

**APPLICATION FOR A LICENSE  
 RESIDENTIAL CHILD CARE FACILITY  
 AS 47.32.040 and 7 AAC 50.030**

<b>I. IDENTIFYING INFORMATION</b>		
Facility Name:	Phone:	
Facility Physical Address:	e-mail:	
Facility Mailing Address:	Fax:	
Administrator's Name:	Phone:	e-mail:
Individual or legal entity responsible for operation of the facility:	Phone:	
Mailing Address:	e-mail:	
Type of Business (Check one):		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Unit or Sub-Unit of Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Tribal		
If applicant is a unit or sub-unit of government, please provide the following information for the Chief Executive Officer.		
Name:	Title:	
Address:	Phone:	e-mail:
Type of Facility:		
<input type="checkbox"/> Residential Child Care Facility <input type="checkbox"/> Residential Psychiatric Treatment Center		
<b>II. ADMISSION AND PROGRAM INFORMATION</b>		
SPECIALIZATIONS: (Check any and all that apply)		
<input type="checkbox"/> Emergency Shelter Care <input type="checkbox"/> Boarding School Care <input type="checkbox"/> Supervised Transitional Living <input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Pregnant and Parenting Adolescents <input type="checkbox"/> Wilderness and/or Adventure Experience Program <input type="checkbox"/> Maternity Home <input type="checkbox"/> Emergency Shelter Care for Runaway Children		
Age Range: From: <input type="checkbox"/> to <input type="checkbox"/> Capacity: <input type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both		
<b>III. REQUIRED ATTACHMENTS TO APPLICATION</b>		
<input type="checkbox"/> Copy of enabling legislation, charter, partnership agreement, constitution or articles of incorporation if applicant is a legal entity. <input type="checkbox"/> List of phone numbers and electronic address of each person who has ownership and management interest. <input type="checkbox"/> Administrator references <input type="checkbox"/> Administrator education, experience summary <input type="checkbox"/> Proof Administrator fingerprints submitted. <input type="checkbox"/> Proof of provisional background authorization on the Administrator and all individuals living in the facility age		

