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

**LEGALLY EXEMPT HOME-BASED HOUSEHOLD FORM**

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|  |
| **A.** | **FAMILY INFORMATION (To be completed by DHS Staff):** |
|  |
|  | **CLIENT NAME:** |  |  | **CLIENT ID:** |  |
|  |
|  |
| **B.** | **LEGALLY EXEMPT HOME-BASED CHILD CARE 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 as a legally exempt home-based child care provider for families who receive child care subsidy payments I am required to undergo background checks. |
|  |  |
|  | **Name of Provider** | **Birthdate** | **Social Security****Number** | **(For DHS Use Only)** |
|  |  |  |  |  |
|  |
| **2.** | **HOUSEHOLD INFORMATION:** I understand that as a legally exempt home-based child care provider for families who receive child care subsidy payments all adult household members living in my home where I provide care or in the child’s home (excluding child’s parents) are required to undergo background checks.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)** |
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|  |
| **3.** | Provider’s/Child’s (if care is being provided in the child’s home) home address: |
| Home Address:  |   |  |
| City: |   | State: HI  | Zip code: |       |  |
|  |
| **Provider’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Please bring the completed DHS 948 Authorization for Background Check and To Release Findings form to your fingerprinting appointment. Each person shall be responsible for his/her own form.** |