



APPLICATION TO OPERATE  
RESIDENTIAL, DAY, RESPITE OR CAMP FACILITY

Date of Application: \_\_\_\_\_

- Reason for Application:  Initial Licensing of a New Facility  Renewal
- Termination/Closure  
Reason for termination/closure: \_\_\_\_\_
- Change  
 in location  in facility type  
 in number of people served

1. Facility Information (Name): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Type of Facility:

- SLP-II  CTH-I  CTH-II  AAC  ASW
- WAC  Respite  Camp  Unclassified Program

Capacity (Number of): Children: \_\_\_\_\_ Adult(s): \_\_\_\_\_  
(under age 21)

2. Changed Information (Updated): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Type of Facility:

- SLP-II  CTH-I  CTH-II  AAC  ASW
- WAC  Respite  Camp  Unclassified Program

Capacity (Number of): Children: \_\_\_\_\_ Adult(s): \_\_\_\_\_  
(under age 21)

3. For CTH I or Respite locations: Please Identify all household members (including child(ren) 21 years or younger):

| Full Name       | Age   | Relationship to Caregiver |
|-----------------|-------|---------------------------|
| _____           | _____ | _____                     |
| Add/Delete/Same |       |                           |
| _____           | _____ | _____                     |
| Add/Delete/Same |       |                           |
| _____           | _____ | _____                     |
| Add/Delete/Same |       |                           |
| _____           | _____ | _____                     |
| Add/Delete/Same |       |                           |

4. List all licenses and/or certificates maintained by the facility:

| Type of license and/or certificate | By Whom |
|------------------------------------|---------|
| _____                              | _____   |
| _____                              | _____   |

5. Provider Agency having jurisdiction over the facility:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

When requesting a new license, please submit Electrical, HVAC and State Fire Marshal Inspection reports. If a consumer is under 21 years of age and moving into a CTH I or CTH II, also submit DHEC Sanitation Inspection. Send to Central Office Attn: Quality Management/Licensing. Documents should be submitted as a single packet.

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may results in enforcement actions as identified in DDSN Directive 104-01-DD and/or DDSN/Provider Contract.

\_\_\_\_\_  
Signature/Head of the Provider Agency

\_\_\_\_\_  
Title

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_ County, South Carolina  
My Commission Expires: \_\_\_\_\_