NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

# Application Checklist for a RESIDENTIAL Runaway and

# Homeless Youth PROGRAM OPERATING CERTIFICATE

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| AGENCY NAME: | |
| PROPOSED PROGRAM NAME: | MUNICIPALITY: |
| This checklist includes the required documents that must be submitted by an applicant seeking to become a certified Runaway and Homeless Youth (RHY) crisis services program or a Transitional Independent Living Support Program (TILP).  **Directions:**  **1.** Sections A and B are to be completed by the applicant agency. The agency will sign the attestation in Section C and submit this document and attachments to the RHY service coordinator in the municipality where the program will operate.  **2.** The municipal RHY service coordinator will review this document and attachments. If packet is complete, they will sign the attestation in Section C and submit this document and attachments to the appropriate OCFS regional office. **Packages submitted to OCFS with** **missing signatures or attachments will be returned.**  **3.** Additional detail on completing this form can be found in the instructions on pages 4-5. | |

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| SECTION A – Program Information | | |
| Proposed Program Name: | | |
| Street Address: | | |
| Apt./Unit #: | | |
| City, State, Zip: | | |
| Physical Address (if street address does not clearly reflect the physical location): | | |
| Application for:  Operating Certificate – New Program  Operating Certificate – Currently Certified Program | | |
| If program is also applying for a variance, please indicate by checking box:  Variance | | |
| If the program is currently certified by OCFS, provide the current operating certificate number: | | |
| **Program Type**  (check one below) | Ages to be served (check one) | Bed Capacity (complete) |
| Runaway and Homeless Youth Crisis Services Program: **Runaway & Homeless Youth Shelter** | Under 18  16 through 20  16 through 24  Other, please specify age group: | # of youth to be served:       (Max 20)  # of dependents to be served  Total # of individuals served (Max capacity) |
| Note: If the program seeks to serve homeless young adults and this is not provided for in the current municipal Child and Family Services Plan (CFSP) the application must include memos from the agency and municipality indicating that the program will not obtain municipal RHY funding. | |
| Runaway and Homeless Youth Crisis Services Program: **Interim Family Program** | Under 21 | N/A |
| Transitional Independent Living Support Program: **Group Residence** | 16 through 20  16 through 24  Other, please specify age group: | # of youth to be served:       (Max 20)  # of dependents to be served  Total # of individuals served (Max capacity) |
| Note: If the program seeks to serve homeless young adults and this is not provided for in the current municipal Child and Family Services Plan (CFSP) the application must include memos from the agency and municipality indicating that the program will not obtain municipal RHY funding. | |
| Transitional Independent Living Support Program: **Supported Residence** | 16 through 20  16 through 24  Other, please specify age group: | # of youth to be served:       (Max 5)  # of dependents to be served  Total # of individuals served (Max capacity) |
| Note: If the program seeks to serve homeless young adults and this is not provided for in the current municipal Child and Family Services Plan (CFSP) the application must include memos from the agency and municipality indicating that the program will not obtain municipal RHY funding. | |

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| SECTION B – Program and Agency Supporting Documents | |
| Program Background *Please check box to indicate each attachment is included in the application package. Incomplete packages will be returned.* | |
| Item | Submitted by applicant |
| 1. Proposed program operating budget (12-month period) |  |
| 1. Program Description (OCFS-3119) |  |
| 1. Program’s Policy and Procedure Manual (a list of policies that must be included, at minimum, are included in OCFS-3119) |  |
| 1. Verification that the proposed site is in compliance with all **local** physical plant and fire safety regulations and requirements **OR** the application includes a request for a variance from such requirements |  |
| Agency Background *Please check box to indicate each attachment is included in the application package. Incomplete packages will be returned.* | |
| Item | Submitted by applicant |
| 1. Organizational history, including: |  |
| * + 1. The number and characteristics of clients serviced in past and present programs |  |
| * + 1. For agencies new to RHY, a description of how the agency has demonstrated preparedness to successfully operate a 24/7 residential program for the RHY population |  |
| 1. Copy of most recent agency annual report |  |
| 1. Copy of most current Certified Public Account (CPA) fiscal audit report |  |
| * + 1. Evidence any deficiencies noted in audit report have been corrected (if applicable) |  |
| 1. Verification of registration status, including charities registration number, from Charities Bureau **OR** letter on agency letterhead stating agency is exempt as a Religious Organization |  |
| Administrative Qualifications and Background *Please check box to indicate each attachment is included in the application package. Incomplete packages will be returned.* | |
| Item | Submitted by applicant |
| 1. List of agency’s Board of Directors members and contact information |  |
| 1. Documentation of qualifications for **each** member of the Board of Directors reflecting experience and/or training in the legal, fiscal, and service provision aspects of youth programs. |  |
| 1. Notarized statement, signed by the Chief Executive Officer of a municipality or president of the Board of Directors, stating: *"to the best of my knowledge, no member of the Board or its advisory bodies is directly or indirectly engaged in any business which conflicts with the discharge of his/her duties as a member of the Board."* |  |
| Documentation verifying the Program Director’s experience operating youth service programs. |  |
| Articles of Incorporation *Please check box to indicate each attachment has been reviewed and is included in the application package. Incomplete packages will be returned.* | |
| Item | Submitted by applicant |
| 1. Copy of certificate of incorporation and all amendments |  |
| 1. Documentation that corporate papers have been filed with the NYS Department of State |  |

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| SECTION C – Signatures |

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| Submitted by Applicant AgencyHead/Director | By signing below, I attest that this application is complete and accurate to the best of my knowledge. | |
| PLEASE PRINT NAME: | Date: |
| SIGNATURE: | |
| Reviewed and approvedby municipal RHY Service Coordinator | By signing below, I attest that this application is complete and accurate to the best of my knowledge. The proposed program is responsive to local needs, is in alignment with the municipality’s current Child and Family Services Plan and is supported by the municipality. | |
| PLEASE PRINT NAME: | Date: |
| SIGNATURE: | |
| Reviewed and approvedby Regional Office RHY Coordinator | By signing below, I attest that this application is complete and accurate to the best of my knowledge. | |
| PLEASE PRINT NAME: | Date: |
| SIGNATURE: | |

# INSTRUCTIONS ON HOW TO COMPLETE THE *APPLICATION CHECKLIST FOR A RESIDENTIAL RUNAWAY AND HOMELESS YOUTH PROGRAM OPERATING CERTIFICATE* FORM (OCFS-4836)

* **Page 1: Legibly enter the following information as indicated.**
  + Agency name: Name of the legal name of the agency that will operate the program. Only authorized agencies are eligible to apply. For more information about becoming an authorized agency please refer to the RHY page of the OCFS website.
  + Proposed program name: Agencies may not operate more than one program by the same name.
  + Municipality: Name of the county in which the program will operate.
* **Section A: Program Information**

Legibly enter information for the proposed program. Information on the operating certificate will mirror exactly what is provided in this section. The street address must be the address where the program is located. Neither the agency’s address nor a PO Box may be used for this purpose.

* + **Program name:** Current or proposed
  + **Street address:** Include building number and full street name
  + **Apt./Unit #:** Include if applicable
  + **City, State, Zip**
  + **Physical Address:** If the street address does not clearly reflect the physical location of the proposed program site, enter the physical address or additional locating information.
  + **Application for:** Indicate whether the agency is applying for an operating certificate on behalf of a new program or a program that is currently operating who is seeking to make a revision to its operating certificate.
* Check the box to indicate whether the program is also requesting a variance. Additional information on how to submit a variance request can be found at the bottom of this document.
* For certified residential RHY programs seeking a revised operating certificate, enter the current operating certificate number as it appears on the OCFS-issued operating certificate.
* **Program type:** Select the type of program to be operated. Select only one in this *column*.
  + **Ages to be served:** Select the ages to be served by the program. Select only one in the appropriate *row*.
    - If “other” is selected, the ages to be served must be filled in using the word “under” or “through.”
    - Examples: “under 18” means a program could serve youth aged zero until the final day of their 17th year. “16 through 20” means a program can serve youth from the day they turn 16 until the final day of their 20th year.
  + **Bed Capacity:** 
    - Enter the maximum number of youth in the target population (defined by the “ages to be served” selection) that will be served at a time.
    - Enter the maximum number of dependent infants or young children of the target population to be served at a time, if applicable.
    - Enter the total number of individuals to be served in the RHY program at a time. This number is the maximum operating capacity for the program.
    - No response is required for Interim Family programs as their bed capacity is dependent on the number of families and beds certified by the program.
* **Section B: Program Supporting Documents.** 
  + The applicant agency must check the box for each required document to indicate it is included in the application.
  + **Program Documents:**
    - A proposed program budget for one year of operation.
    - A completed OCFS-3119. All proposed programs must complete sections 1 & 2; programs seeking to serve homeless young adults (age 21+) must also complete section 3; programs seeking to serve parenting youth and their dependent children must also complete section 4.
    - The program’s current Policy and Procedure Manual: A list of the policies that must be included, at minimum, is included in part 2 of form OCFS-3119.
    - Verification that the proposed program site is in full compliance with all local physical plant and fire safety regulations and requirements. Any noted deficiencies must be addressed in via a variance request, submitted alongside this application.
* **Agency Background**:
  + - Organizational history – A brief summary of the organization’s history related to RHY, including data on the number and characteristics of clients serviced in past and present programs.
      * For *agencies* new to RHY, a description of how the agency is able to demonstrate preparedness to successfully operate a 24/7 residential program for the RHY population must be included.
    - Copy of the most recent agency annual report
    - Copy of the most current Certified Public Account (CPA) fiscal audit/report for the agency. If applicable, evidence of all deficiencies noted in audit report must be included.
    - Verification of registration status, including charities registration number, from Charities Bureau **OR** a letter on agency letterhead stating agency is exempt as a Religious Organization. The charities registration number can be found at [www.charitiesnys.com](http://www.charitiesnys.com)
* **Administrative Qualifications and Background**
  + List of Board of Directors, current within 364 days of the application
  + Documentation of the qualifications of **each** Board member, current within 364 days of the application. Documentation may include proof of training and/or experience in the legal, fiscal, and service provision aspects of youth programs. Documentation may include resumes, degrees, and/or professional affiliations.
  + Notarized statement, signed by the Chief Executive Officer of a municipality or president of the Board of Directors, stating: *"to the best of my knowledge, no member of the Board or its advisory bodies is directly or indirectly engaged in any business which conflicts with the discharge of his/her duties as a member of the Board."*
  + Documentation verifying the Program Director’s experience operating Youth Service Programs. This may include a resume or other relevant forms of verification.
* **Certificate of Incorporation:** 
  + A copy of the agency’s certificate of incorporation and all amendments must be included. The corporate purpose must include the necessary language to allow the agency to care for children and/or runaway and homeless young people. For more information please contact [RHY@ocfs.ny.gov](mailto:RHY@ocfs.ny.gov) or the agency’s attorney.
  + Filing receipt and/or certified copies of documents proving that the agency’s corporate documents have been filed with the New York Department of State must be included.
* **Approval Signatures:** The form must be signed and dated by the Executive Director of the applicant agency, the RHY Service Coordinator of the county in which the program will operate, and the OCFS Regional Office staff processing the application. This signature signifies that the person has reviewed *and is in support of* the full contents of the application and all supporting documents provided.
* **\*Variance Request:** To apply for a temporary or permanent variance, memos from the applicant agency and the RHY Service Coordinator must be submitted to OCFS. Each memo must be on the issuer’s letterhead and must present:
  + The name and street address of the program seeking a variance (if the street address does not clearly reflect the physical location of the proposed program site, the physical address or additional locating information must also be provided.)
  + Whether the request is for a temporary (up to 12 months) or permanent variance
  + The specific regulation(s) the program is seeking a variance from
  + The reasons or facts necessitating a variance
  + A description of the steps taken and plans in place to ensure the health and safety of youth in the program would not be adversely impacted by the approval of such a variance
  + *For temporary variances only:* a plan, including timeframes, of what will be accomplished to bring the program to full compliance with all regulations.

A variance request may be submitted in addition to a request for an operating certificate using this form or may be submitted independently if no other changes to an operating certificate are requested or required.