth) _____ **Maximum (no greater than 17)** _____

Services provided (*Check all that apply*):

Foster Care _____ **Treatment Foster Care** _____ **Short-Term Foster Care** _____

Permanent Foster Care _____ **Independent Living Arrangements** _____

Adoption (specify, i.e., agency placement, parental placement, inter-country) _____

| REQUIRED ATTACHMENTS FOR INITIAL APPLICATION | Attachments Provided |
|---|----------------------|
| Attachments Required in Part I, Section 2: | |
| <ul style="list-style-type: none"> • Reference Letters for each individual listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”) | |
| <ul style="list-style-type: none"> • Personal Qualifying Information Forms (if applicable) each individual listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”) | |
| <p>NOTE: For each individual listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), the following original documents must be available at the facility for inspection:</p> <ul style="list-style-type: none"> • Sworn Disclosure Statement completed within the last 90 days • Criminal History Record Report obtained from the state police within the last 90 days • Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services within the last 90 days | |
| <ul style="list-style-type: none"> • Business Entity Legal Documents (articles of incorporation, certificate of organization, etc.) | |
| <ul style="list-style-type: none"> • Annual Operating Budget | |
| <ul style="list-style-type: none"> • Credit Reference | |
| FEE (payable to: “Treasurer of Virginia”) | |
| Attachments Required in Part II (Program Addendum): | |
| 1. Name of the management company that operates the agency, if other than the licensee. | |
| 2. A copy of the agency’s fee schedule for each program including a description of the services covered by the fees and the agency’s refund policy, if any. | |
| 3. As applicable, a foster care program statement as required by standards, a short-term foster care program statement, a treatment foster care program statement as required by standards, an adoption program statement as required by standards, and an independent living placement program statement. | |
| 4. Staff Information Sheet listing all staff employed and volunteering in the child-placing program. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers). | |
| 5. A description of the duties and responsibilities of each job classification, i.e., job descriptions. | |
| 6. Work and educational requirements for executive director and program director, i.e., resumes. | |
| 7. Address, telephone number and written directions. | |
| 8. Days and hours of operation. | |

| REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION | Attachments Provided |
|---|----------------------|
| 1. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), an original Sworn Disclosure Statement. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| 2. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), an original Criminal History Record Report obtained from the state police. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| 3. For any new individual listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), an original Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| <p>NOTE: For any individuals (other than new individuals) listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), the most recent original of the following documents must be available at the facility for inspection:</p> <ul style="list-style-type: none"> - Sworn Disclosure Statement - Criminal History Record Report obtained from the state police - Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services | |
| 4. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), reference letters dated no more than 12 months prior to this application from three people not related to the person who can certify to his/her character and reputation. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| 5. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), Personal Qualifying Information Form if within the last 10 years the individual served as a voting officer, director, or principal stockholder in any child-welfare, assisted living, adult day care center, nursing home or mental health facility, program or agency requiring licensure in Virginia or in any other state. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| 6. If a management company operates the agency rather than the licensee, the name of the new management company if the management company has changed since the last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| 7. A copy of all new or revised forms. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| 8. Staff Information Sheet listing all staff employed and volunteering in the child-placing program. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers). | |
| 9. Job descriptions added or changed since last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| 10. A report of major changes in programs or facilities during the past year or contemplated for the coming year. Include copies of revisions to program statements and policies and procedures. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |

| REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION | Attachments Provided |
|--|-----------------------------|
| 11. If changed since the agency's last license was issued, a copy of the agency's fee schedule for each program including a description of the services covered by the fees and the agency's refund policy, if any. <input type="checkbox"/> No change to the agency's fee schedule or refund policy <input type="checkbox"/> Change previously reported | |
| 12. If the previous license was provisional, a statement showing which requirements listed as conditions of the provisional license were met and, if not met, the plan for meeting them. <input type="checkbox"/> Previous license was not provisional. | |
| 13. Address, telephone number and written directions if changed since last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| 14. Days and hours of operation if changed since last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported | |
| FEE (payable to: "Treasurer of Virginia") | |

Please send the complete application, which includes 1) Part I: Applicant Information and all required attachments; 2) Part II: CPA Addendum to the Application and all required attachments; and 3) \$70 application fee to:

Virginia Department of Social Services
 Child Welfare Unit, ATTN: Application Processing
 1604 Santa Rosa Road, Suite 130
 Henrico, VA 23229