

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 <input type="checkbox"/> Group Home (GH) <input type="checkbox"/> Residential Care Center for Children and Youth (RCC)	Name – Proposed Facility	Telephone Number of Proposed Facility
Address – Proposed Facility (Street, City, Zip Code)		

I. AREA NEIGHBOR MEETING

Name of representative from the local unit of government invited to participate in a 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 – Meeting (mm/dd/yyyy)	Number of People Who Attended
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II. GOOD FAITH EFFORT DOCUMENTATION

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.
- c. 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 / can not be formed.

If you responded "Yes" to II. B., provide the following information pertaining to the composition of your committee.

Facility Representatives

1. Name	Telephone Number
Address (Street, City, State, Zip Code)	
2. Name	Telephone Number
Address (Street, City, State, Zip Code)	

Neighborhood Representatives

1. Name	Telephone Number
Address (Street, City, State, Zip Code)	
2. Name	Telephone Number
Address (Street, City, State, Zip Code)	
3. Name	Telephone Number
Address (Street, City, State, Zip Code)	
4. Name	Telephone Number
Address (Street, City, State, Zip Code)	

Local Government Representatives

1. Name	Telephone Number
Address (Street, City, State, Zip Code)	
2. Name	Telephone Number
Address (Street, City, State, Zip Code)	

III. APPLICANT INFORMATION

Name

Address (Street, City, State, Zip Code)

SIGNATURE – Applicant

Date Signed
