|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** | | | | |  | | |
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