

Virginia Department of Social Services (VDSS)
Division of Licensing Children's Programs

RENEWAL APPLICATION FOR A LICENSE TO OPERATE A FAMILY DAY HOME (FDH)

- Complete this application in its entirety, as appropriate.
Type or print legibly using permanent, blue or black ink and retain a copy for your records.
Review the application carefully to ensure it is complete before submitting.
Contact your regional VDSS licensing office if there are any questions regarding the completion of this application.

To ensure timely processing, the applicant must submit a complete application to the area Licensing Office at least 60 days prior to the expiration date of the current license. Submission of an incomplete application will delay the review process and could delay the issuance of a license.

For Division of Licensing Programs (DOLP) Use Only

Table with 7 columns: DATE RECEIVED, RECEIVED BY, CHECK/MO#, AMT RECEIVED, INSPECTOR, APPLICATION #, FILE #.

PART 1: APPLICANT INFORMATION

APPLICATION AGREEMENT

In making this application, I agree that:

- 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.
It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so licensed.
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.
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.
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 capacity stipulated on the license.

This application must be signed by an applicant or agent named on the Type of Business Entity – "Identifying Information"

I hereby attest that the information contained in this application, including the attachments, are 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 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

Family Day Home Name

FAMILY DAY HOME INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)

Name of Provider		Primary Phone Number ()		
Street Address of Family Day Home		City/County	State	Zip Code
Mailing Address of Family Day Home (if different from physical address)		City/County	State	Zip Code
E-mail Address (used for VDSS correspondence only)				
Number of rooms used for childcare			Indoor Bathrooms? Yes No	
Source of Water Supply Public Water Private	Wood burning Stove/Fireplace? Yes No	Hot Tub/Pool? Yes No	Septic Tank? Yes No	
List any animals by breed/type that live in the home or on premises				

PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)

Are you a DSS subsidy vendor? <u>Yes</u> <u>No</u>		
Months of Operation (check all that apply): <u>Year Round</u> <u>January</u> <u>February</u> <u>March</u> <u>April</u> <u>May</u> <u>June</u> <u>July</u> <u>August</u> <u>September</u> <u>October</u> <u>November</u> <u>December</u>		
Days of Operation (check all that apply): <u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> <u>Thursday</u> <u>Friday</u> <u>Saturday</u> <u>Sunday</u>		
Hours of Operation:	Do you offer evening care? (7 p.m. but not through the night) Yes No	Do you offer overnight care? (7 p.m. and through the night) Yes No
Requested Capacity (number of children you wish to be licensed for/may not exceed 12): _____		

PART 2: BUSINESS ENTITY TYPE

Check only *ONE* box and submit *ONLY* the corresponding business entity page

<p>Individual/Sole Proprietor</p>	<p>→ Go to Business Entity A (See Page 8)</p>
<p>Partnership</p> <p>A general partnership (sometimes simply referred to as a “partnership”) is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership’s business, and has equal rights in the management and conduct of the partnership’s business.</p> <p>A limited partnership, is a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership’s business.</p> <p><i>*Partnership Documentation Required</i></p>	<p>→ Go to Business Entity B (See Page 9)</p>
<p>Corporation</p> <p>A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation’s day-to-day business activities.</p> <p><i>*Corporation Documentation Required</i></p>	<p>→ Go to Business Entity C (See Page 10)</p>
<p>Association</p> <p>Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.</p>	<p>→ Go to Business Entity D (See Page 11)</p>
<p>Limited Liability Company (LLC)</p> <p>A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company’s business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.</p> <p><i>*LLC Documentation Required</i></p>	<p>→ Go to Business Entity E (See Page 12)</p>

<p>Public Agency</p> <p>“Public Agency” is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth</p>	<p>→ Go to Business Entity F (See Page 13)</p>
<p>Business Trust</p> <p>A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust.</p> <p><i>*Business Trust Documentation Required</i></p>	<p>→ Go to Business Entity G (See Page 14)</p>
<p>Religious Organization (if not a business type listed above)</p> <p>A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.</p>	<p>→ Go to Business Entity H (See Page 15)</p>

PART 3: REQUIRED ATTACHMENTS

	√ If Submitted
<p>1. \$14.00 FEE PAYABLE TO “TREASURER OF VIRGINIA” Personal check, money order, or certified check made payable to “Treasurer of Virginia.” Fees are nonrefundable. There will be a service charge of \$50.00 for any check that is returned due to insufficient funds.</p>	
<p>2. Staff Information Sheet (<i>see page 7 of this application</i>)</p>	
<p>3. One Business Entity Section Only A,B,C,D,E,F,G or H (<i>see corresponding page of this application</i>) <i>*This page must match business entity checked in Part 2</i></p>	
<p>Three Reference Letters These are required for any NEW individuals listed on the business entity page. Reference letters must be 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. <i>*This does not apply to a public agency.</i></p>	
<p>Background Checks:</p> <ul style="list-style-type: none"> • Sworn Disclosure Statement (Form available on the VDSS website) • National Criminal Background Check, fingerprint based, obtained through VDSS Office of Background Investigations • Child Protective Services Central Registry Check obtained from VDSS • Out-of-State Central Registry Check <i>*effective 7/1/17 for any individual 18 years and older who has lived in another state in the past five years. Not applicable for Children’s Residential and Child Caring Institutions Programs.</i> <p>The National Criminal Background Check is completed <i>after</i> submission of the initial application. <u>You will be contacted and given information on how to obtain fingerprint background checks.</u> Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.</p> <p>Background checks are required for any NEW applicant, agent, caregiver or adult household member that are at least 18 years old.</p> <p>Family Day Home, Child Placing Agencies, and Independent Foster Home Programs ONLY: A Central Registry Check must be obtained for all household members that are at least 14 years old.</p> <p>Do not mail background checks in with the application.</p>	

STAFF INFORMATION SHEET

	StaffName	StaffName	StaffName	StaffName	StaffName	StaffName
Date of Employment						
Job Title						
Age Group/Classroom						
Days/Hours Work Shift <i>(ex. Mon-Fri 8am-5pm)</i>						
Background Checks						
	Date Completed	Date of Expiration	Date Completed	Date of Expiration	Date Completed	Date of Expiration
Date of SWORN DISCLOSURE						
Date of Current CENTRAL REGISTRY search						
Date of Current CRIMINAL HISTORY check						
Medical Documentation						
Date of TB test or screening						
Training						
Highest Level of						
	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training
Orientation (required by standards)						
First Aid/CPR						
Daily Health Observation						
MAT						
<p><i>I certify that I am giving true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true, accurate and complete information may result in denial, revocation, or summary suspension of my license.</i></p>						
Signature:			Date:			

BUSINESS ENTITY C: CORPORATION

- A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation's day-to-day business activities.

CORPORATION Domestic Corporation Foreign Corporation

Identifying Information

Name of Corporation Applying for License: _____

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

Corporate Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number (____) _____

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

<i>Name</i>	<i>Address</i>
President _____	_____

Vice President _____	_____
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Secretary _____	_____
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Treasurer _____	_____
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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:

<i>Name</i>	<i>Title</i>	<i>Address</i>
_____	_____	_____
_____	_____	_____

Required Attachments

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.

Documentation from the State Corporation Commission (SCC) that the corporation is active AND in good standing

Articles of Incorporation

Fictitious Name (Do Not fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.** If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment

Documentation of the legal fictitious name registered with the proper designated authority

BUSINESS ENTITY E: LIMITED LIABILITY COMPANY

- A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company's business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.

LIMITED LIABILITY COMPANY (LLC) Domestic LLC Foreign LLC

Identifying Information

Name of LLC Applying for License: _____

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

LLC Tax ID Number: _____

Designated Contact Person: _____ Title _____

Phone Number (____) _____

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.)

<i>Name</i>	<i>Title</i>	<i>Address</i>

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:

<i>Name</i>	<i>Title</i>	<i>Address</i>

Required Attachments

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

Fictitious Name (Do Not fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.** If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment Documentation of legal fictitious name registered with proper designated authority

BUSINESS ENTITY G: BUSINESS TRUST

- A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust.

BUSINESS TRUST Identifying Information

Domestic Business Trust

Foreign Business Trust

Name of Business Trust Applying for License: _____

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

Business Trust Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number (____) _____

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

<i>Name</i>	<i>Title</i>	<i>Address</i>

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:

<i>Name</i>	<i>Title</i>	<i>Address</i>

Required Attachments

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

Fictitious Name (Do Not fill out this section if fictitious name does not apply) A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.** If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment

Documentation of legal fictitious name registered with the proper designated authority

