

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	

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

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

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

_____	_____	_____	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 05671-1040
(Fax) 802-241-0848
(Email) ahs.dcfddchildcarelicensing@vermont.gov
Must be sent from a secure email.

