

Minnesota Department of **Human Services**
 Family Systems Unit – Licensing Division - Office of Inspector General
 AFC 3324- Recommendation for **ADULT FOSTER CARE - Family,**
FAMILY ADULT DAY SERVICES, AFC ALTERNATE OVERNIGHT SUPERVISION TECHNOLOGY Licensure

1. Action Requested

* **License Number** _____ * **License Type:** (check all that apply)
 AFC FADS only – no AFC license AFC with FADS Alternate Overnight Supervision Technology

* **Previous License #** (if applicable) _____ * **Dual License** YES NO (requires a variance request form A18 submitted with 3324)

* **Action Type:**
 NEW (complete all sections)
 RENEW: (complete 1, 2, 3, 7, 8)
 UPDATE: (complete 1, 2, 3, 7, 8 and any changes in 4, 5, 6, and 8)
 Circle & highlight other section(s) where changes are being made: **2 3 4 5 6 8**

Explain: _____

* **Ownership Type:** Individual (site where services are provided is the primary residence)

CHANGE OF PREMISE: (complete all sections)
 CLOSE: (complete 1, 2, 3, & 8) Date of Close _____ Closing Code: A B C D E F G H
 If reason for closure is (H) "Other" explain _____

2. Program Name/Physical Location

Program Name		County	Area Code and Phone Number	
Street Address (and PO Box if required for mail delivery)		City	State	Zip

3. Individual Applicant(s)/Controlling Individual(s)/Authorized Agents(s) (Attach additional pages if needed)

Full Legal Name (Last, First, MI)		Date of Birth (MM/DD/YYYY)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	DHS Background Study ID#
Street Address (and PO Box if required for mail delivery)		City	State	Zip	Area Code and Phone Number
County	Social Security # (initial application only)	MN Tax ID # (if applicable)	Federal Tax ID # (if applicable)	Email Address	
Full Legal Name (Last, First, MI)		Date of Birth (MM/DD/YYYY)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	DHS Background Study ID#
Street Address (and PO Box if required for mail delivery)		City	State	Zip	Area Code and Phone Number
County	Social Security # (initial application only)	MN Tax ID # (if applicable)	Federal Tax ID # (if applicable)	Email Address	

