

**Arkansas Department of Human Services
Division of Childcare and Early Childhood Education
Placement and Residential Licensing Unit**

**APPLICATION
CHILD WELFARE AGENCY LICENSE**

Under the provisions of the Child Welfare Agency Licensing Act 1041 of 1997, I hereby apply for a license to operate a:

RESIDENTIAL AGENCY

Residential Child Care Facility _____
Emergency Residential Child Care Facility _____
Psychiatric Residential Treatment Center _____
Sexual Rehabilitative Program _____
Independent Living _____

PLACEMENT AGENCY

Adoptions _____
Foster Care _____
Therapeutic Foster Care _____
Residential _____

Agency Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Legal Authority: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Agency plans to care for _____ children ages _____ to _____.

Purpose of the agency:

The following information is required to complete an application:

- | | | | |
|----------------------------------|-------|--|-------|
| 1. Articles of Incorporation | _____ | 8. Proof of Financial Soundness | _____ |
| 2. By-Laws | _____ | 9. List of Personnel | _____ |
| 3. Board Roster | _____ | 10. Verification of Qualifications | _____ |
| 4. Authorization Letter | _____ | 11. General and Professional Liability Insurance | _____ |
| 5. Description of Agency Program | _____ | RESIDENTIAL CHILDCARE FACILITIES: | |
| 6. Admission/Intake Policies | _____ | 12. Fire and Health Inspection | _____ |
| 7. Written Health Care Plan | _____ | 13. Proof of Liability Insurance | _____ |
| | | 14. Floor Plan with Room Dimensions | _____ |
| | | 15. Zoning Approval, where applicable | _____ |

I understand that an inspection of my agency and facility/office sites will be conducted in accordance with the minimum requirements as promulgated by the Child Welfare Agency Review Board under authority of Act 1041 of 1997. I have reviewed the licensing requirements and agree to comply with them.

Signature of Legal Authority

Date