

FACT SHEET

Fcc#001 12 13

Name _____

Address _____ Phone _____

The following questions will help us in evaluating your application.

1. Have you ever been licensed before? Yes _____ No _____ If yes, where? _____

2. Have you or any member of your family been involved in any of the following:

Charged with or had a conviction of a felony, gross misdemeanor or misdemeanor?

_____ Yes _____ No If yes, please explain. _____

Charged with, had a conviction or maltreatment determined for, admission of, or substantial evidence of an act of assault, child battering, child abuse, child molesting, or child neglect?

_____ Yes _____ No If yes, please explain. _____

Chemical dependency, unless the individual identified has been chemically free for at least twelve months.

_____ Yes _____ No If yes, please explain. _____

Residence of the family's own children in foster care, correctional facility, or residential treatment for emotional disturbance within the previous twelve months.

_____ Yes _____ No If yes, please explain. _____

If yes, what county made the placement? _____

The provider and spouse must sign this form. Any other adult household member(s) or residents must complete and sign a separate fact sheet.

Signature Date

Signature Date