



State of Utah
DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

**RESIDENTIAL VOCATIONAL OR LIFE SKILLS
PROGRAM APPLICATION**

Registration fee:

\$500.00 (Non-refundable)

Nonprofit Corporation's Name
(This should be the legal name of the entity that is registering.)

DBA if applicable

Date of Application

OFFICE USE ONLY

Date Issued: _____

Registration Number: _____

Registration Approved: _____

Denied: _____

Withdrawn/Dissolved: _____

Registration Expiration: _____

Receipt Number: _____

Amount of Fee: _____

Please check the appropriate box:

INITIAL ☐

RENEWAL ☐

Important notice regarding business confidentiality claims pursuant to the Government Records Access and Management Act: If you wish to make a claim of business confidentiality with respect to any information in this application or with respect to records you provide to the Division, please be aware of the following law: "Any person who provides to a governmental entity a record that the person believes should be protected under 63G-2-305(1) [trade secrets] or (2) [commercial information or non-individual financial information] or both Subsections 63G-2-305(1) and (2) shall provide with the record: (A) a written claim of business confidentiality; and (B) a concise statement of reasons supporting the claim of business confidentiality." If you have any questions, please contact the Division at (801) 530-6601.

Please make application fee payable to the State of Utah

Please return the completed application form to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
Box 146704
Salt Lake City, Utah 84114-6704

- 1) _____
Name of the Nonprofit Corporation Operating the program
- _____
Street Address
- _____
City
- _____
State
- _____
Zip Code
- _____
Telephone Number
- _____
Fax Number
- _____
Email Address
- _____
Website
- 2) _____
Name of the Residential Vocational or Life Skills Program
- _____
Street Address
- _____
City
- _____
State
- _____
Zip Code
- _____
Telephone Number
- _____
Fax Number
- _____
Email Address
- _____
Website
- 3) _____
Name of Registered Agent of the Nonprofit Corporation Operating the program
- _____
Street Address
- _____
City
- _____
State
- _____
Zip Code
- _____
Telephone Number
- _____
Fax Number
- 4) Please state the name, residential address, and phone number of any **officer, director, manager, or administrator** of the program (if additional space is needed, please attach the names and contact info to the application):

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Name		Position	
<hr/>			
Residential Address			
<hr/>			
<hr/>		<hr/>	<hr/>
City		State	Zip Code
<hr/>			
Telephone Number			
<hr/>			
<hr/>		<hr/>	
Name		Position	
<hr/>			
Residential Address			
<hr/>			
<hr/>		<hr/>	<hr/>
City		State	Zip Code
<hr/>			
Telephone Number			
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<hr/>		<hr/>	
Name		Position	
<hr/>			
Residential Address			
<hr/>			
<hr/>		<hr/>	<hr/>
City		State	Zip Code
<hr/>			
Telephone Number			
<hr/>			
<hr/>		<hr/>	
Name		Position	
<hr/>			
Residential Address			
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<hr/>		<hr/>	<hr/>
City		State	Zip Code
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Telephone Number			
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5) Is the program affiliated with any vocational training entities (VTE)?

Yes ☐ No ☐

If “yes”, please indicate the following for each VTE (if additional space is needed, please attach the names and contact info to the application):

Name of the Vocational Training Entity

Street Address

City

State

Zip Code

Telephone Number

Fax Number

Name of the Vocational Training Entity

Street Address

City

State

Zip Code

Telephone Number

Fax Number

6) Name of any entity that controls, is controlled by, or is affiliated with the program:

Name

Relationship (controls, controlled by, affiliated)

Street Address

City

State

Zip Code

Telephone Number

Name

Relationship (controls, controlled by, affiliated)

Street Address

City

State

Zip Code

Telephone Number

- 7) Has any officer, director, or administrator of the program been the subject of an administrative action by the Division?

Yes ☐ No ☐ If "yes," please identify the individual and describe the action:

- 8) Has any officer, director, or administrator of the program been convicted of a felony or a crime of moral turpitude (including misdemeanors) within the previous 10 years?

Yes ☐ No ☐ If "yes," please identify the individual and describe the action:

- 9) Applicant shall demonstrate fiscal responsibility by providing evidence to the Division that the program is:

- (a) Financially sound; **and**
- (b) Reasonably has the fiscal ability to fulfill commitments and obligations to the participants of the residential vocational or life skills program.

For a program that has been in operation **less than one fiscal year**, please submit the following:

- (i) Pro forma financial statements until further information is available, **and**
- (ii) A commercial credit report for the program.

For a program that has **completed a fiscal year**, and as soon as the program completes its first fiscal year, please submit the following:

(i) A current financial statement, with all applicable footnotes, for the most recent fiscal year, including a balance sheet, a statement of income, a statement of retained earnings, and a statement of cash flow, **and**

(ii) A certified fiscal audit of the program's financial statement, performed by a certified or licensed public accountant.

10) Before accepting a participant, the applicant shall provide to the prospective participant a written disclosure to include the following (**please submit a copy of the participant disclosure and highlight the items below**):

(a) a statement that the program is a registered residential vocational or life skills program, but that the residential vocational or life skills program is not endorsed by the state or the division;

(b) a statement that the prospective participant's continuation in the program is voluntary and that a participant may leave at any time;

(c) the conditions under which a participant is removed from the program or required to leave a program facility;

(d) a statement that the program will contact Adult Probation and Parole, if required by law; and

(e) a description of:

(i) the lodging, food, clothing, and other resources that are available to a participant;

(ii) the nature and scope of the program, including any activities or work that a participant is required to perform;

(iii) the scope and substance of peer-led activities;

(iv) the types of vocational training available to a participant, including the limitations on availability;

(v) the nature and extent of possible exposure to profanity, accusation, confrontation, nonphysical threats, or nonphysical corrective interaction;

(vi) the terms of any prohibition from contact with a participant's family, friends, or associates; and

(vii) any crimes committed within the previous two years at the program facility or at a vocational training entity affiliated with the residential, vocational and life skills program.

11) Please submit the following documents with the application:

☐ Financial documents as required in Section 9 of this application.

☐ A copy of the participant disclosure highlighting the required items pursuant to Section 10 of this application.

☐ Proof of a commercial general liability and umbrella insurance policy providing at least a \$1,000,000 per occurrence limit of liability.

☐ Payment of the application fee

12) **AFFIRMATIONS** (please check each item below affirming the following to be true and correct):

- ☐ **The program is operated by a nonprofit corporation, as defined in Section 16-16a-102.**
- ☐ **The program does not accept local, state, or federal government funding, government grant money, or any other form of government assistance to operate or provide services or training.**
- ☐ **The program operates on a mutually voluntary basis with each participant.**
- ☐ **The program houses at a program facility in this state participants who are unrelated to an owner or a manager of the program facility without charging money for lodging, food, clothing, or training.**
- ☐ **The program may house transitional graduates for a fee.**
- ☐ **The program provides vocational training to participants; provides life skills training to participants.**
- ☐ **The program maintains a director or senior staff member at a program facility at all times when the facility is in use.**
- ☐ **The program does not provide mental health services; does not provide substance use disorder treatment.**
- ☐ **The program does not accept payment from an insurance provider for a participant.**
- ☐ **The program does not award a degree, diploma, or other educational credential commensurate with a degree or diploma.**
- ☐ **The program does not hold itself out as a human services program.**
- ☐ **The program does not hold itself out as a proprietary school.**

IMPORTANT NOTICE: A program is registered on the day that the Division issues the registration. The Division's issuance of a registration for a residential vocational or life skills program does not constitute the state's or the Division's endorsement or approval of the program. An applicant for the registration of a program shall file a separate application and pay a separate application fee for each residential vocational or life skills program location.

SIGNED AND DATED this _____ day of _____, 20_____.

Signature: _____

Printed Name: _____

Title/Position: _____