



# APPLICATION FOR CERTIFICATION AS A SAFE FOSTER HOME OR SAFE HOUSE

Pursuant to Section 409.1678, Florida Statutes, application is hereby made to:

Operate a licensed Family Foster Home, supervised by a Child-Placing Agency, that provides placement for Sexually Exploited Children or Young Adults; or,

Operate a licensed Child-Caring Agency that provides residential group care for Sexually Exploited Children or Young Adults.

Pursuant to Section 409.1678(2)(c)2, Florida Statutes, please specify which gender the safe foster home or safe house will serve:  Male  Female

Name of Foster Parent(s)  
or Child-Caring Agency: \_\_\_\_\_

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

\_\_\_\_\_  
Foster Parent (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director for Child-Caring Agency (if applicable)

\_\_\_\_\_  
Date