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

**EXEMPT HOME-BASED PROVIDER’S HOUSEHOLD FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **A.** | **FAMILY INFORMATION (To be completed by DHS Staff):** | | | | | | | |
|  | | | | | | | | |
|  | **CLIENT NAME:** |  | | |  | **CLIENT ID:** |  | |
|  | | | | | | | | |
|  | | | | | | | | |
| **B.** | **EXEMPT HOME-BASED CHILD CARE PROVIDER HOUSEHOLD INFORMATION**  **(To be completed by provider)** | | | | | | | |
|  | | | | | | | | |
| **1.** | **PROVIDER INFORMATION (Must be same provider from DHS 918, page 1, section C.1.)**  I understand that I am required to undergo background checks as I am an exempt-home based child care provider providing care in my home for families who receive child care subsidy payments. | | | | | | | |
|  |  | | | | | | | |
|  | **Name of Provider** | | **Birthdate** | **Social Security**  **Number** | | | | **(For DHS Use Only)** |
|  |  | |  |  | | | |  |
|  | | | | | | | | |
| **2.** | I understand that all adult household members living in my home are required to undergo background checks when I provide child care in my home for families who receive child care subsidy payments.  List all Adult Household member’s name, birthdate and social security number. | | | | | | | |
|  | | | | | | | | |
|  | **Name of Adult Household Member** | | **Birthdate** | **Social Security**  **Number** | | | | **(For DHS Use Only)** |
|  |  | |  |  | | | |  |
|  |  | |  |  | | | |  |
|  |  | |  |  | | | |  |
|  |  | |  |  | | | |  |
|  |  | |  |  | | | |  |
|  |  | |  |  | | | |  |
|  | | | | | | | | |
| **3.** | Provider’s Home Address:  Home Address: | | | | | | | |
| City:  State: HI Zip code: | | | | | | | |
|  | | | | | | | | |
| **Provider’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |
| **Please bring the DHS 948 Authorization for Background Check and To Release Findings form completed to your fingerprinting appointment. Each person shall bring in their own form at the time of fingerprinting.** | | | | | | | | |