

To: A Director appointed for purposes of the *7 \ J'XZMc i H 'UbX': Ua]miGYfj jWg'5 WZ&\$%&* ("the Act")

Under the Act and regulations thereunder, I hereby apply for,

a Licence or Renewal of Licence to place children up for adoption.

Complete A or B

A. If unincorporated Operator

Applicant/Operator

Ms. Miss Mrs. Mr.

Last Name (Surname)			First Name (Given Name)		Middle Initial
Occupation				Telephone No. (incl. area code)	
Unit No.	Street No.	Street Name			PO Box
City/Town				Province	Postal Code

B. If Corporation will operate:

Corporation Name				Telephone No. (incl. area code)	
Head office address					
Unit No.	Street No.	Street Name			PO Box
City/Town				Province	Postal Code
Present members of Board of Directors (attach additional pages if required)					
Last Name			First Name		Middle Initial
Occupation				Office held	
Unit No.	Street No.	Street Name			PO Box
City/Town				Province	Postal Code
Last Name			First Name		Middle Initial
Occupation				Office held	
Unit No.	Street No.	Street Name			PO Box
City/Town				Province	Postal Code

Present Officers of Corporation (not included above, attach additional pages if required)

Last Name		First Name		Middle Initial
Occupation			Office held	
Unit No.	Street No.	Street Name		PO Box
City/Town			Province	Postal Code

Last Name		First Name		Middle Initial
Occupation			Office held	
Unit No.	Street No.	Street Name		PO Box
City/Town			Province	Postal Code

Name of Agency			Telephone No. (incl. area code)	
Unit No.	Street No.	Street Name		PO Box
City/Town			Province	Postal Code

Name of Program Director

Last Name		First Name		Middle Initial
Qualification of Program Director (attach curriculum vitae)				

A certified copy of the Letters Patent of the applicant corporation is attached to this Application as Schedule A.

The proposal for staffing is as follows: (indicate classifications, qualifications and work experience and number of persons in each classification).

List staff already hired: (give names and classifications)

Last Name		First Name		Middle Initial
Classifications				

Last Name		First Name		Middle Initial
Classifications				

Last Name	First Name	Middle Initial
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Classifications

List access to professional services required and basis of access, e.g., fee for service, employee, etc.
(give names of professionals, addresses, credentials)

- Application is being made for a special term under subsection 183 (2) of the Act.
- Application is being made for exemption under subsection 183 (6) of the Act.
- Other terms or conditions are being requested (attached).
- Appropriate supporting documentation is attached.

The applicant hereby agrees to comply with the provisions of the *Child, Youth and Family Services Act, 2017* and the regulations thereunder.

Dated at _____, this _____ Day _____ Month _____ Year

Signature of applicant or authorized officers of corporation

I hereby certify that:

1. I am a member of the Board of Directors of _____
Name of Corporation
2. I have knowledge of the matter and the statements in the annexed application are contained are, to the best of my knowledge and belief, true in substance and in fact.
3. Each of the members of the Board of Directors is eighteen or more years of age and each member's name and description have been accurately set out in the application.
4. The application is made in good faith and is not made for any improper purpose.

Dated this _____ Day _____ Month _____ Year

Signature of witness or affix corporate seal

Signature of applicant

Information on this form is collected under the legal authority of the *Child, Youth and Family Services Act, 2017* for the purpose of administering Ministry of Children, Community and Social Services programs and/or services. For more information contact: Director, Client Services Branch, Ministry of Children, Community and Social Services, 6th Fl., 101 Bloor St. W., Toronto ON M5S 2Z7 or call 416-326-3170.