



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

**APPLICATION FOR RENEWAL
FOR A CHILDREN'S RESIDENTIAL FACILITY
HOLDING A CURRENT CONDITIONAL LICENSE
TO OPERATE**

Please type or print legibly using permanent, black ink.

A completed renewal application including all required attachments and supplemental information shall be submitted in the form prescribed by the Commissioner. No renewal application shall be deemed complete until all the required information is submitted. The licensure review process will begin after a complete application is received.

1. FACILITY INFORMATION:

Name: _____

Street Address: _____ City: _____ Zip Code: _____

County: _____ Facility telephone number: () _____ - _____ Facility fax number: () _____ - _____

Facility e-mail address: _____

Mailing Address: If different from physical address location: _____

Directions to the Facility: _____

2. OPERATIONAL STATUS

During The Licensure Period, Have There Been Any Changes In:

- | | | |
|---|-----------------------------|---|
| • Philosophy And Objectives; | ☐ No | ☐ Yes, A Copy Of All Changes Are Attached. |
| • Target Population; | ☐ No | ☐ Yes, A Copy Of All Changes Are Attached. |
| • Programs And Services; | ☐ No | ☐ Yes, A Copy Of All Changes Are Attached. |
| • Policies An Procedures; Or | ☐ No | ☐ Yes, A Copy Of All Changes Are Attached. |
| • Any Other Phase(S) Of Facility Operations | ☐ No | ☐ Yes, A Copy Of All Changes Are Attached. |

3. CERTIFICATIONS

In making this application, I certify that:

1. I am in receipt of and have read a copy of the standards applicable for the licensure of children's residential facilities.
2. It is my intent: (a) to comply with applicable statutes and the aforementioned standards, and (b) to maintain compliance with them.

3. **I understand that representatives of the Department of Social Services are authorized to investigate all aspects of facility operation, 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 Departments' representatives will make announced and unannounced visits to determine continuing compliance.**
4. **I understand that sanitation inspections and documentation that building and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code are required on an annual basis, as applicable, and intend to obtain the required inspections and submit inspection reports.**
5. **I understand that, in the event this application is denied, I have appeal rights.**
6. **To the best of my knowledge and belief, all information related to this application is accurate and complete. Additional information will be supplied as requested during investigation of this application and all subsequent investigations.**
7. **I am in receipt of and have read the information provided regarding the siting of children's residential facilities.**
8. **I understand that before I begin operations of a children's residential facility, I must obtain the proper license to operate the facility. I understand that I could be charged with a Class 1 Misdemeanor crime for operating without the proper license.**

(Signature)ⁱ

(Title)

(Name Printed)

(Date)

If you have any questions concerning the application, please contact the Child Welfare Unit, Division of Licensing Programs, Virginia Department of Social Services at 804-389-1951. Return this completed application and all required attachments to the address listed below.

**Virginia Department of Social Services
Division of Licensing Programs
Child Welfare Unit
5600 Cox Road
Glen Allen, Virginia 23060**

ⁱ This application shall be signed by the individual legally responsible for the operation of the residential facility for children, or, if the facility is to be operated by a board/governing body, by an officer of the board/governing body, preferably the chair. If the facility is to be operated by a governmental entity, the person employed by that government to operate the facility may sign the application.