|  |  |  |
| --- | --- | --- |
| **State of Hawaii- Department of Human Services**  | **Worker’s Name:** |       |
|  **Benefits Employment & Support Services Division**  | **Unit # / Tel:** |       /       |
|  |  |
| **Originating Unit:** | [ ]  CCCH |  | [ ]  FTW CC |

**EXEMPT HOME-BASED PROVIDER’S RELATIONSHIP TO**

**ALL CHILDREN IN CARE FORM**

|  |
| --- |
|  |
| **A.** | **FAMILY INFORMATION (To be completed by DHS Staff):** |
|  |
| **1.** | **CLIENT NAME:** |  | **2.** | **CLIENT ID:** |  |
|  |
|  |
| **B.** | **CHILD CARE PROVIDER SELF-CERTIFICATION (To be completed by provider)** |
|  |
| **1.** | **PROVIDER NAME:** |  |  |
|  **(Must be same provider from DHS 918, page 1, section C.1.)** |
|  |
| **2.** | I provide care to all of the children listed below, including children that do not receive DHS child care payments: |
|  |
|  | **Name of Child** | **Provider’s Relationship**  **to the child\*** | **Age of Child****(in years)** | **(For DHS Use Only)** |
| **List HANA ID #** **or N/A** | **Related****(Yes / No)** |
|  |  |  |  |  |  |
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|  |
| **\*Indicate aunt, uncle, grandparent, great-grandparent, etc. If unrelated to the child, indicate “none”.** |
|  |
|  |
| **SIGNATURE:** |  |  | **DATE:** |  |
|  |  |  |  |  |
|  |
|  |