



Certified Children's Residential Services Initial Application

Section 1. Type of Application

- ☐ **Initial**
- ☐ **Change of Ownership*** (change of business entity ownership or the form of legal organization)
- * Certification Number for current provider:

Section 2. Type of Service Provided

- ☐ Children's Residential Habilitation (Out-of-Home Services / Residential Habilitation for Dependent Youth)
- ☐ Enhanced Respite Services (ERS)
- ☐ Licensed Intensive Habilitation Services (IHS)
- ☐ State-Operated Community Residential (IHS or SOLA)

Section 3. Information About the Service Provider

1. Name of Service Provider (Doing Business As)

2. Business Street Address City State Zip Code

3. Mailing Address (if different from above) City State Zip Code

4. Telephone Number 5. Confidential Fax Number 6. Cell Phone Number

7. Email Address 8. Website URL

Section 4. Facility

1. Name of Facility

2. Facility Street Address City State Zip Code

3. Contact

4. Telephone Number 5. Confidential Fax Number 6. Cell Phone Number

Section 5. Administrator Information

1. Name of Administrator (Last, First, Middle) 2. Date of Birth

3. Address City State Zip Code

4. Telephone Address 5. Email Address

Section 6. Licensed Provider: **Please include the following attachments.**

- ☐ Contractor Intake Form DSHS 27-043
- ☐ All licensing Policies and Procedures
- ☐ A copy of the last DCYF Safety Check

Section 7. To be Completed by DDA Resource Manager or Designee for Licensed Providers

RM mark completion / receipt of:

- ☐ Documentation of cleared background check(s) for contract
- ☐ DDA Site Visit completed on date:
- ☐ DCYF Safety Check or documentation of successful DCYF site visit completed on date:
- ☐ DCYF License number:

The DCYF License includes completion of Policies and Procedures and:

- Floor Plan
- Emergency procedures and evacuation
- Medication Management

Section 8. To be Completed by DDA Resource Manager or Designee for SOCR Providers

- ☐ Site Visit and Safety Check completed on date:

Section 9. SOCR: Please also include these attachments.

- ☐ Standard Operating Procedures: Emergency procedures and evacuation
- ☐ Standard Operating Procedures: Medication Management
- ☐ Floor Plan

Section 10. Certification

Completion of this form indicates the provider meets applicable program rules and policies.

Date received:

Received by: