

**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
APPLICATION FOR LICENSE TO CONDUCT A PSYCHIATRIC  
RESIDENTIAL TREATMENT FACILITY (PRTF) FOR CHILDREN AND YOUTH**

**Good Beginnings last a lifetime.** The service you offer to children and youth is important to the community and will have a lasting impact on the children, youth in your facility. It is also important to their families. Kansas childcare laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a Psychiatric Residential Treatment Facility (PRTF) and 2) affirming that you have read and agree to comply with all laws and regulations for Psychiatric Residential Treatment Facility in Kansas.

**SECTION I. INTENT OF THE APPLICANT/OPERATOR. COMPLETE ALL INFORMATION REQUESTED.**

- New PRTF Application
- Moving to a new location
- Changing Ownership

**SECTION II. FACILITY INFORMATION. COMPLETE ALL INFORMATION REQUESTED.**

Official name of the facility to be stated (or as stated) on the license	Contact person for licensing	Title
--	------------------------------	-------

Physical address of the facility: Street Address	City	Zip Code + 4
--	------	--------------

County	Phone Number	Fax Number	Email Address
--------	--------------	------------	---------------

Mailing address of facility: Street Address	City	Zip Code + 4
---	------	--------------

**SECTION III. LEGAL OWNER/OPERATOR INFORMATION. COMPLETE ALL INFORMATION REQUESTED.**

Name of Legal Owner/Operator	Contact person for licensing	Title
------------------------------	------------------------------	-------

Physical address of the facility: Street Address	City	Zip Code + 4
--	------	--------------

County	Phone Number	Fax Number	Email Address
--------	--------------	------------	---------------

Mailing address of facility: Street Address	City	Zip Code + 4
---	------	--------------

The legal owner/operator is a (check ONE of the following):

- Individual, partnership or association of individuals that is (are) not incorporated.
- Corporation (attach certified copy of Articles of Incorporation and bylaws which are filed with the Secretary of State's Office)
- Governmental Agency
- Other (please describe):

Provide Federal Identification Number _____	For an individual operator, this is the social security number
---	--

---

**SECTION IV. SERVICES. COMPLETE ALL INFORMATION REQUESTED.**

I/We plan to serve the following populations: (Check all that apply)

Male       Female       Coed      Age-Range: \_\_\_\_\_ To \_\_\_\_\_  
Children who are:     Placed by parents     Under protective custody order     Adjudicated CINC     Adjudicated JO

My/Our anticipated opening date is: \_\_\_\_\_ MM/DD/YYYY

I/We have notified the School District \_\_\_\_\_ of the planned opening     Yes     No

---

**SECTION V. PHYSICAL PLANT. COMPLETE ALL INFORMATION REQUESTED.**

This facility consists of the following building types:     New construction     Existing building     Modular unit

Provide a plot plan of the entire outdoor premises and a floor plan of each building with linear measurements of rooms. Label each room as to purpose. Indicate placement of all closets and cabinets, each toilet, sink, bathtub and/or shower. Indicate placement and linear measurements of door and window openings.

This facility is connected to:     Public Water     Public Sewer     Well Water\*     Septic Tank/Lagoon\*

\*If not on public water/sewer, annual approval of water supply and sewage disposal is required.

---

**SECTION VI. ADDITIONAL INFORMATION. COMPLETE ALL INFORMATION REQUESTED.**

I/We have had a certificate or license for a childcare facility in the past and the facility is closed.     Yes     No

I/We currently have a certificate or license for a childcare facility and I/we intend to keep that facility open.     Yes     No

If you answer Yes to either of the above questions, please complete the following information:

Name on the previous license or certificate: \_\_\_\_\_  
License/Certificate Number: \_\_\_\_\_  
Address on the previous license or certificate: \_\_\_\_\_  
Calendar year(s) of operation: \_\_\_\_\_

---

**SECTION VII. AGREEMENT AND AUTHORIZED SIGNATURE(S). READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETED.**

I/We, the undersigned am [are the person(s)] named as the Applicant or the authorized representative(s) of the owner listed above.

I/We have read the laws and regulations governing the operation of this facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable childcare licensing laws and regulations at all times.

I/We affirm that I/we have developed a written statement of philosophy, purpose, program orientation, and policy of operation including the agency's position on disciplinary methods to be used by staff. Corporal punishment is prohibited. The statement contains long and short term goals and is available to the designated representative of the Kansas Department for Aging and Disability Services (KDADS), and to the public.

I/We understand that a new application may take up to 90 days for processing by KDADS once KDADS receives a complete application. I/We understand that I/we are not authorized to provide services related to child placing prior to receiving a Temporary Permit or License from KDADS.

In accordance with Kansas Statutes Annotated 44-109, I/we shall not refuse service to any person for reason of race, religion, color, sex, physical handicap, national origin or ancestry.

I/We attest, under penalty of perjury, that to the best of my/our knowledge that the information provided in this application is true and correct.

Authorized Signature	Title	Date (MM/DD/YYYY)
Authorized Signature, if more than one person	Title	Date (MM/DD/YYYY)

---

---

**SECTION VIII. ALTERNATIVE PAYMENT METHOD.**

If paying the state license fee by credit card, please complete the following information.

Credit card information – Discover Card Only

Discover Card Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount of the state license or registration fee \$ \_\_\_\_\_

Signature as it is written on the card \_\_\_\_\_

By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

---

**SECTION IX. MAILING INSTRUCTION. SUBMIT THE DOCUMENTS LISTED BELOW.**

- Complete and signed application
- Detailed description of the program and services to be offered [purpose and goals; and number, age, and gender of residents for whom the facility is designed.]
- Request for KBI/DCF Background check form (you must keep a copy on file)
- Documentation of accreditation [CARF, COA, JCAHO, or an accrediting body approved by KHPA, DCF, DOC-Juvenile Services]
- Articles of Incorporation and Bylaws [if applicable]
- Licensing Fee [attach check or money or provide credit card information in Section VIII]
- Documentation that local school district received notice of the planned opening date at least 90 days before opening [notice to include number, age range, gender and anticipated special education needs of residents to be served; and a statement indicating whether the residents will attend public school or will receive education services on-site.
- Documentation of written agreement by the local school district in order to waive the 90-day notification [if applicable].
- Floor plans (as indicated in SECTION V) for each building used as a PRTF [indicate whether any building will rely on locked entrances and exit or on delayed-exit mechanisms].
- State Fire Marshal approval for the floor plan
- State Fire Marshal approval if using delayed-exit mechanisms or hardware to lock or otherwise secure exits.
- Approval by KDADS Mental Health, DOC-Juvenile Services, and KHPA if using delayed-exit mechanisms or hardware to lock or otherwise secure exits (refer to instructions and worksheet for obtaining approvals).
- Directions to facility if rural location.
- Approval of well water/sewage disposal system (if applicable)
- Documentation the building meets zoning and planning requirements of the city and/or county.