



**COMMUNITY TRAINING HOME
Application for Licensure**

1. Personal Information

Applicant

Name: _____ Date of Birth: _____

Maiden Name (if applicable): _____

Address: _____

Telephone: _____

Social Security: _____

Present Employer: _____ Occupation: _____

Address: _____

Telephone: _____ Annual Income: _____

Employment status for last five years:

Employer	Dates of employment	Occupation	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education (highest grade completed): _____ Dates of attendance: _____

Co-Applicant or Spouse

Name: _____ Date of Birth: _____

Maiden Name (if applicable): _____

Social Security: _____

Present Employer: _____ Occupation: _____

Address: _____

Telephone: _____ Annual Income: _____

Employment status for last five years:

Employer	Dates of employment	Occupation	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education (highest grade completed): _____ Dates of attendance: _____

2. Family Information

Marital Status: single married widowed separated divorced

Religion: _____

Please list the names, ages, and relationships to you of ALL people who live in your home (occupants):

Name	Date of Birth	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Home Information

Is your home: (check one) single family two family three family apartment

Month/year home was built: _____

Do you own or rent your home? (circle one) own rent

Total rooms: _____ Total bedrooms: _____

How long have you lived here: _____

How long have you lived in this community? _____

Previous address: _____

How long did you live at previous address? _____

4. Licensure Information

In this or any other state, have you, the applicant, co-applicant, or any occupants of your home ever applied for licensure from another state agency?

YES NO

If yes, explain:

Do you the applicant, co-applicant, or any occupants currently hold a license from another state agency?

YES NO

If yes, please identify who is licensed, license number, and type of license:

Have you the applicant, co-applicant, or any occupants ever been denied a license, or held a license that was revoked, not renewed, surrendered, or had sanctions imposed on it?

YES NO

If yes, please explain in detail, using additional pages if necessary:

5. Other

Have you, the applicant, co-applicant, or any occupants of the home been convicted of an offense against civil or military law, forfeited bond or collateral, or are there any criminal charges pending against any of them? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law)?

YES NO

If YES, please explain in detail, using additional paper if necessary:

Have any allegations of abuse or neglect or substantiations of abuse or neglect been made against YOU, the applicant, the co-applicant, or any occupant of your home?

YES NO

If YES, please explain in detail, using additional paper if necessary:

6. References

Please list 3 people, not relatives and no more than 1 CTH licensee who can be contacted for references:

Name	Address.	Phone#	Occupation
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Please name family doctor and address:

7. Eligibility

Eligibility for initial licensure is determined on the basis of the information you have given on this application form and other initial application materials. Information will need to be verified or additional information may be required. Your permission will be necessary. Do you give your permission?

YES NO

8. Directions to your home:

9. Referral Information

If you were referred to IPP by anyone, please put their name down: _____

Certification

I certify that the statements made by me on this application are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement of facts, I am subject to denial of issuance or revocation of a community training home license. I have been given a copy of the community training home licensing regulations, have been made aware of my responsibilities if licensed, and agree to comply with all regulations.

(applicant signature)

(date)

(co-applicant signature)

(date)