

AGENCY USE ONLY
Worker: _____
Area: _____
Cross Streets: _____
Case#: _____
License#: _____

**FAMILY/GROUP CHILD CARE HOME APPLICATION
WASHOE COUNTY HUMAN SERVICES AGENCY**

P. O. Box 11130
Reno, Nevada 89520-0027
Telephone: (775) 337-4470 Fax: (775) 337-4495

Check: new applicant
renewal
change in license

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

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: _____

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?

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.

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, P.O. Box 11130, Reno, Nevada 89520-0027 in writing or by calling (775) 337-4470.

- | <u>Last name</u> , <u>First name</u> , M.I. | <u>Birthdate</u> | <u>Sex</u> | <u>Social Security No.</u> | <u>Employer/Occupation/School Grade</u> |
|---|------------------|------------|----------------------------|---|
| Smith, John, A. | 03/15/1985 | M | 123-45-6789 | ABC Company / Software Engineer |
| Doe, Jane, B. | 07/22/1990 | F | 987-65-4321 | XYZ High School / Senior |
| Johnson, Michael, C. | 11/08/1978 | M | 555-44-3333 | DEF University / Professor |
| Williams, Sarah, D. | 05/30/1992 | F | 222-33-4444 | GHI Middle School / Teacher |
| Brown, David, E. | 09/12/1988 | M | 777-88-9999 | JKL Corporation / Analyst |
| Miller, Emily, F. | 02/01/1995 | F | 666-77-8888 | MNO Academy / Student |
| Wilson, Robert, G. | 06/18/1980 | M | 111-22-3333 | PQR Inc. / Manager |
| Moore, Lisa, H. | 10/05/1983 | F | 444-55-6666 | STU Hospital / Nurse |
| Taylor, James, I. | 04/27/1991 | M | 333-44-5555 | VWX College / Freshman |
| Anderson, Karen, J. | 08/14/1987 | F | 888-99-0000 | YZA Bank / Clerk |

[illegible]

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: _____

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

Name of agent: _____ Telephone No.: _____

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