

**COMMUNITY TRAINING HOME LICENSING
SUMMARY APPLICATION FOR RENEWAL**

Licensee(s): _____

License number: _____

Home phone: _____ Work phone: _____

1. Do you wish to surrender your license?

Yes If yes, do not continue completing this form. Please sign below, and return this form and your CTH Coordinator.

Licensee signature: _____ Date: _____

Co-licensee signature: _____ Date: _____

No

2. Do you or any adult occupants of your home hold licenses from another state agency?

Yes No

If yes, please indicate agency, license, type of license, license number and capacity:

3. Present employer: _____

Address: _____ Phone: _____

4. Please list the names, ages, and relationships to you of all people who currently live in your home, or have lived in your home during the past year. If applicable, please indicate the move dates of people who no longer live with you.

Name	Date of Birth	Relationship to you	Move in/out date (as applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Do you own your home? Yes No

Have there been any structural changes in the last year? Yes No If yes, please explain:

6. In the past year, have you the licensee, the co-licensee, or any occupants been convicted of any 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 youth offender law)

Yes No

If yes, please explain:

7. In the past year have any allegations of abuse or neglect been made against you the licensee, the co-licensee, or any occupant of your home?

Yes No

If yes, please explain:

8. In the past year, has a IPP client or a client of any other agency left your home, either permanently or temporarily?

Yes No

If yes, please explain:

9. Eligibility for renewal of your license is determined on the information contained in this application and other renewal materials. Information may need to be verified or more information may be required. Will you cooperate?

Yes No

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 misstatements of facts, I am subject to the non-renewal of my Community Training Home license.

Licensee signature: _____ SS# _____ Date: _____

Co-licensee signature: _____ SS# _____ Date: _____

SUMMARY APPLICATION FOR RENEWAL
Attachment

Licensee(s): _____

License number: _____

1. Have release forms for local and/or state police checks been forwarded to the appropriate agencies?

Yes No (If conviction record exists when check is received, please document on reverse side of the record the impact on the health and safety of the individuals placed in the CTH)

2. Have there been any allegations of abuse and neglect or other concerns regarding this licensee or the occupants of this CTH within last year?

Yes No

If yes, please explain in detail, including outcome:

3. If there is a request by the licensee for a change in the license type or licensee, do you agree?

Yes If yes, please attach necessary documentation (i.e. initial application materials for licensee change)

No If no, please explain: _____

4. Is IPP requesting any changes in the license?

Yes No

If yes, please note request: _____

If you are requesting a decrease in capacity, is the licensee going to contest that decision and request a hearing in accordance with 17a-227-28 of the CTH regulations? (You must inform licensee of right to hearing)

Yes No (If yes, attach supporting documentation)

5. Do you recommend renewal?

Yes No (If no, please explain and attach supporting documentation)

I have reviewed the Summary Application for Renewal completed by the licensee(s). It is complete and accurate to the best of my knowledge.

Signature and Title: _____ Date: _____