DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Quality Assurance Division-Licensure Bureau
2401 Colonial Drive
P.O. Box 202953
Helena, MT 59620-2953
FAX: (406) 444-1742

RESIDENTIAL TREATMENT FACILITY APPLICATION

Facility Name:_____

Facility Address:_____PO Box_____

City_____Zip_____

County_____

Facility Telephone Number:_____ FAX:_____

Facility E-mail/Web page Address :_____

Age Range of Youth to be served [ ]

Number of Males [ ] Number of Females [ ] Total Number of Residents [ ]

Floor Plan is: [ ] New Construction [ ] Existing Structure [ ] Addition [ ] Remodeled

Application for license to conduct a Residential Treatment Facility is hereby submitted under the provisions of Section 50-5-101 through 50-5-231, MCA.

The following information is required with this form to process your application for a Residential Treatment Facility.

Name of Agency or Corporation: _____

Agency or Corporation Address_____City_____State/Zip_____

E-mail address:_____

Administrator of Facility:_____

- If a partnership, firm or association, list every member thereof.
- If a corporation, list the names and address thereof and names of its officers.
- List the name and the license number of the Residential Treatment Facilities Medical Director.
- List the names and professional license numbers of all licensed professionals employed by the facility.

- The number of employees in all job classifications.

  (Please attach additional sheets as needed.)

- List the names and addresses of governing body:

NAME	***ADDRESS***

Information on ownership, contract, or lease agreement if operated by a person other than the owner:

_____
_____
_____
_____
_____
_____

Revised August 15, 2011

Check the following if they are correct:

[ ] The applicant or any person managing has never been convicted of a felony. Section 50-5-207 (c)

> **50-5-207 MCA. Denial, suspension, or revocation of health care facility license -- provisional license. (c)** The applicant or any person managing it has been convicted of a felony and denial of a license on that basis is consistent with **37-1-203** or the applicant otherwise shows evidence of character traits inimical to the health and safety of patients or residents.

[ ] The applicant and managing personnel have never been denied a license. (Section 50-5-207 (c) including stipulations of Section 37-1-203).

> **37-1-203 MCA.** Conviction not a sole basis for denial. Criminal convictions shall not operate as an automatic bar to being licensed to enter any occupation in the state of Montana. No licensing authority shall refuse to license a person solely on the basis of a previous criminal conviction; provided, however, where a license applicant has been convicted of a criminal offense and such criminal offense relates to the public health, welfare, and safety as it applies to the occupation for which the license is sought, the licensing agency may, after investigation, find that the applicant so convicted has not been sufficiently rehabilitated as to warrant the public trust and deny the issuance of a license.

The applicant has the financial ability to operate the facility in accordance with law or rules or standards adopted by the Licensure Department (Section 50-5-207 (d).

Application for license for a Residential Treatment Facility is hereby submitted under the provision of Section 50-5-101 through 50-5-220. (See attached)

***SIGNED*_____ *DATE*_____**

***TITLE*_____**

***ADDRESS:*_____*CITY*_____*STATE/ZIP*_____**

Enclose a check, money order or draft made payable to the *Department of Public Health & Human Services* to cover the license fee. The fee is determined as follows:
(a) facilities requesting licensure for 20 residents or less = $20.00
(b) facilities requesting licensure for 21 residents or more = $1.00 per bed.
This fee will be deposited in the State Treasury and is non-refundable.

Revised August 15, 2011