STATE OF MONTANA
Department of Public Health and Human Services
Division of Child and Family Services

LICENSE APPLICATION/RENEWAL FOR
CHILD PLACING AGENCIES AND ADOPTION AGENCIES

☐ New **Applicant**	☐ **Renewal Applicant**
Proposed Operation Date:	Expiration Date of Current License:
Name of Corporation or Agency:	Name of Program:
Corporation Mailing Address:	Residential Address:
City, State and Zip:	City, State and Zip:
Corporation or Agency Telephone:	Program Telephone:
Director:	

Type of Agency to be Licensed Please Check Each That Applies:

☐	Child Adoption Agency	
☐	Child Placing Agency	

Licensing of Child Placing Agencies and Child Adoption Agencies is mandatory in accordance with Section 52-8-102 MCA and 52-8-103 MCA

Please Complete Both Sides of Form ... OVER

Provider: Please add a check mark here (   ) if item is enclosed with this application or write in the date here
(_____) when the item will be sent to the Department. *(new applicant complete left hand side,*
renewal applicant complete right hand side)

(x)	( ) New Applicant	(x)	( ) Renewal Applicant
☐	Articles of Incorporation or Letter from Sponsoring Board	☐	Documentation of staff Orientation/Training
☐	Organizational Chart	☐	Major changes to Articles of Incorporation, Organizational Chart, Job Descriptions, Personnel policy, Program policies, grievance procedures or other information relevant to licensure
☐	Personnel Policy/Procedures	☐	Current list of Board of Directors including terms of office and addresses
☐	Job Descriptions (each staff)	☐	Personal Statement of Health CFS-033 (each staff)
☐	Plan for Orientation/training of Staff	☐	Documentation of completed Criminal Records check (one for each new staff)
☐	Program Policy/Procedures	☐	Release of Information CFS-LIC-018 for Department completion of protective service background check (one for each new staff)
☐	W-9 Taxpayer Identification	☐	Yearly Budget and Annual audit of expenditures
☐	Current list of Board of Directors including terms of office and addresses	☐	Current Staff Roster
☐	Personal Statement of Health CFS-033 (each staff)	☐	Foster Parent Roster (if applicable)
☐	Documentation of completed Criminal Records check (one for each staff)	☐	Adoptive Family Roster (if applicable)
☐	Release of Information CFS- LIC-018 for Department completion of protective service background check (one for each staff)		

All information I have furnished to the Department of Public Health and Human Services Child and Family
Services Division is true and correct.

_____
Signature Executive Director or other Authorized Official   Date