

Family Child Care Home Census List

Please complete the following:

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

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

Please complete the following:

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

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

Please complete the following:

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

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

Please complete the following:

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

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

Please complete the following:

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

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

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.

Keep a copy for your record.

FORMS THAT ARE INCOMPLETE OR CANNOT BE READ EASILY WILL BE REJECTED

Send this and all completed forms to:

Child Development Division
280 State Drive, NOB 1 North
Waterbury, VT 05671
(Fax) 802-241-0846

