Oregon Department of Human Services

Referral Agent Registration Application

Date | **Referral Agent Name/Individual Responsible for Application**

Website Address | **Referral Agent Business/Employer Name**

Referral Agent Email Address | **Cell Phone** | **Fax #**

Address

City | **State** | **ZIP Code**

Full Mailing Address (if different)

Required Documentation to be submitted with the application:

- Referral Agent's Privacy Policy
- Agent's Disclosure Form(s)
- Proof of $1 million in general liability insurance
- Completed Background Check Form
- Resume
- Description of Services Provided
- A complete personnel list with job titles
- An organization chart with job titles and staff names
- Other documents or information requested by the Department

New Registration Fee $325 ☐

Renewal Fee $325 ☐

By signing this application, you agree and acknowledge to the following as per OAR 407-049-0005 to 407-049-0120.

- **You have read and are in compliance with the rules.**
- **Have completed the Oregon Mandatory Reporting of Child Abuse within the last 45 days, which is located at the following link: https://www.oregon.gov/dhs/abuse/pages/mandatory_report.aspx**
- **You agree to provide the department upon request any documents that are listed in the rules.**

Applicant Signature | **Date**

Oregon Department of Human Services
Children's Care Licensing Program
201 High Street NE; Suite 500
Salem, OR 97301

Phone: (503) 947-2331
Fax: (503) 378-2558

EMAIL COMPLETED APPLICATION TO
cclp.licensing@odhsoha.oregon.gov

Rev. Date 3/3/2023