



FAMILY CHILD CARE HOME II APPLICATION

- Provisional
- Operating
- Amend
(Describe _____)

Name of Facility		Licensee		Primary Provider	
Address		City		County	
Telephone Number of Facility		Days of Operation <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su			
Total Number of Children Requested (Capacity) _____		Age Range of Children _____ to _____			
Hours of Care _____ a.m. to _____ p.m. or <input type="checkbox"/> 24 Hour Care					

Staff Members	Date of Birth	Social Security Number	Work Schedule (days and hours)
(Staff Members and Household Members should list previous names or aliases, and/or maiden name if applicable.)			
Primary Provider:			
Secondary Providers:			
Substitutes:			

IF FACILITY IS NOT IN YOUR RESIDENCE, THIS SECTION DOES NOT NEED TO BE COMPLETED			
Household members and all providers' children			
Name	Date of Birth	Social Security Number	Relationship to Licensee and/or Primary Provider

I give the Health and Human Services System staff permission to check my name and the names of all household members, secondary providers, substitutes and volunteers age 13 and older with the Nebraska Child Abuse and Neglect Registry.

I give the Health and Human Services System staff permission to check my name and the names of all household members, secondary providers, substitutes and volunteers age 18 and older with the Nebraska Adult Protective Services Central Registry.

I understand that the Health and Human Services System Licensing staff may take photographs of the areas of my facility designated for child care.

I understand that Health and Human Services System Licensing staff may release specific requested information concerning my licensing file to the public upon written or verbal request.

SIGN _____ **DATE** _____
HERE

Distribution: WHITE COPY - Central Office; CANARY COPY - Child Care Resource Specialist; PINK COPY - Applicant