

NOTICE OF FORM CHANGE NO. 05-160

DATE

01/17/2006

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE

LIC 279 ENG (1/06) Application For A Family Child Care Home License

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 1/06	REPLACES 2/05	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 1/06

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This form is now a Master Only with two pages.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

Need help completing the Application For a Family Child Care Home License?

These are instructions for filling out the Application for a Family Child Care Home License (LIC 279). Match the numbered items on this page with the numbered sections on the Application.

For your information, details on the Application are public information.

1. **TYPE APPLICATION** - A "New Application" is a request to license both an individual and a home that are not now licensed. A "Capacity Change" is a request to increase the approved number of children in an already licensed home. A "Location Change" is a request by a licensee to obtain a new license when he/she plans to move. An "Update" is, for example, to request a change in your name or phone number.
2. **APPLICANTS** - The applicants are the persons who will be responsible for providing child care in their own home. All applicants must live in the home to be licensed and must be 18 years of age or older to be licensed to provide child care. A "Yes" check means the applicants are 18 years of age or older.
- 3a. **YOUR HOME ADDRESS** - Your home address is the location of the home in which you live and want to provide care. This is the home that the Licensing Agency will inspect to determine whether it meets health and safety standards.
- 3b. **LIST OF ADDITIONAL COUNTIES** - If you have not lived in this county for two years, list all other counties where you have lived in the past two years.
4. **MAILING ADDRESS** - If your mailing address is different from the home address, put your mailing address here. If it is the same, write "Same".
5. **DIRECTION(S) TO HOME** - Please provide directions to your home. Please attach a sketch or map if possible.
6. **LICENSE OR CERTIFICATION STATUS** - This is any license or certification issued to any of the applicants for providing care. If you are or have ever been licensed or certified to provide care, or if an application is pending, check the appropriate box and enter the type of license/certification; date licensed/certified; and name, address and phone number of the Licensing Agency. This includes Foster Family Homes and any other license category.
7. **OTHER ADULTS IN THE HOME** - List all persons (other than yourself) who live in your home, including family members, boarders, or other relatives. **Do not list the names of persons under 18 years of age (See #8 below).** If needed, you may attach additional pages to list all residents. You do not need to list your spouse if he/she is also an applicant.
8. **CURRENT CHILDREN IN YOUR HOME** - Complete the form LIC 279B. List the name, date of birth, sex and relationship of each child living in your home. This sheet will be filed in the confidential portion of your facility file.
9. **TYPE OF LICENSE** - Requirements for homes serving nine or more children are different from homes serving eight or fewer. Please tell us the capacity you plan to serve, the age range, and what days and/or hours you plan to be open.
10. **APPLICANT/LICENSEE RESPONSIBILITY** - You need to let the Licensing Agency know that you live in the home to be licensed, have enough money to maintain your home, have basic fire protection, will stay current and in compliance with licensing laws and regulations, will obtain approval from the licensing agency whenever you plan to change your license capacity or make changes to your home, and that you understand the child abuse reporting requirements and the notification and consent requirements related to property owners/landlords.
11. **PERJURY STATEMENT** - Each applicant must sign the application. The signatures should be the same as the names listed on the top of the form. The signature is signed under a perjury oath. This means that you promise that everything you have said in the application is true and correct. If you knowingly make false statements, you have committed the crime of perjury, which may be punishable by imprisonment.

NOTE: IF YOU DO NOT HAVE ENOUGH SPACE, ATTACH ADDITIONAL PAPER.

APPLICATION FOR A FAMILY CHILD CARE HOME LICENSE

Type or print clearly.

AGENCY USE ONLY

NUMBER:

TYPE:

ASSIGN:

1. TYPE OF APPLICATION New Application Capacity Change Location Change Update

2. APPLICANT(S) First	Middle	Last Name	Over 18 Years Old?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3a. YOUR HOME ADDRESS: CITY COUNTY STATE ZIP PHONE:

3b. IF YOU HAVE NOT LIVED IN THIS COUNTY FOR THE PAST TWO YEARS, LIST THE COUNTIES IN WHICH YOU HAVE RESIDED:

4. MAILING ADDRESS (if different): CITY STATE ZIP

5. DIRECTION(S) TO HOME:**6. ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN, LICENSED OR CERTIFIED FOR ANY TYPE OF FACILITY TO CARE FOR CHILDREN OR ADULTS?** Yes No Pending

DATE LICENSED/CERTIFIED:

PHONE:

ADDRESS: CITY STATE ZIP

TYPE OF LICENSE: LICENSE #: LICENSING AGENCY:

7. OTHER ADULTS IN THE HOME (Not applicant(s)) Do not list the names of persons under 18 years of age

First Name	Middle	Last Name	Relationship to You

8. CURRENT CHILDREN IN YOUR HOME (LIC 279B) Click to access**9. TYPE OF LICENSE** Small Home (up to 8) Large Home (up to 14)

AGES TO BE SERVED:

DAYS & HOURS OPEN:

10. APPLICANT/LICENSEE RESPONSIBILITY - I/We certify that:

- I/We live in the home to be licensed.
- I/We have money to maintain the level of service required by law in a Family Child Care Home.
- I/We have both a State Fire Marshal approved fire extinguisher (rated 2A, 10B: C) and a smoke detector in operating condition.
- I/We shall stay current and in compliance with the laws and regulations governing standards for Family Child Care Homes.
- I/We shall obtain approval from the licensing agency before making changes in our license capacity, or to our home.
- I/We shall notify the licensing agency when we want to discontinue our license.
- I/We have informed the property owner, if leased or rented, that we will be operating a Family Child Care Home on the premises. The owner/landlord has been sent the Property Owner/Landlord Notification (LIC 9151).
- I/We have written consent from the property owner, if leased or rented, when I plan to expand my Small Family Child Care Home capacity from 6 to 8 children, or to expand my Large Family Child Care Home capacity from 12 to 14 children. Property Owner/Landlord Consent Form (LIC 9149).
- I/We understand the requirements to report known or suspected child abuse (LIC 9108).

11. PERJURY STATEMENT - I/We declare under penalty of perjury that the statements on this application and accompanying attachments are correct to the best of my/our knowledge.

Applicant(s) Signatures	City and County where Signed	Date

Did you remember to: Sign and date all documents in ink and enclose the application/licensing fee?