

CHECK TYPE OF APPLICATION:  NEW  REVISION  RENEWAL  
**REFER TO NH RESIDENTIAL CHILD CARE PROGRAM LICENSING RULES, He-C 4001, AND RSA 170-E:25 (RESIDENTIAL CHILD CARE) FOR REQUIREMENTS FOR EACH PROGRAM TYPE BEFORE CHECKING PROGRAM TYPE BELOW.**

- GROUP HOME – PROVIDES SPECIALIZED RESIDENTIAL CARE FOR AT LEAST 5 BUT NO MORE THAN 12 CHILDREN YOUNGER THAN 21 YEARS OF AGE
- CHILD CARE INSTITUTION – PROVIDES 24 HOUR RESIDENTIAL CARE FOR MORE THAN 12 CHILDREN YOUNGER THAN 21 YEARS OF AGE
- INDEPENDENT LIVING HOME – PROVIDES SPECIALIZED SERVICES IN ADULT LIVING PREPARATION FOR PERSONS 16 YEARS OF AGE OR OLDER WHO HAVE A LEGAL RELATIONSHIP WITH THE DEPARTMENT
- HOMELESS YOUTH SHELTER – PROVIDES SHELTER, BASIC NEEDS, AND SERVICES, WHICH SHALL INCLUDE AN INDIVIDUAL ASSESSMENT, REFERRAL, HOUSING, AND CASE MANAGEMENT TO FACILITATE SAFETY, PERMANENCY, WELL BEING, AND INDEPENDENT LIVING FOR CHILDREN.
- SHORT TERM PLACEMENT – PROVIDES PLACEMENT WHICH IS INTENDED TO LAST FOR 60 DAYS OR LESS, UNLESS THERE IS DOCUMENTATION ON FILE FROM THE REFERRING AGENCY FOR AN EXTENSION

PROGRAM NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF APPLICANT/OWNER/  
 BUSINESS ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APPLICANT/OWNER/BUSINESS ORGANIZATION PHONE NUMBER: \_\_\_\_\_

APPLICANT/OWNER/BUSINESS ORGANIZATION E-MAIL ADDRESS (IF AVAILABLE): \_\_\_\_\_

FEDERAL TAX I.D. NUMBER IF ONE HAS BEEN ASSIGNED: \_\_\_\_\_

CHECK TYPE OF BUSINESS ORGANIZATION:  PRIVATE  PARTNERSHIP  OTHER

NAME OF BUSINESS ORGANIZATION: \_\_\_\_\_

BUSINESS ID: \_\_\_\_\_

NON PROFIT  FOR PROFIT

OFFICERS OF BUSINESS ORGANIZATION IF APPLICABLE:

NAME	TITLE/POSITION	TELEPHONE NUMBER

BOARD MEMBERS OF BUSINESS ORGANIZATION IF APPLICABLE:

NAME	TITLE/POSITION	TELEPHONE NUMBER

**LIST OF BUILDINGS IN WHICH RESIDENTS WILL BE CARED FOR:**

IF A SINGLE LICENSE INCLUDES MULTIPLE BUILDINGS ON THE SAME OR ADJOINING PROPERTY YOU MUST PROVIDE THE FOLLOWING FOR EACH BUILDING:

**A: BUILDING LIST:**

1. A MEANS BY WHICH WE CAN IDENTIFY THE BUILDING, I.E. BUILDING #1 & 2, FRONT BUILDING, BACK BUILDING OR, IF APPROPRIATE, THE NAME OF THE BUILDING;
2. THE BUILDING'S PURPOSE OR FUNCTION;
3. THE TYPE(S) OF RESIDENTIAL CHILD CARE SERVICES THAT ARE INTENDED TO BE PROVIDED IN EACH BUILDING

BUILDING IDENTIFIER	BUILDING PURPOSE/ FUNCTION	TYPE(S) OF RESIDENTIAL SERVICES INTENDED TO OFFER:
		<input type="checkbox"/> GROUP HOME <input type="checkbox"/> INDEPENDENT LIVING HOME <input type="checkbox"/> CHILD CARE INSTITUTION <input type="checkbox"/> SHORT TERM PLACEMENT <input type="checkbox"/> HOMELESS YOUTH SHELTER
		<input type="checkbox"/> GROUP HOME <input type="checkbox"/> INDEPENDENT LIVING HOME <input type="checkbox"/> CHILD CARE INSTITUTION <input type="checkbox"/> SHORT TERM PLACEMENT <input type="checkbox"/> HOMELESS YOUTH SHELTER
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		<input type="checkbox"/> GROUP HOME <input type="checkbox"/> INDEPENDENT LIVING HOME <input type="checkbox"/> CHILD CARE INSTITUTION <input type="checkbox"/> SHORT TERM PLACEMENT <input type="checkbox"/> HOMELESS YOUTH SHELTER
		<input type="checkbox"/> GROUP HOME <input type="checkbox"/> INDEPENDENT LIVING HOME <input type="checkbox"/> CHILD CARE INSTITUTION <input type="checkbox"/> SHORT TERM PLACEMENT <input type="checkbox"/> HOMELESS YOUTH SHELTER

**B: NUMBER & AGE RANGE OF CHILDREN TO BE CARED FOR:**

1. A MEANS BY WHICH WE CAN IDENTIFY THE BUILDING, I.E. BUILDING #1 & 2, FRONT BUILDING, BACK BUILDING OR, IF APPROPRIATE, THE NAME OF THE BUILDING;
2. THE MAXIMUM NUMBER OF CHILDREN AND AGE RANGE THAT WILL BE CARED FOR IN THE BUILDING;
3. THE TOTAL REQUESTED RESIDENT CAPACITY OF THE PROGRAM.

BUILDING IDENTIFIER	MAXIMUM NUMBER OF CHILDREN	AGE RANGE TO BE CARED FOR IN EACH BUILDING
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
<b>TOTAL CAPACITY REQUESTED:</b>	_____	

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**PROGRAM DIRECTOR**

**INSTRUCTIONS:**

THE FOLLOWING SECTION REGARDING PROGRAM DIRECTOR MUST BE COMPLETED. **YOU MUST ALSO SUBMIT DOCUMENTATION OF EDUCATION AND EXPERIENCE** AS DESCRIBED IN He-C 4001.19(e) NH RESIDENTIAL CHILD CARE LICENSING RULES.

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NAME OF PROGRAM DIRECTOR

BIRTH NAME

DATE OF BIRTH

**POST SECONDARY EDUCATION:** TRANSCRIPTS MUST BE SUBMITTED WITH THIS APPLICATION

<b>NAME OF SCHOOL</b>	<b>MAJOR</b>	<b>DEGREE OR CERTIFICATE ACHIEVED OR NUMBER OF CREDITS EARNED</b>	<b>DATES ATTENDED</b>

**RELATED EXPERIENCE**

<b>EMPLOYER</b>	<b>JOB TITLE</b>	<b>DESCRIPTION OF RESPONSIBILITIES, INCLUDING AGES OF CHILDREN CARED FOR</b>	<b>DATES OF EMPLOYMENT</b>

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**CRIMINAL CONVICTIONS OR CURRENT CRIMINAL CHARGES, AND CHILD ABUSE OR NEGLECT FINDINGS OR CURRENT INVESTIGATIONS**

**INSTRUCTIONS: ALL APPLICANTS MUST COMPLETE THIS SECTION, BY CHECKING YES OR NO AND, IF YES, PROVIDING THE REQUESTED INFORMATION.**

TO THE BEST OF YOUR KNOWLEDGE, AFTER QUESTIONING ALL PARTIES, ARE THERE ANY CRIMINAL CONVICTIONS IN A STATE OTHER THAN NEW HAMPSHIRE; CURRENT CRIMINAL INVESTIGATIONS IN ANY STATE; CURRENT INVESTIGATIONS OF CHILD ABUSE OR NEGLECT IN ANY STATE; PREVIOUS FINDINGS OF CHILD ABUSE OR NEGLECT IN A STATE OTHER THAN NEW HAMPSHIRE; CURRENT INVESTIGATION OF JUVENILE DELINQUENCY FOR JUVENILE HOUSEHOLD MEMBERS; AND PREVIOUS ADJUDICATIONS OF JUVENILE DELINQUENCY FOR JUVENILE HOUSEHOLD MEMBERS, INVOLVING ANY APPLICANT, OWNER, OFFICER OF BUSINESS ORGANIZATION, PROGRAM DIRECTOR, EXECUTIVE DIRECTOR, BOARD MEMBER, HOUSEHOLD MEMBER, PROGRAM STAFF, INTERN, VOLUNTEER, OR ANY OTHER INDIVIDUAL IN THE STATE OF NEW HAMPSHIRE OR THE UNITED STATES, WHO WILL HAVE DAILY CONTACT WITH CHILDREN? THIS REQUIREMENT DOES NOT APPLY TO RESIDENTS ADMITTED TO THE PROGRAM.

NO (IF NO, MOVE TO THE NEXT SECTION)

YES (IF YES, COMPLETE THE FOLLOWING SECTION, PROVIDING AS MUCH DETAIL AS POSSIBLE)

NAME AND POSITION OR AFFILIATION OF INDIVIDUAL	INDICATE WHETHER THIS IS A CHARGE, ALLEGATION, CONVICTION, FINDING, OR CURRENT INVESTIGATION	NAME & CITY OF COURT OR DCYF OFFICE IN WHICH CASE WAS HANDLED	DATE OF CONVICTION OR FINDING

**PLEASE CAREFULLY READ EACH STATEMENT BEFORE SIGNING.**

BY SIGNING BELOW I HEREBY CERTIFY THAT:

I HAVE READ AND AM IN COMPLIANCE WITH ALL APPLICABLE RULES IN HE-C 4001.

I UNDERSTAND THAT THE DEPARTMENT MAY INVESTIGATE ANY CRIMINAL CONVICTION RECORD, FINDING OF CHILD ABUSE OR NEGLECT, OR INVESTIGATION OF OR FINAL DETERMINATION REGARDING ANY JUVENILE DELINQUENCY AND WILL MAKE A DETERMINATION REGARDING WHETHER THE INDIVIDUAL POSES A CURRENT RISK TO THE HEALTH, SAFETY OR WELL BEING OF CHILDREN;

I UNDERSTAND THAT THE DEPARTMENT MAY DELAY ITS DECISION TO APPROVE OR DENY THIS APPLICATION PENDING THE OUTCOME OF ANY INVESTIGATION, WHEN THE APPLICANT, OWNER, OR PROGRAM DIRECTOR, ARE NAMED AS THE PERPETRATOR IN ANY CURRENT INVESTIGATION OF ANY CRIME, OR IN AN ALLEGATION OF ABUSE OR NEGLECT;

I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS APPLICATION OR ANY OF THE ATTACHMENTS, OR FAILING TO DISCLOSE ANY INFORMATION REQUIRED ON THE APPLICATION, OR REQUIRED TO BE SUBMITTED WITH THIS APPLICATION, SHALL BE CONSIDERED GROUNDS FOR LICENSE DENIAL OR REVOCATION;

I HAVE READ THE NH RESIDENTIAL CHILD CARE PROGRAM LICENSING RULES, AND UNDERSTAND THAT FAILURE TO MAINTAIN MY PROGRAM IN COMPLIANCE WITH THE APPLICABLE RULES, MAY JEOPARDIZE MY LICENSE/PERMIT;

I AUTHORIZE ANY POLICE DEPARTMENT, COURT SYSTEM OR HUMAN SERVICE AGENCY IN THIS OR ANY OTHER STATE TO RELEASE COPIES OF ANY CRIMINAL RECORDS OR CHILD ABUSE OR NEGLECT RECORDS TO THE DEPARTMENT; AND

ALL INFORMATION PROVIDED AS PART OF THIS APPLICATION AND IN THE REQUIRED ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER or APPLICANT'S DESIGNEE & POSITION

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PROGRAM DIRECTOR

\_\_\_\_\_  
DATE SIGNED

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**DIAGRAM OF INDOOR & OUTDOOR CHILD CARE SPACE**

**INSTRUCTIONS:** YOU MUST COMPLETE A SEPARATE PLAN FOR EACH BUILDING WHEN THERE ARE MULTIPLE BUILDINGS. (YOU MAY COPY THIS PAGE, OR ATTACH SEPARATE SHEETS FOR EACH BUILDING.)

**THE PLAN MUST IDENTIFY:**

**A. FOR INDOOR SPACE:** FOR EACH BUILDING THAT WILL BE USED AS CHILD CARE SPACE, THE DIAGRAM/ FLOOR PLAN SHALL INCLUDE:

1. ROOM DIMENSIONS;
2. LOCATION OF EXITS;
3. HOW EACH ROOM WILL BE USED;
4. THE LOCATION OF BATHROOMS AND BATHROOM FIXTURES (TOILETS, SINKS, BATHTUBS, & SHOWERS);
5. THE LOCATION OF OTHER HAND WASHING SINKS; AND
6. THE LENGTH, WIDTH, AND CEILING HEIGHT OF EACH BEDROOM.

**B. FOR OUTDOOR PLAY AND RECREATION SPACE:**

1. THE OVERALL DIMENSIONS OF OUTDOOR PLAY SPACE INCLUDING LENGTH & WIDTH OF THE SPACE;
2. THE LOCATION OF EXITS, GATES, AND STATIONARY OUTDOOR PLAY OR RECREATION EQUIPMENT;
3. THE LOCATION OF AND TYPE OF FENCING, IF ANY, INCLUDING GATES;
4. THE LOCATION OF THE OUTDOOR PLAY SPACE IN RELATION TO THE INDOOR SPACE; AND
5. THE LOCATION AND DESCRIPTION OF ANY OUTDOOR WATER AND STREET HAZARDS INCLUDING THE PRESENCE OF AND LOCATION OF ANY POOLS, PONDS, STREAMS, RIVERS, STREETS, ROADS, OR OTHER HAZARDS THAT ARE IN CLOSE PROXIMITY.

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APPLICANTS FOR RENEWAL OR REVISION MUST CHECK HERE IF THERE HAVE BEEN **NO CHANGES TO RESIDENTIAL CHILD CARE SPACE.**

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