

Family Systems License Application
 Minnesota Statutes, Chapter 245A (Human Services Licensing Act)
SPECIAL FAMILY Child Care (SFCC)
 Minnesota Department of Human Services
 Licensing Division
 Office of Inspector General

Date of Application: _____

Please type or neatly print using black or blue ink. If you do not currently have a license from DHS, you must complete all items on the license application.

1. License Type: (check all that apply)

Nonindividual – the site where services are provided is not your primary residence

Required documentation for Special Family Child Care includes a narrative description of the program and the following additional documentation:

- For employer or church/religious organization programs: A letter from the employer, church, or religious organization acknowledging their responsibility as the license holder for maintaining the program's compliance with licensing requirements.
- For a community collaborative: A copy of the cooperative agreement the community collaborative child care provider has with the community action agency.
- For a not-for-profit agency: Copies of the contracts that the not-for-profit agency maintains with the community employers or organizations to provide child care services.

The above documentation must be provided at initial application AND at relicensing.

Check One: New Application Renewal Update Change of Premise

1.1 Special Family Child Care

<input type="checkbox"/> Employer	<input type="checkbox"/> Church	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Community Collaborative
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2. License History: Are you currently or have you ever been licensed? YES (complete below) NO

Type of License (check all that apply)		
<input type="checkbox"/> Family Child Care <input type="checkbox"/> Child Foster Care <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Family Adult Day Services <input type="checkbox"/> Other _____		
License Number	County/ Agency/ State	Effective Dates of License

2.1 Have you ever had a DHS license denied or revoked? Yes No

If yes, list the date of denial or revocation and license type or the license number(s)

DATE OF LICENSE DENIAL	LICENSE TYPE FOR DENIED LICENSE
DATE OF LICENSE REVOCATION	LICENSE TYPE & NUMBER FOR REVOKED LICENSE

** For additional denials or revocations, please attach additional pages

3. License holder information

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

A “nonindividual” license holder means that you have **created a business organization** in order to make a legal distinction between the owner and the business. Generally, this means you are operating as a business corporation, nonprofit corporation, limited liability corporation, partnership, limited liability partnership, voluntary association, or other organization, or you are a government entity. In this case, the license holder is the business or government agency. If you are a “nonindividual” license applicant, you should list the business name as it appears on your tax forms or as it is listed with the Secretary of State’s business registration as the license holder. For information on the types of business ownership go to the [Minnesota Secretary of State’s online Business, Nonprofit & UCC](#) page. **Throughout this application, you will be referred to as a “nonindividual license holder.”**

3.1 License Holder Name and Address: You must provide **the full name of your business as it appears on your tax forms**. This is usually the same business name you registered with the Minnesota Secretary of State if you completed a business filing. This information will be printed on your license certificate as the name of the license holder under, “Issued To:” Also, you must include the primary business address of the license holder; a P.O. Box may be added if required for mail delivery.

BUSINESS NAME OF “NONINDIVIDUAL” LICENSE HOLDER (or name of GOVERNMENT ENTITY)			
STREET ADDRESS (and PO Box if required for mail delivery)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	EMAIL		

3.2 Tax identification information (This information is not public.):

You are required to provide your tax identification information, including your Federal Employer ID Number (FEIN), if you have one.

You must provide your Minnesota Tax Identification Number, if you have one. The Minnesota Department of Revenue requires a business to have a Minnesota Tax ID if it collects sales tax on retail sales in Minnesota; has employees and collects withholding taxes; or is a corporation doing business in Minnesota and files a tax return with the Department of Revenue.

For information on registering for a Minnesota Tax ID, go to the Minnesota Department of Revenue website. You must also provide your FEIN, if you have one. This is a nine-digit number you obtained from the Internal Revenue Service (IRS) because you have employees or operate your business as a corporation or partnership.

Individual applicants and license holders must also provide their Social Security Number (SSN). If the FEIN and the SSN are both entered, the FEIN will be used for tax purposes and the SSN will be used for identification purposes only. Tax identification information is not public, except that under section 270C.72, DHS is required to provide the Minnesota Department of Revenue the tax identification number and the Social Security Number of each license applicant. 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.

MN TAX ID (IF YOU HAVE ONE)	FEDERAL EMPLOYER ID NUMBER (FEIN)

4. Controlling individual(s) information

Controlling individual: You must identify all controlling individuals as defined under section [245A.02, subdivision 5a](#). "Controlling individual" includes organizations and individuals. For an individual, this is your first, middle, and last name as it appears on your driver's license or state-issued identification card and your residential address. For a nonindividual, this is the business or organization name as it appears on your tax forms and primary business address.

Organizations that are controlling individuals include a public body, a governmental agency, or a business entity. An organization must identify all of the officers, owners, and managerial officials of the organization as controlling individuals.

- o 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.
- o 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.

FULL LEGAL NAME, DO NOT ABBREVIATE			
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, DO NOT ABBREVIATE			
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, DO NOT ABBREVIATE			
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 NAMES.

5. Authorized Agent information

Authorized Agent: 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 the authorized agent. The form is provided with this application. This requires the person's name, title, and address.

The agent must be 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 not a defense to any action arising under chapter 245A that service was not made on each controlling individual of the program. The designation of one controlling individual as your authorized agent does not affect the legal responsibility of any other controlling individual. 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.

Which controlling individual listed in section 4 is the authorized agent?

6. Program name and physical location

Please enter the name and physical location of your program. The "Program Name" may be different from the license holder name, meaning the license holder is "doing business as" (dba) the program name. Your licensed program or service will be listed under this program name on DHS' online Licensing Information Look Up. [Licensing Information Lookup](#) is used by the public to find programs and services they are interested in.

This information will also be printed on your license certificate under, "Doing Business As:" A street address is required; a PO Box may be added if required for mail delivery.

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

7. Dwelling Information (check all that apply)

- Single Family Home
 Duplex/Twin home
 Apartment/Condo
 Townhome
 Mobile Home
 Other
 Owned
 Rented
 Basement
 Second Floor
 Above Second Floor
 Attached Garage
 Wood Burning Stove/Fireplace

8. Individuals Working in the Program (attach additional pages if needed) Check box if not applicable

Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date

9. References (Required at initial licensure only)

Name (Last, First, MI)		
Street Address	Telephone Number	
City	State	Zip Code

Name (Last, First, MI)		
Street Address	Telephone Number	
City	State	Zip Code

Name (Last, First, MI)		
Street Address	Telephone Number	
City	State	Zip Code

10. Class of License (check one)

Licensed Capacity	Adult	Total Capacity	Total under school age	Total infants and toddlers	Maximum # of infants
<input type="checkbox"/> A-Family	1	10	6	3	2
<input type="checkbox"/> B1-Family (Specialized Infant and Toddler)	1	5	3	3	3
<input type="checkbox"/> B2-Family (Specialized Infant and Toddler)	1	6	4	4	2
<input type="checkbox"/> C1- Group Family	1	10	8	3	2
<input type="checkbox"/> C2- Group Family	1	12	10	2	1
<input type="checkbox"/> C3- Group Family	2	14	10	4	3
<input type="checkbox"/> D- Group (Specialized Infant and Toddler)	2	9	7	7	4

11. Hours of Operation

Open from the month of: _____ through the month of _____	
Daily Hours :	
Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____
Thursday _____	

12. 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 in order for your application to be complete. Under section 176.182 DHS is prohibited from issuing a license until the applicant presents acceptable evidence of compliance with the worker's compensation insurance requirement of Minnesota Statutes, Chapter 176.

Minnesota workers' compensation law requires all employers to purchase workers' compensation insurance or become self-insured. This is often referred to as "mandatory coverage." Employers are generally defined as those who hire another to perform services. Employees are generally defined as people performing services for another, for hire, including minors and workers who are not citizens. For information on worker's compensation insurance requirements go to the Minnesota Department of Labor and Industry website at: <http://www.dli.mn.gov/WorkComp.asp>.

13. Applicant acknowledgement of public funding reimbursement for licensed services

Under section 245A.04, subdivision 1, DHS license holders who elect to receive *any* public funding reimbursement, including Medical Assistance or Child Care Assistance, for the licensed services, 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 noncompliance with those requirements. As a DHS license applicant you must verify whether you intend to receive any public funding by checking the applicable box for item 1 or 2 below. If you check item 2, you are acknowledging the conditions stated in (a) to (c):

1. **I do not elect** to receive any public funding reimbursement for the licensed services.
2. **I do elect** to receive public funding reimbursement for the licensed services and I acknowledge the following:
 - a. I must comply with the provider enrollment agreement or registration requirements for receipt of public funding;
 - b. My compliance with the provider enrollment agreement or registration requirements for receipt of public funding may be monitored by DHS Licensing as part of a licensing investigation or licensing inspection; and
 - c. That noncompliance with the provider enrollment agreement or registration requirements for receipt of public funding that is identified through a licensing investigation or licensing inspection, or noncompliance with a licensing requirement that is a basis of enrollment for reimbursement for a service, may result in:
 - (1) a correction order or a conditional license under section 245A.06, or sanctions under section 245A.07;
 - (2) nonpayment of claims submitted by the license holder for public program reimbursement;
 - (3) recovery of payments made for the service;
 - (4) disenrollment in the public payment program; or
 - (5) other administrative, civil, or criminal penalties as provided by law.

14. Applicant Agreement, Acknowledgement and Verification Form

The Authorized Agent named above in Section 5, must act as the authorized signatory on the application. The Authorized Agent must review and approve the license application before it is submitted to DHS, and must sign below only in the presence of a notary public.

***Please note:**

- **Notarization is required at initial application for new applicants**
- **Notarization is required at the next relicensing date for existing license holders**
- **Notarization is only required ONE TIME, and is not needed for subsequent applications at relicensing**

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 contained 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. Further, 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. Finally, 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.

In accordance with Minnesota Statutes, section 245A.04, subdivision 1, by signing your name you are affirming that you are the individual applicant or the authorized agent for the nonindividual applicant, responsible for dealing with the Commissioner of Human Services on all matters provided for in Minnesota Statutes, Chapter 245A and on whom service of all notices and orders must be made.

I, _____ (print full legal name), being sworn, 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.

Subscribed and sworn to before me on this ____ day of _____, 20____, _____ Notary Public

Signature of Authorized Agent
(WAIT- SIGN ONLY IN FRONT OF A NOTARY PUBLIC)