

DHHS/OFFICE OF LEGAL SERVICES, CHILD CARE LICENSING UNIT

129 PLEASANT STREET, CONCORD, NH 03301
Telephone 1-800-852-3345 Extension 9025 or 603-271-9025

HOUSEHOLD AND PERSONNEL FORM

Complete this form for ALL new staff or household members ages 10+ upon first day of hire or residence, and at renewal.
Questions? Call 603-271-9025

PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK. (PLEASE KEEP A COPY FOR YOUR RECORDS)

PROGRAM NAME, ADDRESS, AND LICENSE NUMBER MUST BE COMPLETE OR THIS FORM WILL NOT BE ACCEPTED.

Program Name	License #
Mailing Address (PO Box or Street)	
City	State Zip Code

FOR OFFICE USE ONLY ___ the individual listed on this form is eligible to work in child care in the state of New Hampshire.

LAST NAME, (MAIDEN NAME) FIRST NAME, MIDDLE INITIAL YOU MUST INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAME, AND ANY/ALL OTHER NAME(S) IF APPLICABLE.	DOB MM/DD/YY	Child Care Eligibility Card # and Expiration Date For Individuals 18+ (if one has been issued)

Today's Date: _____ Employee Start Date: _____

Household Member (*person, age 10+, who resides at the location where child care is offered but is not an employee*)

Position hired for (using CCLU descriptions and qualifications)

Center/Afterschool:	Family:	Institution:
<input type="checkbox"/> Center Director	<input type="checkbox"/> Site Director/Coordinator	<input type="checkbox"/> Provider
<input type="checkbox"/> Lead Teacher	<input type="checkbox"/> Group Leader	<input type="checkbox"/> Family Child Care Worker
<input type="checkbox"/> Associate Teacher	<input type="checkbox"/> Assistant Group Leader	<input type="checkbox"/> Family Child Care Assistant
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Jr Helper/Project Leader	<input type="checkbox"/> Program Director
	<input type="checkbox"/> Other: _____ (cook, office, others in contact with children)	<input type="checkbox"/> Direct Care Staff
		<input type="checkbox"/> Child Care Assistant

In what states have you lived in the last five years (indicate states other than NH and dates of residence, add additional sheet if necessary):

Dates (From-To)	City and State

Your current mailing address: _____ Your current physical address (if different): _____

Previous 6 months NH child care employment (add additional page if necessary):

Dates (start-finish)	Program Name	Town

I hereby swear that:

- All information provided above is accurate.
- I have not been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including pornography and trafficking), spousal abuse, rape or sexual assault, kidnapping, arson, physical assault or battery, or a drug related offense (in the last 5 years) or convicted of a violent misdemeanor committed as an adult against a child including child abuse, child endangerment, sexual assault or child pornography, or a crime which shows that I might be reasonably expected to pose a threat to a child, such as violent crime or sexually related crime against an adult.

CCLU will investigate all criminal records, sex offender registries and abuse and neglect registries and offer opportunity for eligibility. The crimes listed in b above exclude you from eligibility. You can challenge all criminal records through either the state police or the FBI.

Your signature: _____ Date: _____

Printed Name & Signature of parent or legal guardian required if individual is under 18. Relationship to Minor: _____

Signed under penalty of unsworn falsification pursuant to NH RSA 641:13 Effective: 10/1/16