Application for Juvenile Residential Facility License

Facility Name:		Applicant:		
Address:		Address:		
 Phone #:		Phone #:		
What type of population do you plan to serve?				
How many juve	eniles do you plan to serve	at any one time?		
Will this facility	be the primary or secondar	ry source of income for applica	ant?	
How is the facil	lity zoned? (Residential, co	mmercial, etc.)		
Will this facility	serve "Sex Offenders"?	Y / N		
If yes, does the facility comply with sex offender law? Y / N				
Will this facility	offer specialized services (sex offender or substance abo	use)?	
	ejection as a group home/fo	oster parent? Y / N		
Will curriculum include any religious activities? Y / N				
How will you su		food?		
Does the facilit	y meet building, fire and he	alth codes?		
I give permission		nent of Youth Services to cond	duct a criminal backç	ground check
Signature of Ap	pplicant	Applicant's SS#	Date	
Please attach:	Program Narrative Staffing Pattern Community and Commun Experience	ity Support		

References