**ORGANIZATION: Type Name of Organization**

**PROGRAM NAME: Type Name of Program**

**PROGRAM TYPE: Select Program Type**

**PROGRAM CATEGORY: Select Program Category Type**

**TFC, TMP-TFC, OR TFC-MF PROGRAMS ONLY:**

DIFFICULTY OF CARE COMPUTATION FORM COMPLETED & SIGNED

BOARD RATE COMPUTATION FORM COMPLETED & SIGNED

**ALL PROGRAMS:**

1 COPY OF THE BUDGET IDENTIFICATION FORM – SIGNED & DATED

1 COPY OF CURRENT LICENSE PER FACILITY

CHILD PLACEMENT AGENCY PROGRAMS ONLY: REQUIRED CONTRACT PAGES (SEE INSTRUCTIONS)

## 1 COPY OF SERVICE LEVEL INTENSITY SCORE SHEET FORM:

## APPROVED LOIs: Select Select Select Select Select

LEVELS OF INTENSITY SIGNED BY PROGRAM ADMINISTRATOR AND LICENSING SPECIALIST

1 COPY OF THE LEASE/MORTGAGE SUMMARY FOR PROGRAM FACILITIES AND OFFICE SPACE

**SUPPORTING DOCUMENTATION FOR EACH ENTRY ON THE FORM MUST BE ATTACHED**

1 Thumb Drive COPY OF THE COMPLETED **FY 2025** BUDGET **SAVED IN EXCEL 2007**

1 COPY OF COMPLETED **FY 2025** BUDGET

FORM A COVER SHEET – SIGNED AND DATED

FORM B-1 OPERATING STATEMENT – INCOME

FORM B-2 OPERATING STATEMENT - EXPENSES

FORM C RATE COMPUTATION REPORT

FORM D ALLOCATION OF EXPENSES

FORM E-1 PERSONNEL COST DETAIL SUMMARY FORM

FORM E-2 MANAGEMENT AND GENERAL

FORM E-3 DIRECT CHILD SERVICES & FACILITY SUPPORT

FORM E-4 EDUCATION

FORM E-5 MEDICAL

FORM E-6 CLINICAL

END SUMMARY INFO

UNIQUE CONTROL NUMBER ASSIGNED TO EACH POSITION ON FORMS E2-E6

1 COPY OF STAFFING PATTERN GRID

1 COPY OF PROGRAM DESCRIPTION FORM

1 COPY OF **FY 2023** ANNUAL AUDITED FINANCIAL STATEMENT

***Signature of Person Authorized by the Corporation to Sign on its Behalf Date***