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

VERMONT
DEPARTMENT FOR CHILDREN AND FAMILIES
CHILD DEVELOPMENT DIVISION

Department for Children and Families / Child Development Division
Registered Home – RECORD CHECK AUTHORIZATION

All members of the household who are 16 years of age or older and/or any person(s) who assists in child care must read, complete, and sign this authorization. This information will be used by the Division to make necessary and reasonable investigations including, but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center (State Police). The accuracy of any information obtained from the Vermont Criminal Information Center may be appealed by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101.

1. **Person applying for Registration / Re-Registration complete and sign this section.**

_____ ____/____/____ _____
Print name (last, first, middle) Date of Birth Social Security #

_____ ❒ ❒ _____
Print maiden and all other last names used Male Female Place of Birth (Town & State)

Print town in which you live: _____ Telephone Number: _____

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 to perform an investigation, and examine records including, but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center.

Signature: _____ **Date:** ____/____/____

Others who live in your home who are 16 years or older, complete and sign this section.

_____ ____/____/____ _____
Print name (last, first, middle) Date of Birth Social Security #

_____ ❒ ❒ _____
Print maiden and all other last names used Male Female Place of Birth (Town & State)

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 to perform an investigation, and examine records including, but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center.

Signature: _____ **Date:** ____/____/____

Others who assist in providing child care, but do not live in the home, complete and sign this section.

_____ ____/____/____ _____
Print name (last, first, middle) Date of Birth Social Security #

_____ ❒ ❒ _____
Print maiden and all other last names used Male Female Place of Birth (Town & State)

_____ _____ _____
Print town in which you live Telephone Number Relationship to provider

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 to perform an investigation, and examine records including, but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center.

Signature: _____ **Date:** ____/____/____

Keep a copy for your record.

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

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DEPARTMENT FOR CHILDREN AND FAMILIES
CHILD DEVELOPMENT DIVISION