



APPLICATION TO OPERATE  
RESIDENTIAL, DAY, RESPITE OR CAMP FACILITY

Date of Application: \_\_\_\_\_

- Reason for Application:  Initial Licensing of a New Facility
- Termination/Closure  
Reason for termination/closure: \_\_\_\_\_
- Change  
 in location       in facility type  
 in number of people served

1. Facility Information (Name): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Type of Facility:

- SLP-II     CIRS     CTH-I     CTH-II     ASW  
 AAC     WAC     Respite     Camp     Unclassified Program

Capacity (Number of): Children: \_\_\_\_\_ Adult(s): \_\_\_\_\_ Respite: \_\_\_\_\_  
(under age 21)

2. Changed Information (Updated): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Type of Facility:

- SLP-II     CIRS     CTH-I     CTH-II     ASW  
 AAC     WAC     Respite     Camp     Unclassified Program

Capacity (Number of): Children: \_\_\_\_\_ Adult(s): \_\_\_\_\_ Respite: \_\_\_\_\_  
(under age 21)

