



**APPLICATION FOR LICENSE TO OPERATE A CHILDREN'S GROUP HOME (GH), CHILD CARING INSTITUTION (CCI) OR PRIVATE SECURE FACILITY (PSF)  
INDIANA CODE (IC) 31-27-3 OR 31-27-5**

State Form 45158 (R7 / 4-21) / CW 0050

DEPARTMENT OF CHILD SERVICES – MS08  
302 West Washington Street, Room E306  
Indianapolis, IN 46204

INSTRUCTIONS: 1. Retain one copy and send the original to the address in the upper right corner of this form.

**SECTION I**

Applicants for a Child Caring Institution license must initial / date each license required. (1a and/or 1b)

Applicants for a Group Home license must initial / date each license required. (2a and/or 2b)

Applicants for a Private Secure license must initial / date box 3a.

1a. Child Caring Institution Long Term Care (465 IAC 2-9)	Initial		2a. Group Home [Ten (10) or less] Long Term Care (465 IAC 2-12)	Initial
	Date (month, day, year)			Date (month, day, year)
1b. Child Caring Institution Emergency Shelter Care (465 IAC 2-10)	Initial		2b. Group Home [Ten (10) or less] Emergency Shelter Care (465 IAC 2-13)	Initial
	Date (month, day, year)			Date (month, day, year)
3a. Private Secure Facility (465 IAC 2-11)	Initial		AN INSTITUTION SHALL MEET THE FOLLOWING CONDITION PRIOR TO BEING LICENSED AS A PRIVATE SECURE FACILITY: (1) THE INSTITUTION SHALL HAVE BEEN LICENSED FOR FIVE (5) CONSECUTIVE YEARS AS AN INSTITUTION AND SHALL HAVE PROVIDED A CONTINUUM OF CARE OR A FULL PROGRAM OF LONG TERM RESIDENTIAL TREATMENT DURING THIS SAME FIVE (5) YEAR PERIOD. [465 IAC 2-11-33(b)(1)]	
	Date (month, day, year)			

**SECTION II**

Complete the following information.

4a. Name of Residential Facility		4b. Facility telephone number (      )	
4c. Location address of this facility (number and street, city, state, ZIP code)			
5a. Residential Facility website address		5b. Administrator e-mail address	
6a. Legal name of organization (if different from box 4a)			
6b. Address of legal organization (if different from box 4c) (number and street, city, state, ZIP code)			
7a. Name of parent company, if applicable		7b. Parent company telephone number (      )	
7c. Location address of Parent company (number and street, city, state, ZIP code)			
8b. Not-for-Profit or Profit Agency		DCS Assigned License Number	
Application submittal status: <input type="checkbox"/> Application to become a licensed residential facility <input type="checkbox"/> Application to provide notice of intent to re-license an existing residential license upon expiration <input type="checkbox"/> Application updated due to changes in required application information			

**SECTION III**

Complete the following information regarding the planned maximum capacity for children placed at the facility.

9a. Number of children in Long Term Care	9c. Age range of children in Long Term Care	9e. Gender (sex) of children in Long Term Care
9b. Number of children in Emergency Shelter Care (Applicable to CCI or GH only)	9d. Age range of children in Emergency Shelter Care (Applicable to CCI or GH only)	9f. Gender (sex) of children in Emergency Shelter Care (Applicable to CCI or GH only)
9g. If applicable, number of children living in child caring institution or group home with parents who are resident staff members (not applicable to private secure facilities)		
9h. Total license capacity (this includes children of resident staff members, if applicable)		

**SECTION IV**

Complete the following information regarding the administrator for the facility for which this application is being completed.  
(465 IAC 2-9-48, 2-10-48, 2-11-48, 2-12-48, 2-13-48)

11a. Name of administrator	11b. Official title	11c. Today's date (month, day, year)
----------------------------	---------------------	--------------------------------------

**SECTION V**

The applicant hereby certifies that all documents, as required by the Department, have been provided in their most current form and are available for review by the Department at any time.

Yes  No

**SECTION VI - STATEMENT OF CERTIFICATION**

I certify that all statements made in this application and any attachments thereto are correct to the best of my knowledge. I further certify that no person, on the grounds of race, religion, color or national origin, shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which this institution receives public financial assistance directly or indirectly, including assistance administered by the Department of Child Services through the payment of per diem.

In accordance to IC 31-27-3-3 and IC 31-27-5-4, the undersign hereby attests whether they have been convicted of:

- (A) a felony:  Yes  No
- (B) a misdemeanor relating to the health and safety of children:  Yes  No

In accordance to IC 31-27-3-3 and IC 31-27-5-4 the undersign hereby attests whether they have been charged with:

- (A) a felony:  Yes  No
- (B) a misdemeanor relating to the health and safety of children:  Yes  No

**SECTION VII**

Application must be signed by the administrator of this license.

Signature of administrator in full (signature must be by hand)		Date (month, day, year)
Typed name of administrator	Official title	