



**APPLICATION FOR LICENSE TO OPERATE A  
RESIDENTIAL TREATMENT AGENCY FOR CHILDREN AND YOUTH**

Initial  Renewal

We hereby submit this application to the Department of Social Services, Children's Division, for a license to operate a residential treatment agency for children and youth in the State of Missouri. We agree to abide by all laws and regulations governing the licensure and operation of residential care facilities in the State of Missouri.

LEGAL NAME OF AGENCY	TELEPHONE NUMBER	FAX NUMBER
EMERGENCY CONTACT TELEPHONE NUMBER	AGENCY WEB SITE	AGENCY E-MAIL

PHYSICAL ADDRESS (STREET NUMBER, CITY, COUNTY, ZIP CODE)

MAILING ADDRESS (STREET NUMBER, CITY, COUNTY, ZIP CODE)

OWNER NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
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CHIEF EXECUTIVE NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
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EXECUTIVE DIRECTOR NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
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ADMINISTRATOR NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
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BOARD PRESIDENT NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
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BOARD CHAIR PERSON NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER
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MAXIMUM NUMBER OF CHILDREN TO RECEIVE CARE	AGES OF CHILDREN TO RECEIVE CARE
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SEX OF CHILDREN TO RECEIVE CARE  
 Male  Female  Both

NAME AND ADDRESS OF SCHOOL ATTENDED BY THE CHILDREN

SERVICES TO BE PROVIDED  
 Basic Core  Maternity  Infant/Toddler/Preschool  Residential Treatment  Intensive Residential Treatment

CONDUCTED UNDER OF THE AUSPICES OF (NAME OF SPONSORING ORGANIZATION, IF APPLICABLE)	ADDRESS
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DATE ORGANIZED	DATE INCORPORATED	STATE OF INCORPORATION	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit
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CURRENTLY ACCREDITED BY  
 Council on Accreditation of Services for Children and Families, Inc  The Joint Commission  
 Commission on Accreditation of Rehabilitation Facilities  Not Accredited

ORIGINAL ACCREDITATION DATE	CURRENT TERM OF ACCREDITATION
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IS THERE ANY PENDING LEGAL ACTION AGAINST THE AGENCY, ANY BOARD MEMBER OR ANY STAFF MEMBER INVOLVING THE OPERATION OF THE AGENCY?  
 Yes  No If Yes, please explain on a separate page.

PLEASE LIST ANY OTHER STATE AGENCIES THAT LICENSE YOUR ORGANIZATION

NOTE: MISSOURI LAW PROVIDES THAT ANY PERSON WHO VIOLATES ANY APPLICABLE PROVISION OF SECTIONS 210.481 TO 210.536, OR WHO FOR HIMSELF OR FOR ANY OTHER PERSON MAKES MATERIALLY FALSE STATEMENTS IN ORDER TO OBTAIN A LICENSE OR THE RENEWAL THEREOF SHALL BE GUILTY OF A CLASS A MISDEMEANOR. IN CASE SUCH GUILTY PERSON BE A CORPORATION, ASSOCIATION, INSTITUTION, OR SOCIETY, THE OFFICERS THEREOF WHO PARTICIPATE IN THE ACTIVITY SHALL UPON CONVICTION BE SUBJECT TO THE PENALTIES PROVIDED BY LAW. § 210.531 RSMo. ANY PERSON IS GUILTY OF A CLASS B MISDEMEANOR IF SUCH PERSON SUBJECT TO BACKGROUND CHECK REQUIREMENTS KNOWINGLY FAILS TO COMPLETE A BACKGROUND CHECK, AS DESCRIBED UNDER §§ 210.493 AND 210.1263. §210.1283 RSMo.

I hereby certify that officers, managers, contractors, volunteers with access to children, employees and other support staff of the residential care facility, and owners who will have access to the facilities have, or will have, completed Background Checks and have been found eligible as required in § 210.493 and 13 CSR 35-71.015.

SIGNATURE OF PERSON LEGALLY AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE AGENCY	DATE
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TITLE
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MISSOURI DEPARTMENT OF SOCIAL SERVICES  
CHILDREN'S DIVISION  
RESIDENTIAL PROGRAM UNIT

**THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION FOR LICENSURE PURSUANT TO 13 CSR 35-71.020.**

- 1. Evidence of compliance with local building and zoning requirements
- 2. A floor plan of the proposed site in which the specific use of each room is identified
- 3. A signed copy of the civil rights agreement (See Form RPU-32)
- 4. A chart depicting the agency's organizational structure and lines of supervision;
- 5. Written policies and procedures established by the board of directors which clearly set forth the authority and the responsibilities delegated to the executive director;
- 6. A copy of the articles of incorporation;
- 7. A copy of the bylaws;
- 8. A copy of the board roster including the mailing address and place of employment of each member and a list of board officers;
- 9. A proposed budget for a period of not less than one (1) year;
- 10. Verification of not less than three (3) month's operating capital;
- 11. A written intake policy;
- 12. Written identification of specific program models or designs which shall include the methods of care and treatment to be provided;
- 13. Job title, job description and minimum qualifications for all staff;
- 14. A projected staffing plan for the anticipated capacity;
- 15. Written child abuse and neglect reporting policy;
- 16. Written personnel practices, including staff training and orientation;
- 17. Annual written plan for staff training;
- 18. Written discipline policy;
- 19. Written visitation policy;
- 20. Written health care policy;
- 21. Written restraint policy which shall include identification of all methods to be used and documentation of training utilizing a recognized restraint training program;
- 22. A needs assessment conducted and submitted as evidence of need for the type and scope of program proposed.
- 23. Evidence of compliance with fire safety requirements of the State Fire Marshall;
- 24. Documentation that each operating site's food service, water supply and sewage disposal system is in compliance with the requirements of the Department of Health and Senior Services and/or any local applicable ordinances;
- 25. Verification of DSS eligibility letter for all staff and volunteers. See attached RPU-10 to report this information;
- 26. Verification of the education and experience for all administrative and professional staff. Submit a copy of the resume for all administrative and professional staff;
- 27. Written description of the recreational program, and the manner in which staff are qualified and prepared to create, organize and supervise them;
- 28. A copy of the Personnel Manual for the Agency;
- 29. A copy of the Program Manual for the Agency;
- 30. For any agency operating a swimming pool on grounds, documentation that the pool is operated and maintained in accordance with all applicable local ordinances and/or state guidelines;
- 31. Written volunteer policies;
- 32. Written confidentiality policy;
- 33. Written policy for the use of locked isolation;
- 34. Written instructions for fire and other emergency evacuations;
- 35. Written description of the agency's religious requirements and practices;
- 36. Written policies governing the use of psychotropic medication;
- 37. Proof that medical records are maintained for each child
- 38. A copy of any newsletter, brochure, or flyer used by the agency for fundraising or marketing purposes;
- 39. Documentation of insurance for the agency for professional and commercial liability, workers' compensation insurance, fire and disaster insurance, and agency vehicle insurance and;
- 40. Name, phone number, and email address for Reasonable and Prudent Parenting Liaison

**SPECIFIC TO MATERNITY CARE PURSUANT TO 13 CSR 35-71.120(1-5):**

- 1. Written description of the program;
- 2. Written financial policies and expectations;
- 3. Written plan for all deliveries.
- 4. Written training plan specific to maternity care;
- 5. Verification of staff certification in infant CPR



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
Children's Division  
RESIDENTIAL PROGRAM UNIT  
**OPERATING SITES**

P. O. BOX 88  
JEFFERSON CITY, MO 65103

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ALL OPERATING SITES:						
<b>A. NAME</b>						
STREET AND NUMBER						
CITY, COUNTY, ZIP CODE						
TOTAL NUMBER OF CHILDREN	MALE	FEMALE	BOTH	AGE RANGE FROM	TO	
<b>B. NAME</b>						
STREET AND NUMBER						
CITY, COUNTY, ZIP CODE						
TOTAL NUMBER OF CHILDREN	MALE	FEMALE	BOTH	AGE RANGE FROM	TO	
<b>C. NAME</b>						
STREET AND NUMBER						
CITY, COUNTY, ZIP CODE						
TOTAL NUMBER OF CHILDREN	MALE	FEMALE	BOTH	AGE RANGE FROM	TO	
<b>D. NAME</b>						
STREET AND NUMBER						
CITY, COUNTY, ZIP CODE						
TOTAL NUMBER OF CHILDREN	MALE	FEMALE	BOTH	AGE RANGE FROM	TO	
<b>E. NAME</b>						
STREET AND NUMBER						
CITY, COUNTY, ZIP CODE						
TOTAL NUMBER OF CHILDREN	MALE	FEMALE	BOTH	AGE RANGE FROM	TO	
<b>F. NAME</b>						
STREET AND NUMBER						
CITY, COUNTY, ZIP CODE						
TOTAL NUMBER OF CHILDREN	MALE	FEMALE	BOTH	AGE RANGE FROM	TO	
<b>G. NAME</b>						
STREET AND NUMBER						
CITY, COUNTY, ZIP CODE						
TOTAL NUMBER OF CHILDREN	MALE	FEMALE	BOTH	AGE RANGE FROM	TO	





MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION  
 RESIDENTIAL PROGRAM UNIT  
**CIVIL RIGHTS AGREEMENT**

**CIVIL RIGHTS INFORMATION AND AGREEMENT FORM**

Public Law 88-352, the Federal Civil Rights Act of 1964, states as follows in Section 601, Title VI of the Act: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Under the authority of section 602 of Title VI of the Act, the Secretary of the U.S. Department of Health, Education and Welfare has promulgated a regulation carrying out the intent of the Act as it applies to programs and grants which receive Federal financial assistance through the Department. This Regulation is set forth in Title 45, Code of Federal Regulations, Part 80. Subsection 80.5 is stated in part as follows: "(a) In grant programs which support the provision of health or welfare services, discrimination in the selection or eligibility of individuals to receive the services, and segregation or other discriminatory practices in the manner of providing them, are prohibited. This prohibition extends to all facilities and services provided by the grantee under the program or, if the grantee is a State, by a political subdivision of the State. It extends also to services purchased or otherwise obtained by the grantee (or political subdivision) from hospitals, nursing homes, schools, and similar institutions for beneficiaries of the program, and to the facilities in which such services are provided, subject, however to the provision of 80.3(e)" (which refers to sheltered workshops under Vocational Rehabilitation.)

In view of the above it is mandatory for the Children's Division, if it is to continue receiving Federal funds for financing the public assistance, medical care, vocational rehabilitation for the blind, and social service programs in Missouri, to receive from each person, agency, or institution from which care or services are purchased for applicants or recipients of assistance or services, written assurance of compliance with the Civil Rights Act.

We are enclosing two (2) copies of Form, RPU-32, "Civil Rights Agreement." Please fill out both forms, sending the original to the State Supervisor, Residential Program Unit, Children's Division, PO Box 88, Jefferson City, Missouri 65103 within thirty (30) days and keep one (1) copy for your file.

NAME OF AGENCY		DATE
MAILING ADDRESS		
SIGNATURE OF ADMINISTRATOR OR EXECUTIVE DIRECTOR	SIGNATURE OF PRESIDENT OF BOARD OF DIRECTORS	
▶	▶	
<b>MAIL ONE COPY WITHIN THIRTY (30) DAYS TO:</b> MISSOURI CHILDRENS DIVISION RESIDENTIAL PROGRAM UNIT PO BOX 88 JEFFERSON CITY, MO 65103		

**\*\*AN EQUAL OPPROTUNITY/AFFIRMATIVE ACTION EMPLOYER\*\***  
 services provided on a nondiscriminatory basis