**Community Advisory Committee Documentation**

**Use of form:** Completion of this form by applicants for licensure of Group Homes and Residential Care Centers for Children and Youth is required pursuant to s. 48.68(4), Wis. Stats. and CWLS Memo Series 2014-03. Failure to comply may result in denial of license application. Personally identifiable information on this form is collected to determine compliance with s. 48.68(4) and eligibility for licensure and is not likely to be used for purposes other than that for which it is originally being collected. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes].

**Instructions:** Before completing this form, refer to the attached "CWLS Memo Series 2014-03 Re: Community Advisory Committee Documentation“. The completed form and any additional documentation should be returned with your application. **If additional space is needed when filling out this form, attach a separate sheet.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type – Proposed Facility  Group Home (GH)  Residential Care Center for Children and Youth (RCC) | | | | | |
| Name of Proposed Facility | | | | Telephone Number | |
| Address – Proposed Facility (Street, City, Zip Code) | | | | | |
| **I.** | **AREA NEIGHBOR MEETING** | | | | |
|  | Full Name of representative from local unit of government invited to participate in Community Advisory Committee | | | | |
|  | Date of contact with the local unit of government | | | | |
|  | Documentation describing the results of the contact with the local unit of government regarding the proposed group home | | | | |
|  | Date of Meeting (mm/dd/yyyy) | | Number of People Who Attended | | |
| **II.** | **GOOD FAITH EFFORT DOCUMENTATION** | | | | |
| A. | Provide documentation of a good faith effort to establish a community advisory committee. Examples of what may constitute this good faith effort include, but are not limited to, the following:  a. Documentation that persons were invited to participate on the committee.  b. Literature prepared and distributed to area neighbors, merchants, etc., describing the purpose and formulation of the committee.   1. An announcement about the formulation of the committee at a general meeting with area neighbors, merchants, etc.   d. House calls (in person or by phone) to area neighbors, merchants, etc., explaining the purpose and formulation of the committee.  e. A list of committee members, if applicable.  f. Minutes from committee meetings.  g. Results of committee actions. | | | | |
|  | Add documentation of good faith effort | | | |
| B. | Yes  No Is a community advisory committee being formed? | | | |
|  | If "No", explain why a committee is not being / cannot be formed | | | |
|  | If "Yes", provide the following information pertaining to the composition of your committee. | | | |
|  | **Facility Representatives** | | | |
|  | 1. | Full Name | | Telephone Number |
|  |  | Address (Street, City, State, Zip Code) | | |
|  | 2. | Full Name | | Telephone Number |
|  |  | Address (Street, City, State, Zip Code) | | |
|  | **Neighborhood Representatives** | | | |
|  | 1. | Full Name | | Telephone Number |
|  |  | Address (Street, City, State, Zip Code) | | |
|  | 2. | Full Name | | Telephone Number |
|  |  | Address (Street, City, State, Zip Code) | | |
|  | 3. | Full Name | | Telephone Number |
|  |  | Address (Street, City, State, Zip Code) | | |
|  | 4. | Full Name | | Telephone Number |
|  |  | Address (Street, City, State, Zip Code) | | |
|  | **Local Government Representatives** | | | |
|  | 1. | Full Name | | Telephone Number |
|  |  | Address (Street, City, State, Zip Code) | | |
|  | 2. | Full Name | | Telephone Number |
|  |  | Address (Street, City, State, Zip Code) | | |
| **III.** | **APPLICANT INFORMATION** | | | |
| Full Name | | | | |
| Address (Street, City, State, Zip Code) | | | | |
| **SIGNATURE** – Applicant | | | | Date Signed |