

INSTRUCTIONS

Amendment to an Application FOR Change in Household Member Addition/Removal of Staff in a Family Child Care Home I or II

Completing the Amendment to an Application:

- Enter the complete name of the program as it appears on the license.
- Enter the complete license number beginning with FI, FII, CCC, SAOC, or PRE.
- Child Care Subsidy: Indicate whether you: Accept child care subsidy; Currently do not accept subsidy, but willing to in the future; or Do not accept subsidy.
- Instructional information is written in *Italics* beside or below the required information, documentation or form to be submitted.
- ALL required parties must sign the Amendment to Application. Signing this Amendment to Application verifies that information provided is true and correct.

Additional Forms/Paperwork Required: As appropriate to age the following forms must be submitted with the Amendment to an Application. Forms are located in the Forms section of the Nebraska Child Care Licensing website found at the link:

<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

- FORM – 13 years and older; Consent and Authorization for Release of Information for the type of care you provide.
- FORM – 19 years and older; Consent and Authorization for Release of Information.
- FORM – 19 years and older; Report of Law Enforcement Contact.
- Criminal history record check from one or more City, County, and State Law Enforcement Agencies based on the individuals residence – 19 years and older.

Submitting the Amendment to an Application and forms:

OPTION 1: **EMAIL:** The completed application and the required additional documentation may be submitted to the Department by scanning and emailing those documents to DHHS.ChildCareLicensing@nebraska.gov.

OPTION 2: **U.S. Mail:** The completed application and required additional documentation may be mailed to:

Cass, Douglas, Sarpy & Washington Counties:
DHHS/Division of Public Health
Office of Children's Services Licensing
1313 Farnam Street, 3rd Floor
Omaha, NE 68102

ALL Other Nebraska Counties:
DHHS/Division of Public Health
Office of Children's Services Licensing
P.O. Box 94986
Lincoln, NE 68509-4986

AMENDMENT TO AN APPLICATION CHANGE IN HOUSEHOLD MEMBER

ADDITION/REMOVAL OF STAFF IN A FAMILY CHILD CARE HOME I OR II

PLEASE READ CAREFULLY, TYPE OR PRINT LEGIBLY

Name of Program: _____

License Number of Program: _____ *(Include FI, FII, CCC, SAOC, or PRE)*

Phone Number: _____ Email Address: _____

Child Care Subsidy (*choose one*): Accept subsidy.
 Currently do not accept subsidy, but willing to in the future.
 Do not accept subsidy.

Provide the following information for ALL persons being added to the household INCLUDING spouse, significant other, children (including a newborn), grandchildren, any other person, and for any STAFF being added to/removed from a Family Child Care Home I or II.

LEGAL NAME <i>(Last, First, Middle Initial)</i>	OTHER NAMES USED <i>(maiden, alias, nickname)</i>	SOCIAL SECURITY NUMBER	BIRTH DATE <i>(MM/DD/YY)</i>	HOUSEHOLD MEMBER RELATIONSHIP TO APPLICANT <i>(i.e., son, daughter, spouse)</i>	STAFF OR VOLUNTEER

CERTIFICATION AND SIGNATURES OF OWNERS

An Amendment to an Application must be signed by:

- The owner, when the applicant is an **Individual Owner**;
- All owners, when the applicants are a **Partnership**;
- Two members, when the applicant is a **Limited Liability Company** (One signature will be accepted if the LLC is a one member company.)
- Two officers that have authority to bind the **Corporation** to the terms of the application, when the applicant is a corporation. However, one signature will be accepted if the articles of incorporation are submitted with the application.

I/We have fully disclosed all owners of the program regardless of whether an owner participates in the operation of the program. I/We certify to the best of my/our knowledge that the information provided on this Amendment to an Application is true and correct.

Print Name and Title	Signature	Date
Print Name and Title	Signature	Date
Print Name and Title	Signature	Date