









**DATE APPLICATION RECEIVED  
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**SECTION F - LICENSE HISTORY:** To be completed by the following, use additional forms if necessary:

- (1) The owner, when the applicant is the **individual owner**.
- (2) All owners, when the applicants are a **partnership**.
- (3) Two members, when the applicant is a **limited liability company**.
- (4) Two officers that have authority to bind the **corporation** to the terms of the application, when the applicant is a **for profit or non profit corporation**.
- (5) The head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant/licensee is a **governmental entity**.

**Individual, Partner, Member, Officer, or Head #1:**

1. Have you ever applied and received a Professional or Occupational License  Yes  No

If yes, list the type of license, dates of licensure and state where license was issued:

2. Have you, as an individual, partner, or member of an LLC or an officer of a Corporation, ever applied and received any other license, other than a Driver's License, to provide care services and/or treatment at a facility  Yes  No

If yes, list the type of license issued, the name and address of the facility, dates of licensure and state where license was issued:

3. Have you ever had a license revoked, suspended, denied, or otherwise disciplined?  Yes  No

If yes, list the type of license, the date of the action, and reason for the action:

**Print Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Individual, Partner, Member, Officer, or Head #2:**

1. Have you ever applied and received a Professional or Occupational License  Yes  No

If yes, list the type of license, dates of licensure and state where license was issued:

2. Have you, as an individual, partner, or member of an LLC or an officer of a Corporation, ever applied and received any other license, other than a Driver's License, to provide care services and/or treatment at a facility  Yes  No

If yes, list the type of license issued, the name and address of the facility, dates of licensure and state where license was issued:

3. Have you ever had a license revoked, suspended, denied, or otherwise disciplined?  Yes  No

If yes, list the type of license, the date of the action, and reason for the action:

**Print Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Individual, Partner, Member, Officer, or Head #3:**

1. Have you ever applied and received a Professional or Occupational License  Yes  No

If yes, list the type of license, dates of licensure and state where license was issued:



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2. Have you, as an individual, partner, or member of an LLC or an officer of a Corporation, ever applied and received any other license, other than a Driver's License, to provide care services and/or treatment at a facility [ ] Yes [ ] No

If yes, list the type of license issued, the name and address of the facility, dates of licensure and state where license was issued:

3. Have you ever had a license revoked, suspended, denied, or otherwise disciplined? [ ] Yes [ ] No

If yes, list the type of license, the date of the action, and reason for the action:

Print Name: Signature Date

Individual, Partner, Member, Officer, or Head #4:

1. Have you ever applied and received a Professional or Occupational License [ ] Yes [ ] No

If yes, list the type of license, dates of licensure and state where license was issued:

2. Have you, as an individual, partner, or member of an LLC or an officer of a Corporation, ever applied and received any other license, other than a Driver's License, to provide care services and/or treatment at a facility [ ] Yes [ ] No

If yes, list the type of license issued, the name and address of the facility, dates of licensure and state where license was issued:

3. Have you ever had a license revoked, suspended, denied, or otherwise disciplined? [ ] Yes [ ] No

If yes, list the type of license, the date of the action, and reason for the action:

Print Name: Signature Date

Individual, Partner, Member, Officer, or Head #5:

1. Have you ever applied and received a Professional or Occupational License [ ] Yes [ ] No

If yes, list the type of license, dates of licensure and state where license was issued:

2. Have you, as an individual, partner, or member of an LLC or an officer of a Corporation, ever applied and received any other license, other than a Driver's License, to provide care services and/or treatment at a facility [ ] Yes [ ] No

If yes, list the type of license issued, the name and address of the facility, dates of licensure and state where license was issued:

3. Have you ever had a license revoked, suspended, denied, or otherwise disciplined? [ ] Yes [ ] No

If yes, list the type of license, the date of the action, and reason for the action:

Print Name: Signature Date



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**SUPPLEMENT TO APPLICATION**

**SECTION G - LEGAL ATTESTATION: This section is only to be completed by individual(s) and/or partnership owners.  
 Use additional forms if necessary.**

**For the purpose of complying with Nebraska Revised Statutes 4-108 to 4-114, any individual(s) applying for a residential child-caring agency or child-placing agency must attest to his/her lawful presence in the United States.**

1. Name of Owner/Partner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check the appropriate box: a.  I am a citizen of the United States **OR** b.  I am a qualified alien under the Federal Immigration and Nationality Act.

My immigrant status and alien number is as follows: \_\_\_\_\_

If you checked Box b. above, you are hereby requested to provide a copy of one of the following. This information is used to verify your lawful presence in the United States. Check the appropriate box of the documentation you are providing:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport
- A document showing an Alien Registration Number (A#)
- A form I-94 (Arrival-Departure Record)

2. Name of Owner/Partner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check the appropriate box: a.  I am a citizen of the United States **OR** b.  I am a qualified alien under the Federal Immigration and Nationality Act.

My immigrant status and alien number is as follows: \_\_\_\_\_

If you checked Box b. above, you are hereby requested to provide a copy of one of the following. This information is used to verify your lawful presence in the United States. Check the appropriate box of the documentation you are providing:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport
- A document showing an Alien Registration Number (A#)
- A form I-94 (Arrival-Departure Record)

3. Name of Owner/Partner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check the appropriate box: a.  I am a citizen of the United States **OR** b.  I am a qualified alien under the Federal Immigration and Nationality Act.

My immigrant status and alien number is as follows: \_\_\_\_\_

If you checked Box b. above, you are hereby requested to provide a copy of one of the following. This information is used to verify your lawful presence in the United States. Check the appropriate box of the documentation you are providing:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport
- A document showing an Alien Registration Number (A#)
- A form I-94 (Arrival-Departure Record)

4. Name of Owner/Partner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check the appropriate box: a.  I am a citizen of the United States **OR** b.  I am a qualified alien under the Federal Immigration and Nationality Act.

My immigrant status and alien number is as follows: \_\_\_\_\_

If you checked Box b. above, you are hereby requested to provide a copy of one of the following. This information is used to verify your lawful presence in the United States. Check the appropriate box of the documentation you are providing:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")
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- A document showing an Alien Registration Number (A#)
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**SECTION H - CERTIFICATION**

I/we have read the Children’s Residential Facilities and Placing Licensure Act and the Rules and Regulations issued by the Nebraska Department of Health and Human Services, Division of Public Health – Licensure Unit and will comply with them should a license be issued. I/we have fully disclosed all owners of the Agency regardless of whether an owner participates in the operation of the program.

**Applications shall be signed by:**

- (1) The owner, when the applicant is the **individual owner**.
- (2) All owners, when the applicants are a **partnership**.
- (3) Two members, when the applicant is a **limited liability company**.
- (4) Two officers that have authority to bind the **corporation** to the terms of the application, when the applicant is a **for profit or non profit corporation**.
- (5) The head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant/licensee is a **governmental entity**.

A complete list of names and addresses of all persons in control of the Residential Child-Caring Agency or Child-Placing Agency must be included with an application. The list must include all individual owners, partners, limited liability company members, parent companies, if any, and members of boards of directors owning or managing the corporations and any other persons with financial interests or investments in the Agency. In the case of publicly held corporations, the individual owners listed must include any stockholders who own 5% or more of the company’s stock.

I/we certify that to the best of my/our knowledge, all information and statements on this Application and Full Disclosure of Ownership Statement are true and correct.

Print Name and Title	Signature	Date
Print Name and Title	Signature	Date
Print Name and Title	Signature	Date