

CHILD CARE FEE SCHEDULE

Please check if this is a change of address.

District _____

Operation Name (if Registered Child Care or Listed Family Home, enter your name only):	Operation No. (on your permit):	Telephone Number ____ - ____ - ____
--	---------------------------------	--

Operation Street Address:	City:	County:	Zip
---------------------------	-------	---------	-----

TYPE OF FEE BEING PAID		AMOUNT																	
<ul style="list-style-type: none"> FOR LISTED FAMILY HOMES ONLY: Listed Family Home Fee: A \$20 fee paid when the listing is requested and at the anniversary date of issuance. The background check fees are included in this. 																			
<input type="checkbox"/> Listing Request Fee	<input type="checkbox"/> Annual Listing Renewal Fee	\$ _____																	
<ul style="list-style-type: none"> FOR REGISTERED CHILD-CARE HOMES ONLY: Registered Child-Care Home Fee: A \$35 fee paid when the registration is requested and at the anniversary date of issuance. 																			
<input type="checkbox"/> Registration Request Fee	<input type="checkbox"/> Annual Registration Renewal Fee	\$ _____																	
<ul style="list-style-type: none"> LICENSED OPERATIONS: Please refer to the description below for the types of fees: 																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Operation Type (check one)</th> <th style="text-align: center; padding: 2px;">Fee Type (check all that apply)</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> Licensed Care Center</td> <td style="padding: 2px;"><input type="checkbox"/> Application</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Licensed Care Home</td> <td style="padding: 2px;"><input type="checkbox"/> Initial</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Child-Placing Agency</td> <td style="padding: 2px;"><input type="checkbox"/> Initial Renewal</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Foster Family Home</td> <td style="padding: 2px;"><input type="checkbox"/> Non-expiring license fee</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Foster Group Home</td> <td style="padding: 2px;"><input type="checkbox"/> Annual Renewal</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Residential Treatment Center</td> <td style="padding: 2px;"><input type="checkbox"/> Amendment</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> General Residential Operation</td> <td style="padding: 2px;"><input type="checkbox"/> Supplemental</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Maternity Homes</td> <td style="padding: 2px;"></td> </tr> </tbody> </table>	Operation Type (check one)	Fee Type (check all that apply)	<input type="checkbox"/> Licensed Care Center	<input type="checkbox"/> Application	<input type="checkbox"/> Licensed Care Home	<input type="checkbox"/> Initial	<input type="checkbox"/> Child-Placing Agency	<input type="checkbox"/> Initial Renewal	<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Non-expiring license fee	<input type="checkbox"/> Foster Group Home	<input type="checkbox"/> Annual Renewal	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Amendment	<input type="checkbox"/> General Residential Operation	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Maternity Homes		<p style="text-align: right; margin-top: 0;">Amount of Fee paid:</p> <p style="text-align: right; margin-top: 10px;">\$ _____</p> <p style="text-align: right; margin-top: 10px;"><i>plus additional fee, if applicable</i></p> <p style="text-align: right; margin-top: 10px;">\$ _____</p>
Operation Type (check one)	Fee Type (check all that apply)																		
<input type="checkbox"/> Licensed Care Center	<input type="checkbox"/> Application																		
<input type="checkbox"/> Licensed Care Home	<input type="checkbox"/> Initial																		
<input type="checkbox"/> Child-Placing Agency	<input type="checkbox"/> Initial Renewal																		
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Non-expiring license fee																		
<input type="checkbox"/> Foster Group Home	<input type="checkbox"/> Annual Renewal																		
<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Amendment																		
<input type="checkbox"/> General Residential Operation	<input type="checkbox"/> Supplemental																		
<input type="checkbox"/> Maternity Homes																			
<p>CAPACITY. Number of children for which you are or will be licensed: _____ x \$1 (This applies to those licensed operations that are obtaining their non-expiring license or paying annual renewal fees: it does not apply to centers that are applying/paying for application and initial license.)</p> <p>Maternity homes: Number of children for which you are or will be Licensed: _____ x \$2</p> <p><i>Is this a change in the number of children from your previous Licensing?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p style="text-align: right; margin-top: 0;">Total Capacity Fee:</p> <p style="text-align: right; margin-top: 10px;">\$ _____</p>																	
APPLIES TO ALL OPERATIONS EXCEPT LISTED FAMILY HOMES:																			
<input type="checkbox"/> Background Check Fee	Number of Persons being checked: _____ x \$2	<p style="text-align: right; margin-top: 0;">Total amount of Background Check Fees:</p> <p style="text-align: right; margin-top: 10px;">\$ _____</p>																	
TOTAL AMOUNT OF FEES PAID:		\$ _____																	

Check if you would like to receive the **Texas Child Care** quarterly journal at no cost. This information is needed to determine postage rates.

FEE DEFINITIONS

Application Fee: A nonrefundable fee of \$35 for an initial application for a license to operate a child care operation, child-placing agency or maternity home. This fee is paid when the application is submitted.

Initial License Fee: A \$35 fee for a child care operation (other than a child-placing agency and maternity home). A \$50 fee for a child-placing agency and maternity home. This fee is paid when the application is submitted.

Initial Renewal: \$35.00 fee for a child care operation. A \$50 fee for a child-placing agency and maternity home. The fee is paid when the initial license is renewed.

Non-expiring licensing fee and annual fee: A \$35 fee for a child care operation plus \$1 for each child the operation is licensed to serve (other than a child-placing agency and maternity home); a \$100 fee for a child-placing agency; a \$50 fee for maternity home plus \$2 for each child the home is licensed to serve. This fee is paid before the non-expiring license is issued and at the anniversary date of issuance.

Amendment License Fee (for increase in licensed capacity ONLY): A \$1 fee for each child that the current licensed capacity is increased (other than maternity homes; for maternity homes an amendment fee of \$2 is required for each client that the current licensed capacity is increased.)

Registered Child-Care Home Fee: A \$35 fee paid when the registration is requested and at the anniversary date of issuance.

Listed Family Home Fee: A \$20 fee paid when the listing is requested and at the anniversary date of issuance. This includes the Background check fees.

Background Check Fee: \$2.00 per person submitted. (The Background Check fee(s) must be submitted with this form to the address below. The Form 2971, Request for Criminal History and Central Registry Check, must be submitted separately to your local licensing office.)

Exemption: Certified or state-run operations are exempt from fees. Independent Licensed Foster Family and Foster Group Homes and Non-Profit 24-hour Care Operations that charge no fees for their services or Non-Profit Operations that provide residential care for children in the managing conservatorship of DFPS during the 12-month period immediately preceding the annual anniversary of the permit must pay application fees but are exempt from paying all other fees.

<p>Make Payable To: Department of Family and Protective Services</p>	<p>KEEP YOUR RECEIPT STUB OR CANCELED CHECK NO RECEIPT WILL BE SENT - DO NOT SEND CASH</p>
---	--

NOTE: This form must be attached to all child-care fee payments submitted to DFPS accounting division. Payments received without this form may delay proper processing of your payment. If your payment is not properly processed it will be shown as unpaid and can result in adverse action taken against your operation including suspension or revocation.

**RETURN ONLY THIS FORM WITH YOUR LICENSING FEE PAYMENT IN THE RETURN ENVELOPE
ADDRESSED TO: DFPS Accounting Division E-672, P.O. Box 149030, Austin, Texas 78714-9030**