



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES**

**Children's Services Program
Children's Residential Facility Application**

SECTION 1: Facility Information			
Facility/Agency Name: Spurwink Services—Kaufman Residential Treatment Unit			
Physical Address: 899 Riverside St., Portland, ME 04103			
City: Portland	State: ME	Zip: 04103	County: Cumberland
Mailing Address: Same			
City:	State:	Zip:	County:
Telephone No.: (207) 871-1200		Fax No.: (207) 871-1232	
Email Address: psentner@spurwink.org or Info@spurwink.org		Social Security No or State Tax ID: 01-0319802	

SECTION 2: Application Type		
APPLICATION FOR CHILDREN'S RESIDENTIAL FACILITY PROGRAM		
License Type (Select all that apply):		
<input type="checkbox"/> New License	<input type="checkbox"/> Renewal License - License #:	
<input type="checkbox"/> Add a new Service		
<input type="checkbox"/> Group Home	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> School
<input type="checkbox"/> Crisis Residential Program	<input type="checkbox"/> Dual Diagnosis Program	<input type="checkbox"/> Independent Living Program
<input type="checkbox"/> Waiver Foster Home	<input type="checkbox"/> Alcohol & Drug Treatment	<input type="checkbox"/> Sex Offender Program
<input type="checkbox"/> Transitional	<input type="checkbox"/> Diagnosis / Assessment	<input type="checkbox"/> Staff Secure Program
<input type="checkbox"/> Other (Please describe): _____		
X Add a new Site		

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Licensing and Regulatory Services
Children's Services Program
41 Anthony Ave; 11 State House Station
Augusta, ME 04333-0011

Tel: (207) 287-5020 Fax: (207) 287-9304 Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: info.dhhs@maine.gov

<i>Office Use Only:</i>			
Check# _____	MO # _____	Amount \$ _____	Initials: _____ License# _____

SECTION 3: Facility Contact Information			
Name and Title of Primary Contact Person: Peter Sentner, LCSW, Coordinator of Licensing & Accreditation			
Telephone No.: (207) 871-1200, ext 2191		Email Address: psentner@spurwink.org	
Name and Title of Second Applicant (if applicable): Heather Young, LCSW, Program Director			
Telephone No.: (207) 871-1200		Email Address: hyoung@spurwink.org	
Name and Title of Board Chair: Matthew Winch, Chairperson, Board of Directors			
Telephone No.: (207) 450-0750		Email Address: Matthewwinch@earthlink.net	
Corporation Name (if applicable): Spurwink Services			
Mailing Address: 899 Riverside St.			
City: Portland	State: ME	Zip: 04103	County: Cumberland
Telephone No.: (207) 871-1200		Fax No.: (207) 871-1232	

SECTION 4: Facility Information			
Current Licenses / Certificates. List any licenses currently held:			
Type	Terms	Expiration Date	
_____	_____	_____	
Type of facility:			
<input type="checkbox"/> Individual Proprietorship	<input checked="" type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Tribal Government	
<input type="checkbox"/> Church	<input type="checkbox"/> Partnership	<input type="checkbox"/> Parent Co-Op	
<input type="checkbox"/> Other (describe): _____			
Source of Water Supply:			
<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Well	<input type="checkbox"/> Other: _____	
Services:			
Number of Children to be served: 12		Age Range From: 5 to 21	
Capacity of facility: 12 Sex: Male _____		Female _____ Co-Ed <input checked="" type="checkbox"/>	
Residential License: (Check each component to be reviewed)			
<input checked="" type="checkbox"/> Group Home	<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> School	
<input type="checkbox"/> Crisis Residential Program	<input type="checkbox"/> Dual Diagnosis Program	<input type="checkbox"/> Independent Living Program	
<input type="checkbox"/> Waiver Foster Home	<input type="checkbox"/> Alcohol & Drug Treatment	<input type="checkbox"/> Sex Offender Program	
<input type="checkbox"/> Transitional	<input type="checkbox"/> Diagnosis / Assessment	<input type="checkbox"/> Staff Secure Program	
<input type="checkbox"/> Other (Please describe): _____			
Waiver Request: If you are requesting a new waiver/exception or an extension, please describe your request:			

SECTION 6: Submission

Remember to submit the following documents with your completed application:

- Staff Roster

In addition, first time applicants must also submit:

- Fire Inspection Form (Appendix A)
- Articles of Incorporation
- Certificate of Occupancy
- Lead Test Results (if applicable)
- Complete Policy Manual
- Sample client file

SECTION 7: Declaration

I/We have received and read the rules for the licensing and/or certification process. I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshal's Office (if applicable) to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws pertaining to the operation of such facilities.

I/We further certify that all information contained in this application (including Appendix) is complete and accurate to the best of my knowledge, information and belief.

Eric Meyer, LCSW, MBA, President & CEO

Signature of Applicant/Operator/Administrator

Date

Fire Inspection Request and Address Change Form
Type of License: CHILDREN'S RESIDENTIAL FACILITY

Services cannot be provided at any location until Licensing and the Fire Marshal's Office have approved the site.

FORM MUST BE COMPLETED BY:

1. New Applicants: Complete one (1) form for each site from which you plan to deliver services and return with your application. (Complete a separate form for each site).
2. All Applicants: Complete and submit form when you are adding a new site, changing your address, or closing a site. (Retain a copy of this form for your records).

MAIN SITE:

Agency Name: Spurwink Services

Date: 05/28/15

Operator/Executive Director: Eric Meyer, LCSW, MBA, President & CEO Telephone: 871-1200

Address:

Contact Person (if different):

899 Riverside Street

Peter Sentner, LCSW, Coordinator of Licensing & Accreditation

Portland, ME 04013

Phone: 871-1200

Description of Services: Residential treatment for children with severe mental health and/or autism spectrum disorders.

Age Range of Clients Served: 5-21

Maximum Capacity: 12

Directions to Facility: (Be specific with known landmarks.) _____

COMPLETE ONLY IF CHANGE:

Services cannot be provided at any location until Licensing and the Fire Marshal's Office have approved the site.

New Program/Agency In Process of Licensure: No Yes, date of submitted application: _____

Closing Existing Site Current Address: _____

Moving Office Site withIn Same Building _____

Adding New Site New Address: 899 Riverside Street
Portland, ME 04013

Date of Expected Move: 08/01/15

Contact Person: Heather Young Telephone: 871-1200

Directions to Facility: (Be specific with known landmarks.) _____
