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| http://www.maine.gov/sos/images/sealcol2.jpg**STATE OF MAINE****DEPARTMENT OF HEALTH AND HUMAN SERVICES****OFFICE OF CHILD AND FAMILY SERVICES****-****Children’s Licensing and Investigation Services**Emergency Youth Shelter Application |
| **SECTION 1: Facility Information** |
| Facility/Agency Name:  |
| Physical Address: |
| City: | State: | Zip: | County: |
| Mailing Address: |
| City: | State: | Zip: | County: |
| Telephone No.: ( ) | Fax No.: ( ) |
| Email Address: | Social Security No or State Tax ID: |

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| **SECTION 2: Application Type** |
| **APPLICATION FOR EMERGENCY YOUTH SHELTER** |
| License Type (Select all that apply): □ New License □ Renewal License - **License #: \_\_\_\_\_\_\_\_\_\_\_\_** |

*For questions regarding this program and/or application, please contact the following:*

**Department of Health and Human Services**

**Office of Child and Family Services**

**Children’s Licensing and Investigation Services**

**2 Anthony Avenue**

**11 State House Station**

**Augusta, ME 04333-0011**

Tel: (207) 287-5020 Fax: (207) 287-9304 TTY users call Maine relay 711 Email: info.dhhs@maine.gov

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| **SECTION 3: Facility Contact Information** |
| Name and Title of Primary Contact Person: |
| Telephone No.: ( ) | Email Address: |
| Name and Title of Second Applicant (if applicable): |
| Telephone No.: ( ) | Email Address: |
| Name and Title of Board Chair: |
| Telephone No.: ( ) | Email Address: |
| Corporation Name (if applicable):  |
| Mailing Address: |
| City: | State: | Zip: | County: |
| Telephone No.: ( ) | Fax No.: ( ) |

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| **SECTION 4: Facility Information** |
| **Current Licenses / Certificates.** List any licenses currently held:Type Terms Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of facility:**□ Individual Proprietorship □ Non-Profit Corporation □ Tribal Government□ Church □ Partnership □ Parent Co-Op□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Services:**Capacity of Facility: \_\_\_\_\_ Age Range: From \_\_\_\_\_ to \_\_\_\_\_Sex: Male only: \_\_\_\_\_ Female only: \_\_\_\_\_ Co-Ed: \_\_\_\_\_ |
| **Source of Water Supply:** □ Municipal □ Well □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Waiver Request:** If you are requesting a new waiver/exception or an extension, please describe your request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 5: Submission** |
| First time applicants must also submit the following with their completed application:* Articles of Incorporation
* Complete Policy Manual
* Reference Letters
* Fire Inspection Request Form (Appendix A)
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| **SECTION 6: Declaration** |
| I/We have received and read the rules for the licensing and/or certification process. I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshal’s Office (if applicable) to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws pertaining to the operation of such facilities.I/We also understand that the signing of this application effectively serves as a release of information and gives permission to the Department of Health and Human Services to obtain any criminal or protective records information which may be on file in any Country, State or Federal Office. I/We understand any falsification of statement may be grounds for denial.I/We further certify that all information contained in this application is complete and accurate.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print name of Applicant/Operator/Administrator Signature of Applicant/Operator/Administrator Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print name of Board President (If Applicable) Signature of Board President (If Applicable) Date** |