

Date Issued\_\_\_\_\_

Caseworker\_\_\_\_\_

Phone Number\_\_\_\_\_

**STATE OF HAWAII  
Department of Human Services**

APPLICATION FOR CERTIFICATE OF APPROVAL FOR FAMILY CHILD CARE

1. We wish to provide child care for a child (children) in our home.

2. We would like to care for:

Number of children\_\_\_\_\_

Ages of children: Over\_\_\_\_\_ and under\_\_\_\_\_

3. Our reasons for wanting to care for a child (children) are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. We understand that we shall be interviewed and a study of our home will be made after this and other required forms are completed and returned.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Date)

An approved home will receive a Certificate of Approval.

(Applicants are requested to fill in the attached supplementary section. If this form is not returned within thirty (30) days, your application will be considered as withdrawn. Another application may be made at any time.)

PERSONAL INFORMATION

NAME: \_\_\_\_\_  
(Last) (First) (Maiden) (Spouse)

ADDRESS: \_\_\_\_\_  
(Number) (Street) (City) (St) (Zip Code)

BIRTHDATE: \_\_\_\_\_ PH: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ PH: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_  
(Self) (Spouse)

CHILDREN LIVING AT HOME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name) (Birthdate)

OTHERS LIVING IN THE HOME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name) (Birthdate) (Relationship)

NUMBER OF CHILDREN & AGES RECEIVING CHILD CARE IN YOUR HOME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substitutes: (2)

1. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address

PERSONAL INFORMATION

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Submit two (2) written references. (Omit this section for renewal of FCC license.)

Name, address, phone:

1. \_\_\_\_\_  
Name Phone

\_\_\_\_\_

Address

\_\_\_\_\_

Address

2. \_\_\_\_\_  
Name Phone

\_\_\_\_\_

Address

\_\_\_\_\_

Address

