

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services ■ Regulatory and Licensing Services
952 Old US Highway 70 ■ Black Mountain, North Carolina 28711

INITIAL INQUIRY: CHILD PLACING AGENCY – FOSTER CARE

1. AGENCY NAME: _____

- Name of the agency as filed with the NC Secretary of State. This is the name that will be printed on your license. Refer to this agency name in all documents.

2. AGENCY NC SITE ADDRESS: (NO P.O. BOXES)

Street: _____

City: _____ Zip Code: _____ County: _____

Agency Telephone Number: _____ Fax Number: _____

3. AGENCY CORRESPONDENCE MAILING ADDRESS:

Name: _____

Street: _____

City: _____ Zip Code: _____ County: _____

Email Address: _____

4. NAME OF EXECUTIVE DIRECTOR: _____

Email Address: _____

5. NAME OF CONTACT PERSON: _____

Email Address: _____

Title: _____ Fax Number: _____

Telephone Number: _____ Cell Number: _____

6. SIGNATURE OF LICENSEE OR PERSON WITH SIGNATORY AUTHORITY: The undersigned, representing the governing authority, submits information for the above-named agency and certifies the accuracy of this information in accordance with 10A NCAC 70E, 70F & 70G.

Name: _____ Title: _____

Signature: _____ Date: _____

THIS INQUIRY FORM MUST BE MAILED TO THE ABOVE ADDRESS AND MUST HAVE AN ORIGINAL SIGNATURE

7. Which of the following services will your agency provide:

- | | |
|--|--|
| <input type="checkbox"/> Family Foster Care (FFC) | <input type="checkbox"/> Intensive Alternative Family Treatment (IAFT) |
| <input type="checkbox"/> Therapeutic Foster Care (TFC) | <input type="checkbox"/> Other _____ |

8. MANAGEMENT COMPANY: If the agency is managed by a company *other than the licensee*, provide the following information about the Management Company:

Name: _____
Email Address: _____
Address: _____
Telephone Number: _____ Fax Number: _____

9. LEGAL IDENTITY OF LICENSEE: Full legal name of individual, partnership, corporation, or other legal entity, which owns the agency business, is required. Owner/Licensee means any person/business entity (Corporation, LLC, etc.) that has legal or equitable title to or a majority interest in the agency. This entity is responsible for financial and contractual obligations of the business and will be recorded as the licensee on the license. ***Please be sure to write the name of the owner exactly the same on all documents.***

(a) Name of Owner (Corporation, LLC, etc.): _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____

(b) Federal Tax ID Number of Owner/Licensee: _____

(c) Legal entity is: For Profit Not for Profit

(d) Legal entity is: Corporation Partnership Proprietorship Government Unit
 Limited Liability Company Limited Liability Partnership Limited Liability Corporation
 Other (specify): _____

(e) Articles of Incorporation from the NC Secretary of State attached: Yes N/A
Certificate of Assumed Name filed with the NC Register of Deeds attached: Yes N/A

(f) Name of Executive Director: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____

If the "licensee" is a corporation or partnership, list the name of the Executive Officer or General Partner.

10. OWNERS, PARTNERS, AFFILIATES, SHAREHOLDERS:

Non-Profit Companies

If **no** individual holds an interest of 5% or more please sign the statement below, thereby indicating this is a **non-profit group**.

There are **no owners, partners, affiliates or shareholders who hold an interest of 5% or more** of the licensee:

Signature

Title

Date

For-Profit Individuals or Companies

Complete the information below on **all** individuals who are owners, partners or shareholders holding an interest of 5% or more of the licensee listed on page 2. **Attach** additional pages if necessary. If you are the only owner, complete the information below, listing the percentage interest as 100%.

Owner or Shareholder Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Title: _____

Percentage interest in this agency: _____

Owner or Shareholder Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Title: _____

Percentage interest in this agency: _____

Owner or Shareholder Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Title: _____

Percentage interest in this agency: _____

11. OTHER STATUS:

(a) Are any of the owners, partners or shareholders currently operating or have previously operated a Residential Child Care Facility (group home), Maternity Home, or Child Placing Agency in North Carolina or any other state? Yes No

If yes, give names and addresses of the agencies and the dates of licensure. **Attach** additional pages if necessary.

Agency or Facility Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of licensure: _____

(b) If any of the owners, partners or shareholders are currently operating or previously operated a Residential Child Care Facility (group home), Maternity Home, or Child Placing Agency in another state, provide the information requested below for the licensing authority in that state:

Name of Licensing Authority: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Contact Person: _____

(c) If any of the owners, partners or shareholders are currently operating or previously operated a Residential Child Care Facility (group home), Maternity Home, or Child Placing Agency in another state, a letter from the licensing authority in that state must be submitted advising of the agency or facilities standing. Letter **attached**: Yes N/A

(d) Have any of the owners, partners or shareholders been affiliated in any way with a licensed agency or facility that was assessed a penalty or had its license revoked, suspended or downgraded to provisional? Yes No If yes, please explain: _____

12. EXECUTIVE DIRECTOR'S EDUCATIONAL EXPERIENCE*: **Attach** additional pages if necessary.

Name of College/University: _____

Degree Earned: _____ Dates of Attendance: _____

Name of College/University: _____

Degree Earned: _____ Dates of Attendance: _____

Certified college transcripts for the Executive Director **attached**: Yes No If no, please explain: _____

*Minimum Education and Experience – The executive director shall meet the requirements of a Human Services Program Manager II as defined by the North Carolina Office of State Human Resources. A copy of these requirements can be found at the following web site: (<https://files.nc.gov/ncoshr/documents/class-specifications/Human-Services-Program-Manager-II.pdf>). The college or university degree shall be from a college or university listed at the time of the degree in the Higher Education Directory. This information can be obtained by calling Higher Education Publications, Inc. at 1-888-349-7715 or at: <http://www.hepinc.com>.

13. EXECUTIVE DIRECTOR'S WORK EXPERIENCE: Attach a resume which includes the names and addresses of employers, dates of employment, positions held and description of duties. Resume **attached**: Yes

14. EXECUTIVE DIRECTOR'S BACKGROUND:

(a) Has the Executive Director ever been convicted of a crime other than minor traffic citations? Yes No If yes, please explain: _____

(b) Does the Executive Director have a criminal, social or medical history that would adversely affect his/her capacity to work with children and adults? Yes No If yes, please explain: _____

(c) Has the Executive Director ever had child protective services involvement resulting in the substantiation of child abuse or serious neglect? Yes No If yes, please explain: _____

(d) Has the Executive Director ever abused or neglected a child, been a respondent in a juvenile court proceeding that resulted in the removal of a child, or had child protective services involvement that resulted in the removal of a child? Yes No If yes, please explain: _____

(e) Has the Executive Director ever abused, neglected, or exploited a disabled adult? Yes No If yes, please explain: _____

(f) Has the Executive Director ever committed an act of domestic violence upon another person? Yes No If yes, please explain: _____

(g) Have criminal records been completed on the Executive Director in compliance with 10A NCAC 70F .0202 (c)? Yes No If no, please explain: _____

(h) If the agency does not have a governing body, submit results of criminal record checks, the North Carolina Sex Offender Registry check, and the North Carolina Health Care Personnel Registry check on the Executive Director in compliance with 10A NCAC 70F .0202 (c). Results **attached**? Yes No
If no, please explain: _____

17. REFERENCES: Complete the information below for three references of the Executive Director. **Attach a letter from each reference. Two of the three references must be from current or former employers.**

Reference Letters **attached:** Yes

Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Telephone Number: _____	Relationship: _____		

Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Telephone Number: _____	Relationship: _____		

Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Telephone Number: _____	Relationship: _____		

18. TYPE OF AGENCY (check all that apply)

Child Placing Agency for Family Foster Care Child Placing Agency for Therapeutic Foster Care

19. ACCREDITATION STATUS:

Agency must be accredited for 3 years prior to licensure.

Agency is accredited by:

- The Council on Accreditation [COA]
- The Commission of Accreditation and Rehabilitation Facilities [CARF]
- The Council on Quality and Leadership [CQL]
- The Joint Commission [TJC]
- Other _____

Date of initial accreditation: _____

Date of current accreditation: _____

Attach proof of accreditation.

20. SUPPLEMENTAL INFORMATION:

Administrative Rules for Child Placing Agencies for Foster Care are found in North Carolina Administrative Code Chapter 10A, Subchapters 70E, 70F, and 70G. These rules can be accessed at the following web site:

<http://reports.oah.state.nc.us/ncac.asp?folderName=%5CTitle%2010A%20-%20Health%20and%20Human%20Services%5CChapter%2070%20-%20Children%27s%20Services>

Please review these rules.

If you are interested in opening a child placing agency for foster care you will need to review rules found in North Carolina Administrative Code 10A 70F and 70G. The rules found in 70E are specifically for licensing family foster homes and therapeutic foster homes.

The Division of Social Services does not provide start up funding for agencies. Agencies providing Family Foster Care services will need to establish a facility rate. It can take one to two years to establish a facility rate. You will need to negotiate with county departments of social services for fees. However, until you establish a facility rate the department of social services will only receive reimbursement from the state and federal governments based on the foster care board rate. The current board rate is children 0-5 \$514 per month, children 6-12 \$654 per month and children 13-18 \$698 per month.

You can review information about funding for Family Foster Care at the web sites listed below. Agencies providing Therapeutic Foster Care and/or Intensive Alternative Family Treatment (IAFT) will be reimbursed through the Medicaid program. You will need to work with the LME/MCOs in your area for this reimbursement. It is strongly recommended that you contact one or more of the LME/MCOs in your area to inquire as to their current need for additional providers. If you currently have a contract or a letter of intent with one or more LME/MCOs, please **attach** this to this inquiry form.

Foster Care Funding Information

This information can be found in our Foster Care Funding Manual online at <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/appendix-3-2-child-welfare-funding-2.pdf>

Rate Setting Information

This information can be found online at <https://www.ncdhhs.gov/about/administrative-offices/office-controller/foster-care-rate-setting>

21. SUBMISSION OF THE INQUIRY FORM:

Mail this form, along with all requested attachments to:

North Carolina Division of Social Services
Regulatory and Licensing Services
952 Old US Highway 70
Black Mountain, North Carolina 28711

Please note that this inquiry form and *all* supporting documents must be fully completed before your agency can be considered for licensure.