

Family Systems Supplemental Licensing Application
Minnesota Statutes, Chapter 245A (Human Services Licensing Act)

CORPORATE Child Foster Care

Minnesota Department of Human Services
Licensing Division
Office of Inspector General

Date of Application: _____ License Number (if applicable): _____

In addition to this supplemental application, you must also complete the Minnesota Adoption and Foster Care Application (DHS – 4258A).

1. License Type - Corporate Child Foster Care: (The program is not operated in your home.)

Check One: New Application Renewal Update Change of Premise

2. Program name and location:

Enter the name and physical location of your program. A street address is required; a PO Box may be added if required for mail delivery. The name, address, and telephone number of your program will be public information listed on DHS' online [Licensing Information Look Up](#).

| | | |
|---|------------|-----|
| PROGRAM NAME | | |
| STREET ADDRESS (and PO BOX if required for mail delivery) | | |
| CITY | COUNTY | ZIP |
| TELEPHONE NUMBER | FAX NUMBER | |

3. License holder and tax identification information:

The license holder is the business entity that is responsible for the license. The Minnesota Human Services Licensing Act makes a distinction between “individual” and “nonindividual” license holders.

An individual license holder is generally a **sole owner** or **sole proprietorship** where the business is owned and run by one or more person(s). The license holder is not a corporation, partnership, voluntary association, or other organization or government entity, and there is no legal distinction between the owner and the business. **If you are applying as an individual license holder, you must list your full legal name as the license holder.**

A nonindividual license holder means that you have **created a business organization** such as a corporation in order to make a legal distinction between the owner(s) and the business. **If you are applying as a nonindividual license holder, you must list the business name as it appears on your tax forms or as it is listed with the Secretary of State's business registration.**

Both individual and nonindividual license holders are required to provide tax identification (ID) information including Federal Employer ID Number (FEIN), and/or Minnesota Tax ID Number, if you have either. Individual applicants and license holders must also provide their Social Security Number (SSN). Tax ID information is not public; however, DHS is required to provide the tax ID and the SSN of each license holder to the Minnesota Department of Revenue.

Under the Minnesota Government Data Practices Act, we must advise you that:

- i. This information may be used to deny the issuance of a license, or to revoke a license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- ii. DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

Complete one of the following sections:

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| <p><input type="checkbox"/> Nonindividual license holder</p> <p>You must provide the full name of your business as it appears on your tax forms or as registered with the Secretary of State.</p> <p>Business name or name of Government Entity:</p> <p>_____</p> <p>_____</p> <p><i>Print full business name– do not abbreviate</i></p> <p>Federal Employer ID:</p> <p>_____</p> <p>Minnesota Tax ID (if you have one):</p> <p>_____</p> | <p><input type="checkbox"/> Individual license holder</p> <p>You must provide your full legal name as it appears on your driver's license or state-issued identification card.</p> <p>Legal name:</p> <p>_____</p> <p><i>Print name</i></p> <p>DOB (MM/DD/YYYY): _____</p> <p>Social Security #: _____</p> <p>Legal name of individual co-license holder (if applicable):</p> <p>_____</p> <p><i>Print name</i></p> <p>DOB (MM/DD/YYYY): _____</p> <p>Social Security #: _____</p> <p>Minnesota Tax ID (if you have one):</p> <p>_____</p> |
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License holder address: This is the primary business address of the license holder; P.O. Box may be added if required for mail delivery.

| | | |
|---|------------|-----|
| STREET ADDRESS (and PO BOX if required for mail delivery) | | |
| CITY | COUNTY | ZIP |
| TELEPHONE NUMBER | FAX NUMBER | |

Address for second individual co-license holder (if applicable)

| | | |
|---|------------|-----|
| STREET ADDRESS (and PO BOX if required for mail delivery) | | |
| CITY | COUNTY | ZIP |
| TELEPHONE NUMBER | FAX NUMBER | |

4. Controlling individual(s) information:

"Controlling individual" is defined in Minnesota Statutes, section 245A.02, subdivision 5a, and includes both organizations and individuals. All individual license holders and applicants are also the controlling individuals. Nonindividual applicants must identify all of the officers, owners, and managerial officials of the organization as controlling individuals.

- An **owner** of an organization is an individual who has 5% or more direct or indirect ownership interest in a corporation, partnership, or other business association issued a license under Chapter 245A.
- A **managerial official** is an individual who has decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services, or employees of the program.

Nonindividual applicants only – please complete the information below:

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|---|-------|-----|------------------|
| FULL LEGAL NAME | | | |
| STREET ADDRESS (and PO BOX if required for mail delivery) | | | |
| CITY | STATE | ZIP | TELEPHONE NUMBER |
| TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) | | | |
| <input type="checkbox"/> OWNER, ___% of ownership if 5% or more <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGERIAL OFFICIAL | | | |

| | | | |
|---|-------|-----|------------------|
| FULL LEGAL NAME | | | |
| STREET ADDRESS (and PO BOX if required for mail delivery) | | | |
| CITY | STATE | ZIP | TELEPHONE NUMBER |
| TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) | | | |
| <input type="checkbox"/> OWNER, ___% of ownership if 5% or more <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGERIAL OFFICIAL | | | |

| | | | |
|---|-------|-----|------------------|
| FULL LEGAL NAME | | | |
| STREET ADDRESS (and PO BOX if required for mail delivery) | | | |
| CITY | STATE | ZIP | TELEPHONE NUMBER |
| TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) | | | |
| <input type="checkbox"/> OWNER, ___% of ownership if 5% or more <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGERIAL OFFICIAL | | | |

* IF YOU HAVE MORE CONTROLLING INDIVIDUALS, ATTACH A SEPARATE SHEET OF PAPER WITH THE ADDITIONAL INFORMATION.

5. Authorized Agent information (required for nonindividual applicants only):

All **individual applicants** are also authorized agents. If you are a **nonindividual applicant** you must designate a controlling individual to act as the authorized agent for the license holder. A completed and notarized *Applicant Agreement, Acknowledgement and Verification Form* is required for all authorized agents (last page of this application).

The agent is authorized to accept service on behalf of all of the controlling individuals of the program. Service on the agent is service on all of the controlling individuals of the program. It is the responsibility of the authorized agent to ensure that any mail received from DHS is distributed as needed and a response provided within stated timelines when required.

For nonindividual programs only - which controlling individual listed in section 4 is the authorized agent?

6. Sensitive background study information person (required only at initial application, or if you are changing your sensitive background study information person already on file with DHS):

This is the individual you designate to maintain all background study documentation submitted to and received from DHS. The individual's name, title, address, telephone number, and email address must be provided. It is the responsibility of the sensitive background study information person to maintain background study records and to comply with all background study notices from DHS.

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|--|------------|-------|-----|
| FIRST, MIDDLE, LAST NAME | | | |
| STREET ADDRESS PREFERRED, PO BOX MAY BE USED | | | |
| CITY | COUNTY | STATE | ZIP |
| TELEPHONE NUMBER | FAX NUMBER | EMAIL | |

7. Applicant acknowledgement of public funding reimbursement for licensed services:

DHS license holders who receive public funding reimbursement for services provided for the care of children in a licensed program must acknowledge that they will comply with funding requirements, that compliance with those requirements may be monitored by DHS Licensing, and that they know the consequences for not complying with those requirements (Minnesota Statutes, section 245A.04, subd. 1 (h)).

As a child foster care provider, I acknowledge that I will receive public funding reimbursement for the licensed services provided in my program and will comply with all requirements.

8. Workers compensation insurance verification:

You must complete and submit the *Certificate of Compliance Minnesota Workers' Compensation Law MN LIC 04* form with your license application. Under section 176.182 DHS is prohibited from issuing a license until the applicant presents evidence of compliance with the worker's compensation insurance requirement.

Minnesota workers' compensation law requires all employers to purchase workers' compensation insurance or become self-insured. For information on workers' compensation insurance requirements go to the Minnesota Department of Labor and Industry website at: <http://www.dli.mn.gov/WorkComp.asp>.

9. Applicant Agreement, Acknowledgement and Verification Form

At initial application only: All signatures must be made in the presence of a notary public. For individual applicants – all applicant(s) named in Section 3, must review and approve the license application by signing below. For nonindividual applicants – the Authorized Agent must review and approve the license application by signing below. An original notarized copy of the Applicant Agreement, Acknowledgement and Verification Form is required for each application.

At relicensing: Notarization is not required. For individual applicants – all individuals named in Section 3, must review and approve the license application and each individual must sign and date the application. For nonindividual applicants – the Authorized Agent must review and approve the license application and must sign and date the application.

By signing below, I agree that the information that I have provided on this application form is true, accurate and complete. If the Commissioner of Human Services grants me a license, I agree to comply with the requirements in Minnesota Statutes, chapter 245A and all applicable laws and rules, at all times during the terms of the license. I acknowledge that the Commissioner's representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect the facility/service at any time during the hours that services are provided. I acknowledge that the documentation and inspection required by statutes and rules is necessary for the Commissioner to determine whether I am complying with Minnesota Rules and Laws. I understand that the Commissioner may fine, suspend, revoke or make conditional, or deny a license if an applicant or a license holder fails to comply fully with the applicable laws or rules, or knowingly withholds relevant information from or gives false or misleading information to the Commissioner in connection with an application for a license or during an investigation.

Applicant/License Holder:

I, _____ (*print full legal name*) state that I am the authorized agent for the license holder identified above. I understand that, by signing below, I am responsible for dealing with the commissioner of human services on all matters provided for in Minnesota Statutes, chapter 245A. I also understand that service of all notices and orders affecting any license held by the License Holder identified above may be made on me, in accordance with Minnesota Statutes 2012, section 245A.04, subdivision 1.

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|---|
| State of Minnesota, County of _____ |
| Signed or attested before me on (date) _____ |
| Signature of notarial official _____ |

Signature

Date (for relicensing only)

Co-Applicant/License Holder (if applicable):

I, _____ (*print full legal name*) state that I am the authorized agent for the license holder identified above. I understand that, by signing below, I am responsible for dealing with the commissioner of human services on all matters provided for in Minnesota Statutes, chapter 245A. I also understand that service of all notices and orders affecting any license held by the License Holder identified above may be made on me, in accordance with Minnesota Statutes 2012, section 245A.04, subdivision 1.

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|---|
| State of Minnesota, County of _____ |
| Signed or attested before me on (date) _____ |
| Signature of notarial official _____ |

Signature

Date (for relicensing only)