ATTENTION APPLICANT

**PLEASE READ CAREFULLY**

Obtaining a license to operate a program under the SDHR Resource Management Licensing Unit **DOES NOT** guarantee that the Alabama Department of Human Resources (ALDHR) or any other state department or agency will refer children to you for care or pay for services provided by your program.

In addition to completing the application packet for licensure, you should also contact your anticipated referral source (DHR/Division of Family and Children Services) regarding your plans to operate a program, if you choose to seek such referrals.

**It is highly recommended that you initiate contact with SDHR Resource Management Office of Licensing @ 334-242-1650 prior to securing a building or drafting/writing your policies and procedures if you intend to seek such referrals.**

**This form must be signed by the applicant or the applicant’s authorized representative and submitted with the application.**

**This is to affirm and/or attest that I have read the above and understand that even though my program may become licensed to operate, it does not guarantee that my program will be approved by the referral sources for placement of children and payment for services.**

Name of Program/Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant or Authorized Representative (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant or Authorized Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_