

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. See instructions on page 2 for an explanation of each section. **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 <u>ANY/ALL</u> 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:

- Center Director
- Lead Teacher
- Associate Teacher
- Assistant Teacher

Family:

- Site Director/Coordinator
- Group Leader
- Assistant Group Leader
- Jr Helper/Project Leader
- Other: _____ (cook, office, others in contact with children)

Provider:

- Provider
- Family Child Care Worker
- Family Child Care Assistant

Institution:

- Program Director
- Direct Care Staff
- 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:

- a) All information provided above is accurate.
- b) 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

Notary signature: _____
 (AFFIX Seal) (comm. exp.)

Household and Personnel Form Instructions

In order for forms to be processed in a timely manner please review these instructions completely before completing the form. Incomplete forms will be returned to the program which will delay the process and could impact your ability to be employed.

Section 1: Program Information

List all information for the program you are working at.

Section 2: Name

List ALL names, including ALL last names/Aliases that you have ever used.

Section 3: Employment Information:

Please indicate the role you are being hired for and your anticipated start date. This date is the date that you will begin working with children. Please do not use a start date where you may be participating in orientation and not working with children as this could be before your background check has been completed, and you may not work with children before you get your background check done.

Section 4: Previous addresses

List ALL states, other than NH, you have lived in (including for college) in the last five years. Include the dates (month, approximate day & year), and town(s) of each state lived in. **ONLY** list states from the previous five years, listing states lived in before the 5 year timeframe will delay your approval.

Section 5: Address

Please include your current mailing and physical addresses in case we need to contact you related to your background checks. Incorrect information could delay approval. All mail related to convictions requiring additional review is sent certified so it's important to collect any certified mail in a timely manner as these letters are time sensitive and failure to collect and respond will impact your ability to work.

Section 6: Previous employment

Please list **ONLY** the last 6 months of NH child care employment. If you have not been employed in a licensed child care in NH for over 6 months you **MUST** leave this section blank, and complete the fingerprint based background check again. Our office will retain this form until we receive results of a new background check.

Section 7: Sworn Statement

Please read, sign and date.

Section 8: Notarize

Effective January 1, 2018, all Household & Personnel forms must be notarized.

CCLU 1-B DHHS/OFFICE OF LEGAL SERVICES, CHILD CARE LICENSING UNIT
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Mailing Address (PO Box or Email): _____
City: _____ State: _____ Zip Code: _____

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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 not has been issued): _____

Today's Date: _____ Employee Start Date: _____
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 Associate Teacher Assistant Group Leader Family Child Care Assistant Child Care Assistant
 Assistant Teacher Jr Helper/Project Leader Other: _____ (cook, office, others in contact with children)

In what states have you lived in the last five years (indicate more 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:
a) All information provided above is accurate.
b) 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 3 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 a 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 perjury before me on this _____ day of _____, 2018.

Notary signature: _____ (AFFIX SEAL) (COMM. EXP. _____)
I am a _____, my commission expires on _____, my commission number is _____, my commission expires on _____.