**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES**

**COMMUNITY SERVICES AND PROGRAMS COMMISSION – BEHAVIORAL HEALTH SERVICES**

**TO RENEW THE PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY LICENSE**

**RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Renewal Application # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LICENSE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete and return within 30 days to:**

**Kansas Department for Aging and Disability Services**

**Community Services and Programs Commission**

**Behavioral Health Services**

**503 S Kansas Ave**

**Topeka, KS 66603**

These forms may only be used to request closure or renew the current license. If there has been any change in ownership or location do not use these forms. Please contact our office for further direction.

If you wish to change the name of your facility, change the license capacity, age range or unit designation, please obtain and complete a Request for License Amendment form. This form can be downloaded by accessing [www.kdads.ks.gov](http://www.kdads.ks.gov) .

1. **Check one of the following:**

\_\_\_\_\_ This document is a request to renew the current license.

\_\_\_\_\_ This document is a request to close Psychiatric Residential Treatment Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Residential care services are no longer provided.

(date of closure)

1. **Facility Information:**

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone No. (business): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Telephone No. (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No. (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Owner/Operator Information:**

Owner/Operator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Renewal Application # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone No. (business): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Telephone No. (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No. (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Ownership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Individual owner, not incorporated; For profit corporation; For profit LLC; Not for profit; Governmental agency; School District; Other (please describe).)

1. **Agreements 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 Licensee or the person(s) authorized to represent the owner listed above.

I/We have read the laws and regulations governing the operation of this facility and understand that it is my/our responsibility to maintain the agency in compliance with applicable laws and regulations at all times.

In accordance with K.S.A. 44-1009, I/we shall not exclude any child from care 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

(\*) For information about requirements of the Americans with Disabilities Act (ADA), contact Great Plains Disability and Business Technical Assistance Center, University of Missouri at Columbia, 100 Corporate Lake Drive, Columbia, MO 65203. Phone: 1-800-949-4232

**SUBMIT THE STATE LICENSE FEE AT THIS TIME: The fee is determined as follows:**

$15.00 for facilities with a licensed capacity of 12 or fewer children or

$35.00 plus $1.00 for each child included in the license capacity not to exceed $75.00 for facilities with a licensed capacity of 13 or more children.

The total capacity for this facility is: \_\_\_\_\_

Amount due for this facility is: \_\_\_\_\_

Attach check or money order made payable to the Kansas Department for Aging and Disability Services for the amount due.

**Submit the KBI/DCF Child Abuse Registry Check Form at this time.**

Complete and submit the KBI/DCF Child Abuse Registry Check Form. Complete all information as directed on the form. Incomplete forms will be returned and will delay the processing of the renewal.