

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**Voluntary Agency Application for Supervised
Independent Living Program (SILP)**

INSTRUCTION: This application must be completed by a responsible agent of the Facility (Officer of the Board of Trustees, Administrator, etc.). Complete ALL items on this form. Attach additional sheets as necessary. MAIL completed form within 5 business days to the appropriate Regional Office of the NYS Office of Children and Family Services.
(Print or Type)

TYPE OF FACILITY SUPERVISED INDEPENDENT LIVING PROGRAM (SILP):	
NYS OCFS CENTRAL OFFICE USE	
EFFECTIVE DATE	APPLICATION TYPE <input type="checkbox"/> New
EXPIRATION DATE	<input type="checkbox"/> Renewal

APPLICANT (Name and Address of Agency, Association, Corporation or Other Legal Entity Operating the Facility) Not for Profit
 Public Agency
 Other Specify) _____

FACILITY (Name and Address including Zip Code)

RESIDENT CAP: TYPE:
 REGULAR MOTHER/CHILD

ESTIMATED CAPITAL COST	
Construction or Purchase (incl. land)	\$
Equipment	\$
Other (specify)	\$
TOTAL	\$

FINANCIAL RESOURCES AS OF LAST FISCAL YEAR		
ASSETS		
Cash and Receivable	\$	
Fixed Assets	\$	
Other (Specify)	\$	
TOTAL ASSETS	\$	

Indicate how total will be provided

SOURCE	AMOUNT
	\$
	\$
	\$

LIABILITIES		
Current	\$	
Long Term	\$	
Other (Specify)	\$	
TOTAL LIABILITIES	\$	
NET WORTH (Assets-Liab.)	\$	

IF LEASED FACILITY

NAME OF OWNER OF LAND AND BUILDING

SOURCES OF REVENUE (Current Year)		
Resident Fees	\$	
Government Fees	\$	
Other (Specify)	\$	
TOTAL REVENUE	\$	
TOTAL EXPENDITURES	\$	

TERMS OF LEASE * Amount of rental and other cost pursuant to lease.
\$

* Copy of lease to be submitted upon request.

ATTACHMENTS

Have you attached a Plan and Description of Staff Positions including Duties and qualifications (Indicate vacant positions)

If Applicant is a Corporation, have you attached a list of names, addresses, and occupations of the Board of Directors.

Have you attached a brief physical description of the Facility, including land, all buildings, number of floors, and construction

CERTIFICATION: I certify that the statements in this application and all attachments are correct to the best of my knowledge.

NAME	PHONE:
TITLE	DATE:
SIGNATURE X	

NYS OCFS REGIONAL OFFICE USE ONLY

RECOMMENDATION: APPROVE DENY RESTRICTIONS:

Evaluation Dates		REGIONAL OFFICE ACTION BY:	DATE:	CENTRAL OFFICE ENDORSEMENT:	DATE:
LATEST:	NEXT:				
		X			