



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

State Form 47106 (R6 / 1-23) / CW 1425
Pursuant to IC 31-27-6

INSTRUCTIONS: Email one (1) copy of the completed form to the Indiana Department of Child Services (DCS) LCPA Licensing Unit at LcpaLicensing.DCS@dcs.in.gov.

1. Name of agency		
2. Address (number and street, city, state, ZIP code)		
License number	Telephone number ()	Please check: <input type="checkbox"/> Not-for-profit <input type="checkbox"/> 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. Name of parent agency, if applicable		
6. Address of parent agency, if applicable (number and street, city, state, ZIP code)		
7. List all LCPA satellite office locations in Indiana, if applicable (number and street, city, state, ZIP code)		
8. Application submittal status: <input type="checkbox"/> Application to become a licensed LCPA provider <input type="checkbox"/> Application to provide notice of intent to re-license an existing LCPA license upon expiration <input type="checkbox"/> Application updated due to changes in required application information		
Please check the appropriate service array in which the LCPA will provide: <input type="checkbox"/> Adoption related services only <input type="checkbox"/> Foster care services only <input type="checkbox"/> Both adoption and foster care services		
Executive Director responsible for license operations:		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
In accordance to IC 31-27-6-2(c)(1), the undersign hereby attests whether they have been convicted of: (A) a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No (B) a misdemeanor relating to the health and safety of children: <input type="checkbox"/> Yes <input type="checkbox"/> No		
In accordance to IC 31-27-6-2(c)(2), the undersign hereby attests whether they have been charged with: (A) a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No (B) a misdemeanor relating to the health and safety of children: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 Executive Director in full		Date signed (month, day, year)
Printed or typed name of Executive Director	Official title	