

FAMILY DAY CARE HOME APPLICATION

FOR DEPARTMENT OF HUMAN SERVICES (DHS) USE ONLY			Date Received: _____			
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Expansion <input type="checkbox"/> Other _____			Assigned Licensing Specialist: _____			
COMPLETE FOR ALL APPLICANTS (Please Print)						
Applicant Name (Last, First, Middle, Former or Maiden)			Date of Birth		Primary Spoken Language	
Address (Street Number and Name)			Race/Ethnicity (check all that apply):		Marital Status:	
City	State	Zip Code	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
E-mail Address		Telephone Number () _____				
Have You Been Previously Licensed /Approved /Registered to Care for Children in Arlington County? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Are you Currently Licensed/Approved/Registered to Care for Children in Arlington County? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please provide a copy of your license						
Have You Applied for Any Other Licensed/Approved/Registration to Care for Children in Arlington County? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain status _____						
Have You, Or Has Any Person That Will Be Assisting in The Care of Children:						
•Been Convicted of an Offense Other Than a Minor Traffic Violation?			<input type="checkbox"/> No	<input type="checkbox"/> Yes		
•Had a History of Substantiated Abuse or Neglect of Children or Adults?			<input type="checkbox"/> No	<input type="checkbox"/> Yes		
LICENSE TERMS						
Requested Age Range				Child Capacity Requested (<i>number of children you wish to be approved/licensed for/may not exceed 12</i>)		
Minimum Age: _____ to Maximum Age (Age 12 is the maximum age): _____						
PROGRAM INFORMATION						
Operation Type (Check all applicable) <input type="checkbox"/> FULL DAY <input type="checkbox"/> PART DAY <input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL						
Months of Operation (Check all applicable) <input type="checkbox"/> YEAR-AROUND <input type="checkbox"/> SCHOOL YEAR <input type="checkbox"/> SEASONAL (please indicate specific months) _____						
Additional Program Components (Check all applicable) <input type="checkbox"/> INFANTS <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> VIRGINIA QUALITY <input type="checkbox"/> ON SITE FOOD PREPARATION/MEALS <input type="checkbox"/> USDA <input type="checkbox"/> SUBSIDY PROGRAM						
Days and Time of Operation (<i>indicate a.m. / p.m.</i>)			DIRECTIONS TO FAMILY DAY CARE HOME			
Sunday	From:	To:	<i>(indicate nearest intersection)</i>			
Monday	From:	To:				
Tuesday	From:	To:				
Wednesday	From:	To:				
Thursday	From:	To:				
Friday	From:	To:				
Saturday	From:	To:				
Do you offer evening care? (care through 7 p.m.) <input type="checkbox"/> No <input type="checkbox"/> Yes						
Do you offer nighttime care? (care between 7 p.m. – 6 a.m.) <input type="checkbox"/> No <input type="checkbox"/> Yes						

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HOUSEHOLD MEMBERS					
	First name	Last Name	Date of Birth	Primary Language	
Spouse (if living in the home)					
Household Members- Including children, family members, friends and/or tenants living in the home					
Relationship:	First name	Last Name	Date of Birth	Picture Identification # (14 years & older)	
1					
2					
3					
4					
5					
Substitute/ Assistant Provider					
Relationship:	First name	Last Name	Date of Birth	Primary Language	Picture Identification #
Pets in the home					
Name	Type of Pet		Registration # if applicable		
APPLICATION AGREEMENT:					
<p>I certify that the local services agency will assess my suitability as a provider of care to clients by securing references and other information in accordance with the standards. I certify that all information on this application, including the background information, is true and accurate to the best of my knowledge. I agree to comply with all standards for agency approved providers as outlined in Arlington County Chapter 59 Family Day Care Homes.</p>					

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In making this application, I agree that:

1. I have reviewed the Arlington County Code Chapter 59 and the licensing rules for the operation of the child care program indicated above, and if granted a license, I agree to comply with all regulations and procedures.
2. I give permission to Arlington County Child Care Services staff to make necessary on-site inspections of my facility and services.
3. I understand that representatives of Arlington County Child Care Services are authorized to examine all aspects of the facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. Furthermore, I understand that interfering with the representative's duties is grounds for denial or revocation of the license.
4. I agree to care for the number of children stated on my license.
5. I certify that I will notify Arlington County Child Care Services if I or any member of my household or any person caring for children in my program has been arraigned for an offense or has a history of substantiated child abuse or neglect.
6. I understand that background checks (Sworn Disclosure Statement and National Criminal Background Check) are required for any applicant, agent, caregiver or adult household member that are at least 18 years old listed on the application and must be kept current for myself, household members and any person providing care.
7. I understand that a Child Protective Service Central Registry check is required for any applicant, agent, caregiver and all household members that are at least 14 years of age or older and must be kept current for myself, household members, and any person providing care.
8. I understand that an out-of-state Central Registry Check is required for any applicant, agent, caregiver, and all household members that are at least 18 years of age or older, who has lived in another state in the past five (5) years and must be kept current for myself, household members, and any person providing care.
9. I am aware of the legal provision that to operate a family child care program without a valid license constitutes citation as indicated in Chapter 59.
10. I certify that any information I give in respect to the Arlington County Child Care Services investigation will be, to the best of my ability, true and correct and that providing any false or misleading information is grounds for denial or revocation of the license.
11. I give permission to Arlington County Child Care Services to contact persons, in order to determine compliance with the regulations and procedures.

Signature of Applicant

Date

Signature of Spouse

Date