Application for Family and In-Home Child Care Certification

Completion of this form meet the requirements as stated in the DWD 55.04(3), Wisconsin Administrative Code. An application is officially received by the agency only if it is completely filled out, signed, dated and submitted with all required materials. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes]

First Name	Middle Name		Last Name			
Social Security Number	Date of Birth	Telephone Numb	per E-mail			
Care Will Be Provided In: (check one) Childs Home Providers Home			Telephone Num () County/Tribe	iber		
Mailing address if different from the above (PO Box, Rural Route, etc)						
Do you rent the property where the care will be provided? No Yes If yes, Landlord Permission to Operate Child Care Business (DWSW-13260) must be submitted						
Landlord Name			Telephone Num	Telephone Number of Landlord		
Do you currently hold a license/certificate to care for children and/or adults? No Yes (Examples: Foster care licensed, family child care license, etc) If yes, Regulatory Agency Approval to Operate Child Care Business (DWSW-13259) must be submitted						
Regulating Agency Name			Type of License			
Water Supply: Public Source Private Well. Date of last water test						
Caregiver Information: Include assistants, substitutes, emergency back-up providers, volunteers, and employees who do not reside in the home). Submit Background Information Disclosure (BID) form and training information.						
Name (first, last)	Title	Date of Birth	Social Security Number	SIDS/SBSTtraining Date(s)		

Individuals in the home (include children (any age), spouse, and other individuals with direct contact with children in care). Submit a BID form for individuals 10 years and older.						
Name (first, last)	Date of Birth	Social Security Number	Relationship to the Applicant	Position*		

Attach a separate sheet if necessary

* Please indicate if the house-hold member works as helper, volunteer, substitute in the child care program.

References (List 3 individuals unrelated to you, who are familiar with you and your ability to care for children.) Check with the certifying agency if references are required.					
Name (first, last)	Address (number/street/city/state/zip code)	т	elephone Number		
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		()		
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I authorize the certifying agency to request and receive any information that is appropriate and necessary for the administration of certification requirements for child care. Sources of information may include, but are not limited to, Department of Corrections, Department of Health and Family Services, Department of Justice, Division of Unemployment Insurance, Child Support, Department of Regulation and Licensing, Internal Revenue Service, Department of Transportation, Wisconsin Technical College System or any other educational institution, county/tribal departments of social/human services, law enforcement agencies, or a current or former employer. Personally identified information collected on this form may be used, in part, through computer matching to verify information with the departments, agencies and employers identified above.

I acknowledge having received the rules for certification (DWD 55, Wis. Admin. Code) and accept legal responsibility for complying with all administrative rules promulgated by DWD under the authority of s. 49.155 (1d), Wis. Stats. By signature, I signify a willingness to provide the certifying agency with information to verify whether or not the requirements for certification are met and further authorize the agency to make such investigation as is necessary for verification of these factors, including access to premises any time during hours of operation.

I affirm that all statements made in this application and any attachments are true and correct to the best of my knowledge. I understand that failure to submit correct or truthful information or omitting information is grounds for denial, revocation or other sanction under the authority of applicable statutes and or administrative codes. Credible statements made to the agency that contradict information I provide under my written attestation also may be grounds for denial, revocation or other sanction of my certification. I will comply with all law, rules and regulations in Wisconsin.

Applicant Name (Type/Print)	
Applicant Signature	Date Signed