

Section 1: Agency Identifying Information

<input checked="" type="checkbox"/> Initial Application <input type="checkbox"/> Reapplication <input type="checkbox"/> Amendment _____ reason for amendment		
Name of Agency TRI STATE DRUG REHABILITATION & COUNSELING PROGRAM, INC.		County CLERMONT
Street Address 6070 BRANCH HILL-GUENEA PIKE		City, State, & Zip Code MILFORD, OH 45150
Mailing Address if Different PO BOX 42398, CINCINNATI, OH 45242		EMail Address PWALKER@KHK.COM
Name and Title of Administrator PENNY WALKER, EXECUTIVE DIRECTOR		Phone Number of Agency (513) 575-7300
		Fax Number (513) 575-7306

Type of Agency (Check only one)		Expiration date of current certificate		
<input type="checkbox"/> PCSA <input type="checkbox"/> PCPA <input checked="" type="checkbox"/> PNA		N/A		
Functions to be certified (Check all that apply) (Items 5 through 9 do not apply to any PCSA)				
<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> 1. <input type="checkbox"/> To operate a children's residential center(s). 2. <input type="checkbox"/> To operate a group home(s). 3. <input type="checkbox"/> To operate a residential parenting facility(ies). 4. <input type="checkbox"/> To operate or provide independent living arrangements. 5. <input checked="" type="checkbox"/> To act as a representative of ODHS in recommending family foster homes for certification (PCPA OR PNA). </td> <td style="width:50%; vertical-align: top;"> 6. <input type="checkbox"/> To accept temporary, permanent or legal custody of children. (PCPA only) 7. <input type="checkbox"/> To place children for foster care or adoption (PCPA only). 8. <input type="checkbox"/> To participate in the placement of children in family foster homes (PNA only). 9. <input type="checkbox"/> To participate in the placement of children for adoption. (Adoption Homestudies) (PNA ONLY) </td> </tr> </table>			1. <input type="checkbox"/> To operate a children's residential center(s). 2. <input type="checkbox"/> To operate a group home(s). 3. <input type="checkbox"/> To operate a residential parenting facility(ies). 4. <input type="checkbox"/> To operate or provide independent living arrangements. 5. <input checked="" type="checkbox"/> To act as a representative of ODHS in recommending family foster homes for certification (PCPA OR PNA).	6. <input type="checkbox"/> To accept temporary, permanent or legal custody of children. (PCPA only) 7. <input type="checkbox"/> To place children for foster care or adoption (PCPA only). 8. <input type="checkbox"/> To participate in the placement of children in family foster homes (PNA only). 9. <input type="checkbox"/> To participate in the placement of children for adoption. (Adoption Homestudies) (PNA ONLY)
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<input type="checkbox"/> Check here if this is an adoption agency.				

Section II: Board Officers (excluding DHS)

President FREDRIC F. TILTON	Daytime Phone	Evening Phone
Address		
1st Vice President MARILYN RHEIN	Daytime Phone	Evening Phone
Address		
2nd Vice President N/A	Daytime Phone ()	Evening Phone ()
Address		
Secretary SHEREE LYNCH, M.Ed., RN	Daytime Phone	Evening Phone
Address		
Treasurer THOMAS PLAUT	Daytime Phone	Evening Phone
Address		

What is the agency fiscal year (does not apply to a PCSA)? JANUARY-DECEMBER

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