

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

**INITIAL APPLICATION FOR LICENSURE OF A CHILD WELFARE AGENCY,
ASSISTED LIVING FACILITY, OR ADULT DAY CARE CENTER**

Instructions: To ensure timely processing, the applicant must submit a complete application to the area Licensing Office at least 60 days prior to the facility's planned opening date. A complete application includes: 1) Part I: Applicant Information and all required attachments, 2) Part II: Program Addendum to the Application and all required attachments, and 3) fee. Submission of an incomplete application will delay the review process.

If the Licensing Office finds the application incomplete, the applicant will be notified in writing within 15 days of receipt of the incomplete application. If the applicant does not submit a complete application including all required attachments within 30 days from the notification, all materials except the nonrefundable fee will be returned to the applicant.

Review carefully; not all sections apply. Please type or print legibly using permanent, black ink and retain a copy for your records. Please contact the licensing office in your area if there are any questions relating to the completion of this application.

PART I: APPLICANT INFORMATION (ALL APPLICANTS MUST COMPLETE)

SECTION 1 – GENERAL INFORMATION

FACILITY TYPE: (Select only one per application.)

- | | | |
|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Child-Placing Agency |
| <input type="checkbox"/> Children's Residential Facility | <input type="checkbox"/> Child Day Center | <input type="checkbox"/> Family Day Home |
| <input type="checkbox"/> Family Day System | <input type="checkbox"/> Independent Foster Home | |

Name of Family Day Home Applicant

FACILITY INFORMATION (To be completed by all applicants.)

Name of the Facility: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Facility Street Address (physical address) City State Zip Code

Facility Mailing Address (Same as physical address) City State Zip Code

For Department Use Only

DATE: _____ REC'D BY: _____ INSPECTOR: _____

CHECK/MO #: _____ AMT REC'D: _____ FACILITY #: _____

County or City in which facility is located: _____

E-Mail Address (one email address per facility): _____ Do not have Email

Directions to Facility: _____

SECTION 2 – TYPE OF BUSINESS ENTITY

BUSINESS TYPE APPLYING FOR LICENSE: (Check only one type)

<input type="checkbox"/> An Individual (Sole Proprietorship)	Complete Subsection A
<input type="checkbox"/> A Partnership	Complete Subsection B
<input type="checkbox"/> A Corporation	Complete Subsection C
<input type="checkbox"/> An Association	Complete Subsection D
<input type="checkbox"/> A Limited Liability Company	Complete Subsection E
<input type="checkbox"/> A Public Agency	Complete Subsection F
<input type="checkbox"/> A Business Trust	Complete Subsection G
<input type="checkbox"/> A Religious Organization (if not a business type listed above)	Complete Subsection H

SUBSECTION A – INDIVIDUAL / SOLE PROPRIETORSHIP (One person is applying)

1. Identifying Information

Name (First, Middle or Maiden, Last): _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

_____ **or** _____
Social Security Number Federal Employer Identification Number (FEIN)

2. Required Attachments

- Reference letters dated no more than 12 months prior to the date of this application from three persons who have known you for at least one month, who are not related to you by blood or marriage, and who can attest to your character and reputation.

- Personal Qualifying Information Form (if within the last 10 years you served as either a voting officer, director, or a principal stockholder of any child welfare, assisted living, adult day care, nursing home, behavioral or mental health facility, program or agency requiring licensure in Virginia or in another state). N/A

- Operating Budget for Licensed Family Day Homes and Independent Foster Home (for family day homes and independent foster homes only)

- Annual Operating Budget for the facility/agency to be licensed (all facilities and agencies except family day homes and independent foster homes)

- One credit reference for the individual applying for licensure

SUBSECTION B – PARTNERSHIP

General Partnership

Limited Partnership

1. Identifying Information

Name of Partnership Applying for License: _____

Partnership Mailing Address: _____
Street/P.O. Box City State Zip Code

Partnership Tax ID Number: _____ Phone Number: (____) _____

Designated Contact Person: _____ Title: _____

Provide the following information on each general and limited partner: (Attach additional pages if needed.)

Name	Title	Address

List the name, title and address of any agent(s) other than the partners who is empowered to act on behalf of the partnership in matters relating to the facility: _____

2. Required Attachments

For each individual listed above:

1) Reference letters dated no more than 12 months prior to the date of this application from three persons who are not related to the individual by blood or marriage, who have known him/her for at least one month, and who can attest to his/her character and reputation.

2) Personal Qualifying Information Form (if within the last 10 years the individual served as either a voting officer, director, or a principal stockholder of any child welfare, assisted living, adult day care, nursing home, behavioral or mental health facility, program or agency requiring licensure in Virginia or in another state). N/A for (names of partners/agents) _____

Proof of filing certified by the State Corporation Commission (i.e., a copy of the statement of partnership authority or certificate of limited partnership) or the clerk of the circuit court or, if none, a partnership agreement that clearly delineates the responsibilities of each partner in the operation and maintenance of the facility for which the partnership is seeking licensure

Annual Operating Budget for the facility/agency to be licensed

One credit reference for the partnership

SUBSECTION C - CORPORATION

Domestic Corporation

Foreign Corporation

1. Identifying Information

Name of Corporation Applying for License: _____

Corporate Mailing Address: _____

Street/P.O. Box City State Zip Code

Corporate Tax ID Number: _____ Phone Number(____) _____

Designated Contact Person: _____ Title: _____

Provide the following information on each officer of the corporation. (Attach additional pages if needed.)

Name	Title	Address
_____	President	_____
_____	Sr. Vice President	_____
_____	Secretary	_____
_____	Treasurer	_____

List the name, title and address of any agent(s) other than the officers who is empowered to act on behalf of the corporation in matters relating to the facility: _____

2. Required Attachments

For each individual listed above:

1) Reference letters dated no more than 12 months prior to the date of this application from three persons who are not related to the individual by blood or marriage who have known him/her for at least one month, and who can attest to his/her character and reputation.

2) Personal Qualifying Information Form (if within the last 10 years, the individual served as either a voting officer, director, or a principal stockholder of any child welfare, assisted living, adult day care, nursing home, behavioral or mental health facility, program or agency requiring licensure in Virginia or in another state). N/A for (names of officers/agents) _____

Certificate of Incorporation issued by the State Corporation Commission or for corporations formed under laws of a jurisdiction other than Virginia, Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission.

Articles of Incorporation
(For child-placing agencies only: the articles of incorporation must specify that at least one purpose of the corporation is to operate the type of facility for which the corporation is applying for licensure)

Annual Operating Budget for the facility/agency to be licensed

One credit reference for the corporation

SUBSECTION D - ASSOCIATION

1. Identifying Information

Name of Association Applying for License: _____

Association Mailing Address: _____
Street/P.O. Box City State Zip Code

Association Tax ID Number: _____ Phone Number(____) _____

Designated Contact Person: _____ Title: _____

Provide the following information on each officer of the association. (*Attach additional pages if needed.*)

Name	Title	Address
_____	President	_____
_____	Sr. Vice President	_____
_____	Secretary	_____
_____	Treasurer	_____

List the name, title and address of any agent(s) other than the officers who is empowered to act on behalf of the association in matters relating to the facility: _____

2. Required Attachments

- For each individual listed above:
 - 1) Reference letters dated no more than 12 months prior to the date of this application from three persons not related to the individual by blood or marriage who have known him/her for at least one month and who can attest to her/her character and reputation.
 - 2) Personal Qualifying Information Form (if within the last 10 years the individual served as either a voting officer, director, or a principal stockholder of any child welfare, assisted living, adult day care, nursing home, behavioral or mental health facility, program or agency requiring licensure in Virginia or in another state). N/A for (names of officers/agents)

- Constitution or bylaws that delineate responsibilities for the operation and maintenance of the facility for which the association is applying for licensure;
- Annual Operating Budget for the facility/agency to be licensed
- One credit reference for the association

3. Names of individual, association, limited liability company, corporation, etc., with 5% or more ownership interest in the association applying for the license:

<u>Name</u>	<u>Ownership Percentage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: These individuals are not required to submit background checks, references, or Personal Qualifying Information unless they are also listed in #1 above (*Identifying Information*).

SUBSECTION E - LIMITED LIABILITY COMPANY (LLC) Domestic LLC Foreign LLC

1. Identifying Information

Name of LLC Applying for License: _____

LLC Mailing Address: _____
Street/P.O. Box City State Zip Code

LLC Tax ID Number: _____ Phone Number (____) _____

Designated Contact Person: _____ Title: _____

Provide the following information on each manager and member or other persons authorized to manage the business and affairs of the LLC. (Attach additional pages if needed.)

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the name, title and address of any agent(s) other than the members and managers who is empowered to act on behalf of the LLC in matters relating to the facility: _____

2. Required Attachments

For each individual listed above:

1) Reference letters dated no more than 12 months prior to the date of this application from three persons not related to the individual by blood or marriage, who have known him/her at least one month, and who can attest to his/her character and reputation.

2) Personal Qualifying Information Form (if within the last 10 years the individual served as either a voting officer, director, or a principal stockholder of any child welfare, assisted living, adult day care, nursing home, behavioral or mental health facility, program or agency requiring licensure in Virginia or in another state). N/A for (names of members/managers/agents) _____

Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission;

Articles of organization:

(For child-placing agencies only: the articles of organization must specify that at least one purpose of the LLC is to operate the type of facility for which the LLC is applying for licensure)

Annual Operating Budget for the facility/agency to be licensed

One credit reference for the LLC

3. Names of individual, association, limited liability company, corporation, etc., with 5% or more ownership interest in the LLC applying for the license:

<u>Name</u>	<u>Ownership Percentage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: These individuals are not required to submit background checks, references, or Personal Qualifying Information unless they are also listed in #1 above (*Identifying Information*).

SUBSECTION F - PUBLIC AGENCY

1. Identifying Information

Name of Public Agency Applying for License:_____

Public Agency Mailing Address:_____

Street/P.O. Box City State Zip Code

Public Agency Tax ID Number:_____ Phone Number (____)_____

Name and Title of Person Responsible for the Facility (including hiring the facility director/administrator):

Any agent other than the person listed above who is empowered to act on behalf of the public agency in matters relating to the facility:_____

2. Required Attachment

Annual Operating Budget for the facility/agency to be licensed

SUBSECTION G - BUSINESS TRUST Domestic Business Trust Foreign Business Trust

1. Identifying Information

Name of Business Trust Applying for License: _____

Business Trust Mailing Address: _____

Street/P.O. Box City State Zip Code

Business Trust Tax ID Number: _____ Phone Number (____) _____

Designated Contact Person: _____ Title: _____

Provide the following information on each trustee, beneficial owner and any officer of the Business Trust. (*Attach additional pages if needed.*)

Name	Title	Address

List the name, title and address of any agent(s) other than the trustees, beneficial owners or officers who is empowered to act on behalf of the business trust in matters relating to the facility: _____

2. Required Attachments

For each person listed above:

1) Reference letters dated no more than 12 months prior to the date of this application from three persons not related to the individual by blood or marriage, who have known him/her at least one month, and who can attest to his/her character and reputation.

2) Personal Qualifying Information Form (if within the last 10 years the individual served as either a voting officer, director, or a principal stockholder of any child welfare, assisted living, adult day care, nursing home, behavioral or mental health facility, program or agency requiring licensure in Virginia or in another state).. *N/A for (names of trustees/beneficial owners/officers/agents)* _____

Certificate of Trust or Certificate of Registration (for trusts formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission

Articles of trust
(For child-placing agencies only: the articles of trust must specify that at least one purpose of the trust is to operate the type of facility for which the trust is applying for licensure;

Annual Operating Budget for the facility/agency to be licensed

One credit reference for the trust

3. Names of individual, association, limited liability company, corporation, etc., with 5% or more ownership interest in the business trust applying for the license:

<u>Name</u>	<u>Ownership Percentage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: These individuals are not required to submit background checks, references, or Personal Qualifying Information unless they are also listed in #1 above (*Identifying Information*).

SUBSECTION H – RELIGIOUS ORGANIZATION

NOTE: Complete only if the religious organization is not a business type listed in Subsections A-G.

1. Identifying Information

Name of Religious Organization Applying for License: _____

Religious Organization Mailing Address: _____
Street/P.O. Box City State Zip Code

Religious Organization Tax ID Number: _____ Phone Number (____) _____

Name(s) and Title(s) of Person(s) Responsible for the Facility (including hiring the facility director/administrator): _____

Any agent other than the person(s) listed above who is empowered to act on behalf of the public agency in matters relating to the facility: _____

2. Required Attachments

For each person listed above:

1) Reference letters dated no more than 12 months prior to the date of this application from three persons not related to the individual by blood or marriage, who have known him/her at least one month and can attest to his/her character and reputation.

2) Personal Qualifying Information Form (if within the last 10 years the individual served as either a voting officer, director, or a principal stockholder of any child welfare, assisted living, adult day care, nursing home, behavioral or mental health facility, program or agency requiring licensure in Virginia or in another state). N/A for (names of individuals listed above) _____

Annual Operating Budget for the facility/agency to be licensed

One credit reference for the religious organization

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SECTION 3 – Acknowledgements and Certifications - (To be completed by all applicants.)

In making this application, I certify that:

1. I am in receipt of and have read a copy of the laws and regulations applicable to the type of facility for which I am making application.
2. It is my intent: (a) to comply with applicable laws and regulations, and (b) to maintain compliance with them if I am so licensed.
3. I understand that representatives of the Department of Social Services are authorized to investigate all aspects of facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is licensed, the Department’s representatives will make announced and unannounced visits to investigate complaints received and to determine continuing compliance.
4. In the event this application is denied, I understand that I have appeal rights that are explained in the regulation, *General Procedures and Information for Licensure*.
5. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum stipulated on the license.

This application must be signed by an applicant or agent named in Section 2 (Type of Business Entity – “Identifying Information”).

I hereby attest that the information contained in this application including Part I: Applicant Information and Part II: Program Addendum to the application and all attachments is truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of the license to operate a facility. An initial application may be withdrawn at any time the applicant so desires, but the application fee will be forfeited.

Signature of Applicant

Date

Printed Name of Applicant

PART II: Program Addendum (Separate document and attachments required for all applicants.)

PART III: Fees - (Required for all applicants.)

- *The appropriate fee as listed below for application processing.*

Children's Residential Facility = \$500

Family Day System = \$70

Child-Placing Agency = \$70

Short-term Child-day Program: Capacity 1-50 = \$25; Capacity 51 & up = \$50

All Other Program Types (family day homes, assisted living facilities, child day centers, adult day care centers, independent foster homes):

Capacity 1-12 = \$14

13-25 = \$35

26-50 = \$70

51-75 = \$105

76-200 = \$140

201 & up = \$200

- *Personal check, money order, or certified check must be made payable to “**Treasurer of Virginia.**”*
- *Fees are non-refundable.*
- *There will be a service charge of \$50.00 for any check that must be returned due to insufficient funds.*