

AGENCY USE ONLY  
Worker: \_\_\_\_\_  
Area: \_\_\_\_\_  
Cross Streets: \_\_\_\_\_  
Case#: \_\_\_\_\_  
License#: \_\_\_\_\_

**FAMILY/GROUP CHILD CARE HOME  
INITIAL APPLICATION  
WASHOE COUNTY HUMAN SERVICES AGENCY**

350 S. Center Street  
Reno, Nevada 89501-2103  
Telephone: (775) 337-4470 Fax: (775) 337-4495

Please submit fee of \$30.<sup>00</sup>

Complete all sections. Write "none" if not applicable.

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1. FACILITY IDENTIFICATION:

Child Care applicant: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Prior Married Name(s) & Alias Names (List every name you've had): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_

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2. TYPE OF FACILITY: Check the type of care you are requesting a license to provide.

Home Child Care

Family Child Care home for up to 6 children ages \_\_\_\_\_ to \_\_\_\_\_

Group Child Care home for 7 to 12 children ages \_\_\_\_\_ to \_\_\_\_\_ (Special Use Permit required from Zoning)

Before and After School Care (select one): Yes \_\_\_\_\_ No \_\_\_\_\_  
(Maximum three children including children 11 years and under living in the residence)

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3. HOURS OF OPERATION:

Facility will operate (circle days): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Facility will operate from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m. **OR**

Facility will operate 24 hours per day.

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4. REFERENCES: Give four references for person completing application. Please use complete addresses. Do not list relatives or business firms.

Last name, First name, M.I.	Street Address	City/State	Zip Code	Telephone
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. FACILITY RESIDENTS: List all persons who reside on the premises of facility. Include tenants, roomers, boarders, employees, family members, etc. Write "none" if no one lives on facility premises. Please use a separate page if needed.

Last name, First name, M.I.                      Birthdate    Sex    Social Security No.                      Alternate


Alternate (Last, First, D.O.B)                      CLEARED    Pet Names                      Type (dog, cat, etc.)    Rabies Exp.

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6. OWNERSHIP: Do you own facility premises?            yes            no

If "no", give name and address of owner:

(In rented or leased facilities, written permission of landlord is required for licensure)

Is the residence an apartment or townhouse / condominium?            yes            no

NOTE: Child Care CANNOT be done in a 2<sup>nd</sup> story apartment.

Will child care be conducted in a mobile home?            yes            no            Year of Construction:

7. INSURANCE: Name of insurance company and agent (child care liability insurance carrier)

Name of agent:

Telephone No.:

8. Have you previously been licensed for child care? If so, give State, agency, address, telephone number, dates licensed, license number:

9. Are you now or have you previously been licensed as a foster parent? If so, give State, agency, address, telephone number, dates licensed, license number:

10. I certify that my foregoing responses are true and correct. I understand that if I provide false information, my application can be denied or my license could be subject to revocation or denial.

11. AUTHORIZATION TO INVESTIGATE: I authorize Washoe County Human Services Agency to conduct any investigation necessary to process this application for child care license.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing application

Persons with disabilities who require special accommodations or assistance completing this application should notify the Child Care Licensing Unit, Washoe County Human Services Agency, 350 S. Center Street, Reno, Nevada 89501-2103 in writing or by calling (775) 337-4470.