## 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	Last Name		
			2331131113			
Social Security Number	Date of Birth	Telephone Num	ber E-mail			
		,	Telephone Numb	ner er		
Care Will Be Provided In: (check one)	( )	301				
Address where the child care will be provided	County/Tribe					
Mailing address if different from the above (P	O Box, Rural Route,	etc)				
Do you rent the property where the care			☐ No	☐ Yes		
If yes, <u>Landlord Permission to Operate Child C</u>	are Business (DWS)	W-13260) must be				
Landlord Name	Telephone Numb	per of Landlord				
			( )			
Do you currently hold a license/certific	ate to care for ch	ildren and/or ad	ults?	☐ Yes		
(Examples: Foster care licensed, family child c		. (5)4(6)4(				
If yes, Regulatory Agency Approval to Ope	erate Child Care B	usiness (DWSW-1		Contificato		
Regulating Agency Name			Type of License/	Certificate		
Water Supply:	☐ Private Well. D	ate of last water t	est	_ (Submit a copy of		
Pets in the home:	Submit current rab	ies test for cats of	logs and forrets			
rets in the nome No res	Submit Current rab	ies test for cats, t	dogs and refrets.			
Primary Language: T English	□ Spanich	□ Umona [	□ Bussian			
Primary Language:	☐ Spanish	☐ Hmong	_ Russian.			
Caregiver Information: Include assistar	nte euhetitutee en	nergency back-ur	nrovidere volunteere :	and employees		
who do not reside in the home). Submit B						
			Social Security	SIDS/SBSTtraining		
Name (first, last)	Title	Date of Birth	Number	Date(s)		

Name (first, last)	Date of Birth	Social Security Number		nship to plicant	Position*
	+				
	+				
					_
			+		
th a separate sheet if necessary					
ase indicate if the house-hold member	r works as helper, volunte	er. substitute in the child	care progra	m.	
	C	0.704	2		
ferences (List 3 individuals unrelated eck with the certifying agency if referen		vith you and your ability t	to care for ch	nildren.)	
cok with the ocialying agency i	oco are required.				
Name (first, last)	Address (number/street/city/state/zip code)			Teleph	none Number
				( )	
				( )	
				( )	
				<u></u>	
thorize the certifying agency to request ification requirements for child care. So					
partment of Health and Family Services,	, Department of Justice, D	Division of Unemployment	t Insurance,	Child Supp	ort, Departme
julation and Licensing, Internal Revenue cational institution, county/tribal departn					
sonally identified information collected o	on this form may be used,				
artments, agencies and employers iden					
knowledge having received the rules for administrative rules promulgated by DWI					
vide the certifying agency with information	ion to verify whether or not	t the requirements for ce	rtification are	e met and f	urther authoriz
ency to make such investigation as is neo operation.	cessary for verification or	these factors, including a	access to pre	emises any	time during n
•	" " and and officer	the second correct	· Use boot o	Company	' - Lundore
firm that all statements made in this appl t failure to submit correct or truthful infor	rmation or omitting informa	ation is grounds for denia	al, revocatior	n or other s	anction under
hority of applicable statutes and or admi vide under my written attestation also m	inistrative codes. Credible	statements made to the	agency that	t contradict	information I
aw, rules and regulations in Wisconsin.		Tevocation of other suns	Alon or my c.	Hillioano	I WIII COILIPIS .
olicant Name (Tyne/Print)	_	·			
plicant Name (Type/Print)					