

## GROUP HOME REGISTRATION INSTRUCTIONS AND CHECKLIST GENERAL AND SPECIALIZED GROUP HOMES (DCF 57)

**Use of form:** The checklist below identifies the information and forms that must be completed and submitted as part of the registration process with the Division of Milwaukee Child Protective Services (DMCPS). A separate registration packet is required for each licensed facility.

**Instructions:** Indicate that all required materials are included in your registration packet by initialing next to each item below. **This form must be attached as a cover page to your registration materials and returned to DMCPS.** All information is mandatory and applicable only to currently licensed agencies. Your packet **must** include a copy of your current license. Incomplete packets will be returned. Upon review and approval of your registration materials, DMCPS will issue a one-year contract that will be in effect from July 1, 2010 through June 30, 2011. This contract will constitute an offer to do business with DMCPS and will stipulate mutual rights and responsibilities. Acceptance of the offer to do business will, of course, be at the discretion of the group home. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

---

### Type of Group Under DCF 57 (Check one only)

- General group home
- Specialized for youth with alcohol / drug issues
- Specialized for youth with chronic runaway behaviors
- Specialized for youth with independent living needs
- Specialized for youth who are lesbian, gay, bisexual, transgendered or questioning
- Specialized for pregnant and / or parenting teens
- Specialized for youth with sexualized behavior

---

### Facility Contact Information (Complete all three sections with current information)

- Agency information
- Corporate information (if applicable)
- License capacity information

---

### Facility Business / Organization Information

- Proof of registration as a Wisconsin business under Chapter 180 or 181 (copy of the articles of incorporation) or as a foreign corporation registered to conduct business in the state of Wisconsin.
- Copy of the IRS letter assigning the agency's Federal Employer Identification Number (FEIN)
- If a not-for-profit corporation, a copy of the IRS 501(c)(3) designation letter
- List of the agency's board of directors and officers and their **direct** contact information (name, address and telephone number)
- Copy of the agency's corporate by-laws
- Copy of the agency's accounting policies and procedures. These must be consistent with Generally Accepted Accounting Principles (GAAP) as established by the Financial Accounting Standards Board.
- For **established** agencies, a copy of the agency's most recent audited financial statement. For **new** agencies, an unaudited financial statement demonstrating that the agency is financially viable for a 60-day period and a copy of a corroborating bank statement.
- The agency's organizational line-item budget for the current accounting year
- Statement of revenues and expenses
- Proof of insurances: Worker's compensation, professional liability, property (if owned by the corporation) or renter's insurance, etc. (attach certificates)
- The agency's organizational chart
- Copies of all agency job descriptions
- Copy of facility license (DCF 57)
- Copy of emergency procedures

---

### Program Information

- Basic program and work plan narrative
- The program narrative must also include your organization's approach to addressing each of the following areas:
- Independent living skills
  - Reproductive health
  - Domestic violence
  - Sexual assault
  - Alcohol and other drug abuse issues
  - Assistance with continued contact with birth family

---

**Facility Information** (Provide complete contact information)

---

Name – Facility

---

Address – Facility (Street, City, State, Zip Code)

---

Mailing Address (If different than above)

---

Telephone Number – Facility

---

Telephone Number – Placements

---

Emergency Telephone Number – Facility

---

Fax Number – Facility

---

Email Address – Facility

---

Name – Facility Director

---

Telephone Number – Facility Director

---

Name – Program Director

---

Telephone Number – Program Director

---

Name – Fiscal Contact

---

Telephone Number – Fiscal Contact

---