

AGENCY USE ONLY  
Worker: \_\_\_\_\_  
Area: \_\_\_\_\_  
Cross Streets: \_\_\_\_\_  
Case#: \_\_\_\_\_  
License#: \_\_\_\_\_

**FAMILY/GROUP CHILD CARE HOME APPLICATION**  
**WASHOE COUNTY HUMAN SERVICES AGENCY**  
350 S. CENTER STREET  
Reno, Nevada 89501-2103  
Telephone: (775) 337-4470 Fax: (775) 337-4495

Check: new applicant  
renewal  
change in license

Complete all sections. Write "none" if not applicable.

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1. FACILITY IDENTIFICATION:

Child Care applicant: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Prior Married Name(s) & Alias Names (List every name you've had): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_

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2. TYPE OF FACILITY: Check the type of care you are requesting a license to provide.

A. Home Child Care

Family Child Care home for up to 6 children ages \_\_\_\_\_ to \_\_\_\_\_

Group Child Care home for 7 to 12 children ages \_\_\_\_\_ to \_\_\_\_\_ (Special Use Permit required from Zoning)

Before and After School Care: Yes No

(Maximum three children including children 11 years and under living in the residence)

B. Specialized Child Care – qualified director and program standards required.

Do you wish to run a(n): Infant-Toddler Nursery? Special Needs Facility?

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3. HOURS OF OPERATION:

Facility will operate: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Facility will operate from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m. **OR**

Facility will operate 24 hours per day.

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4. REFERENCES: Give four references for person completing application. Please use complete addresses. Do not list relatives or business firms.

Last name, First name, M.I.	Street Address	City/State	Zip Code	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*\*\*\*\*  
Persons with disabilities who require special accommodations or assistance completing this application should notify the Child Care Licensing Unit, Washoe County Human Services Agency, 350 S. Center Street, Reno, Nevada 89501-2103 in writing or by calling (775) 337-4470.

5. FACILITY RESIDENTS: List all persons who reside on the premises of facility. Include tenants, roomers, boarders, employees, family members, etc. Write "none" if no one lives on facility premises.

Last name, First name, M.I. Birthdate Sex Social Security No. Employer/Occupation/School Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pet Names Type (dog, cat, etc.)

\_\_\_\_\_  
\_\_\_\_\_

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6. OWNERSHIP: Do you own facility premises? [ ] yes [ ] no

If "no", give name and address of owner: \_\_\_\_\_  
\_\_\_\_\_

(In rented or leased facilities, written permission of landlord is required for licensure)

Is the residence an apartment or townhouse / condominium? yes no

Will child care be conducted in a mobile home? yes no Year of Construction: \_\_\_\_\_

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7. INSURANCE: Name of insurance company and agent (child care liability insurance carrier)

Name of agent: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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8. Have you previously been licensed for child care? If so, give State, agency, address, telephone number, dates licensed, license number: \_\_\_\_\_  
\_\_\_\_\_

9. Are you now or have you previously been licensed as a foster parent? If so, give State, agency, address, telephone number, dates licensed, license number: \_\_\_\_\_  
\_\_\_\_\_

10. I certify that my foregoing responses are true and correct. I understand that if I provide false information, my application can be denied or my license could be subject to revocation or denial.

11. AUTHORIZATION TO INVESTIGATE: I authorize Washoe County Human Services Agency to conduct any investigation necessary to process this application for child care license.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing application