APPLICATION FOR LICENSE TO OPERATE A CHILD PLACING AGENCY (LCPA)

State Form 47106 (R3 / 10-07) / CW 1425

Pursuant to IC 31-27-6

Reset Form

1. Name of agency		
2. Address (*number and street, city, state, ZIP code*)		
Telephone number ( )	E-mail address of agency	Please check: ☐ Not-for-profit ☐ Profit
3. Legal name of organization (*if different from line 1*)		
4. Address of legal organization (*if different from line 2*) (*number and street, city, state, ZIP code*)		

5. Members of Advisory Board or Governing Body: (465 IAC 2-2-3)

NAME	ADDRESS *(number and street, city, state, and ZIP code)*	OCCUPATION	TELEPHONE NUMBER

6. Staff members (including employees and volunteers) who have or will have direct contact, on a regular and continuing basis, with children for whom the child placing agency will provide services: (465 IAC 2-2-5)

NAME	CURRENT E-MAIL ADDRESS	POSITION	DATE OF EMPLOYMENT	TELEPHONE NUMBER

7. Other staff members: (465 IAC 2-2-5)

NAME	CURRENT E-MAIL ADDRESS	POSITION	DATE OF EMPLOYMENT	TELEPHONE NUMBER

8. Vacancies on staff (*Position included in budget but not filled*): (465 IAC 2-2-5)

POSITION TITLE	POSITION TITLE

9. Financial Resources. Submit detailed statement of sources of income. (465 IAC 2-2-4) *(Check all sources that apply.)*

☐ Private fees ☐ United Way ☐ Public contributions (*please specify*) _____

☐ Private contributions ☐ Church ☐ Other (*please specify*) _____

10. Geographic area served by Licensed Child Placing Agency

11. Incorporation papers to be submitted with initial application.

12. Minimum qualifications established by the agency for each classification of employee: (465 IAC 2-2-6). If this is an initial application or if qualifications have been revised during the past year, attach copy to application; otherwise omit.

13. Experience and training of each staff member who carries responsibility for administration or caseworker: (465 IAC 2-2-6). If this is an initial application or if there have been staff changes during the past year, this information must be provided; otherwise omit.

14. Personnel policies: (465 IAC 2-2-5). If this is an initial application or if policies have been revised during the past year, attach copy to application; otherwise omit.

15. Policies of the agency in regard to intake, placement and supervision of children in foster care and adoption: (465 IAC 2-2-8). If this is an initial application or if policies have been revised during the past year, attach copy to application, otherwise omit.

16. Fee charged for Adoption Service

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, age, color, religion, sex, handicap, national origin or ancestry, 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 agency receives public financial assistance directly or indirectly, including fees received from any local DCS office for services rendered.

Signature of applicant in full	Date signed (*month, day, year*)

Printed or typed name of applicant	Official title

Prepare in triplicate

Retain one copy and send original and one copy to:

DEPARTMENT OF CHILD SERVICES (DCS)
402 West Washington Street, Room W364, MS08
Indianapolis, IN 46204