



**The State of Mississippi**  
Governor Tate Reeves  
**Commissioner Andrea A. Sanders**  
[www.mdcps.ms.gov](http://www.mdcps.ms.gov)

Initial Application for a Congregate Care License

Please check box for the type of license

<input type="checkbox"/>	Therapeutic Foster Care (Private Child Placing Home)	<input type="checkbox"/>	Therapeutic Group Home	<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	Regular Group Home	<input type="checkbox"/>	Maternity Home	<input type="checkbox"/>	Adoption

Applicant   
Name of Organization/Agency

Name of Director/Administrator

Title

Mailing Address   
Street or Box No. City State Zip

Location if different   
Street Address City State Zip

Telephone No.

I/We certify that all information submitted for this application is true and correct to the best of my/our knowledge.  
I/We understand that any misrepresentation of information shall be grounds for denial of this application.

If granted a License, I/We agree to abide by the provisions therein as set forth by the Mississippi Department of Child Protection Services.

Signed   
Chairman of Board or Authorized Agent\*

Date

Title

Telephone No.

Street Address City State Zip

\*Attach statement verifying that Authorized Agent has authority to submit application.



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Materials to Submit with Application

	1. Articles of Incorporation and constitution or by-laws of the organization; Any provider-applicant incorporated outside of the State of Mississippi must secure authorization from the Secretary of State to do business in Mississippi. For-profit provider-applicants must provide information on corporate structure, ownership, and proprietary interest. Rule 3.2 A1
	2. An original copy of the completed application form. Rule 3.2 A2
	3. An original copy of the letter from the provider-applicant’s Board of Directors authorizing the applicant to sign the application. Rule 3.2 A3
	4. Zoning verification notice signed by the appropriate zoning administrator. Rule 3.2 A4
	5. A list of the titles, names, addresses, occupations, and term expiration date of Board members. Rule 3.2 A5
	6. A statement of purpose that specifies: Rule 3.2 A6
	A description of the geographic area to be served.
	The children to be accepted for placement or care.
	The services to be provided; and
	The program objectives.
	7. Verification of six (6) months operating capital, which must not include state funds. Rule 3.2 A7
	8. Current budget showing both expected expenses and sources of income. Rule 3.2 A8
	9. Policies regarding fees and charges for services. Rule 3.2 A9
	10. Staff organizational table including names of all employees currently holding those positions. Rule 3.2 A10
	11. A general description of each type of staff position proposed for the provider detailing qualification requirements, including any necessary credentials. Rule 3.2 A11
	12. All organizational policy, including but not limited to, the personnel policies and admission policies. Rule 3.2 A12
	13. Staff development and training plan that complies with MDCPS training requirements. Rule 3.2 A13
	14. Plan for providing care and services. Rule 3.2 A14
	15. All forms used by the provider, such as application and placement agreement. Rule 3.2 A15
	16. Certificate of compliance with the civil rights laws. Rule 3.2 A16
	17. Most recent audit. Rule 3.2 A17



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	18. IRS Form 990. Rule 3.2 A18
	19. A diagram of all structures of the facility showing compliance with square footage requirements and designated use of each room and location on grounds, any applicable building codes, and evidence of compliance with applicable codes. Rule 3.2 A19
	20. Proof of fire, health, sanitation, and other hazardous condition inspections completed within the last three months. Rule 3.2 A20
	21. Certification of occupancy requirements, elevator inspections, Occupational Safety and Health Administration codes, and all other applicable safety codes. Rule 3.2 A21
	22. Current emergency policies and procedures for all natural or man-made disasters affecting the facility; and Rule 3.2 A22
	23. Current insurance policy coverage including but not limited to: Rule 3.2 A23
	24. Auto insurance for staff and volunteers who transport children. Rule 3.2 A24
	25. Comprehensive general liability insurance. Rule 3.2 A25
	26. Owner property insurance on the facility. Rule 3.2 A26
	The applicant should retain the original copies all materials submitted unless otherwise denoted above. Rule 3.2 B
	The applicant should submit only copies of the requested documents unless other denoted above. MDCPS will not be held responsible for loss of originals submitted with application. Rule 3.2 C
	Provider must review all rules in the licensing standard prior to renewal.