

Registered Home Census List

Please complete the following:

List ALL persons that **live** in the home. List yourself first. (Use additional paper if necessary)

(Last Name) (First Name) (Middle Name) Male Female
Date of Birth ___/___/___ Social Security # _____ - _____ - _____ Relationship to Applicant SELF
(Optional)

(Last Name) (First Name) (Middle Name) Male Female
Date of Birth ___/___/___ Social Security # _____ - _____ - _____ Relationship to Applicant _____
(Optional)

(Last Name) (First Name) (Middle Name) Male Female
Date of Birth ___/___/___ Social Security # _____ - _____ - _____ Relationship to Applicant _____
(Optional)

(Last Name) (First Name) (Middle Name) Male Female
Date of Birth ___/___/___ Social Security # _____ - _____ - _____ Relationship to Applicant _____
(Optional)

(Last Name) (First Name) (Middle Name) Male Female
Date of Birth ___/___/___ Social Security # _____ - _____ - _____ Relationship to Applicant _____
(Optional)

IMPORTANT

All persons 16 years and older who reside with you or assist you in providing care must complete and sign the Records Check Authorization Form, per 33 V.S.A. § 309. Please see page 2.

Please keep a copy for your records. Send this and all completed forms to:

Child Development Division; 280 State Drive, NOB 1 North; Waterbury, VT 05671

(Toll free) 800-649-2642 - (Fax) 802-241-0846



RECORD CHECK AUTHORIZATION FOR CHILD CARE PROGRAM

Print the name of the Child Care program exactly as it appears on the License Certificate:

(Certificate Number) (Name of the program on the License Certificate)

(Town of Program) (Program Telephone #) ____/____/____
(Employment Start Date)

Circle position held:

(see licensing regulations if you need additional help to determine which position applies)

- | | | | |
|---------------------------------------|--------------------------|--------------------------------|----------------------------|
| Director | Licensee/Owner | Teacher | Teacher Associate |
| Assistant | Trainee | Aide | Substitute |
| Business Manager | AS Program Administrator | AS Program Staff | AS Activity Specialist |
| Non-Parent Volunteer | Auxiliary Staff | Partner Staff | Family Child Care Provider |
| Household Member | | Household Member/Care Provider | |
| AS Youth Volunteer/Leader in Training | | | |

Print: _____
(Last Name) (First Name) (Middle Name)

Print maiden name and all other names used: _____

Social Security #: _____ (Optional) Date of Birth: ____/____/____ Age: ____

Place of Birth: _____ (Town) _____ (State) Male Female

Have you been employed in child care in the state of Vermont within the past 180 days? Yes No

If yes, where? _____ Date left: ____/____/____

Personal Contact Number: _____ All States lived in the last 5 years: _____

Mailing Address: _____
(Street, Road, or PO Box) (City/Town) (State) (Zip code)

Email: _____

Have you ever been convicted or found by a court to have committed a felony, a fraud, a crime of violence or unlawful sexual activity and/or had abuse or neglect substantiated against you? Yes No

If YES, give conviction description: (attach additional sheets as needed) _____

I authorize the Department for Children and Families to perform an investigation, and examine records including, but not limited to, the abuse and neglect records maintained by the Department for Children and Families and the Adult Abuse Registry, and criminal records maintained by the Vermont Crime Information Center. Furthermore, I understand my information will be added to VCIC subscription service. I understand that I have the right to appeal the accuracy of any information obtained from the Vermont Crime Information Center by writing to: Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300

Signature: _____ **Date:** _____

INCOMPLETE FORMS WILL BE REJECTED

Keep a copy for your record.

Child Development Division
NOB 1 North - 280 State Drive
Waterbury, Vermont 05671-1040

