## DHHS/OFFICE OF LEGAL AND REGULATORY SERVICES, CHILD CARE LICENSING UNIT 129 PLEASANT STREET, CONCORD, NH 03301

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

## STAFF AND HOUSEHOLD LIST

This form is to be submitted at renewal ONLY. It is for CCLU use, and will not be returned to the program.

## PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK.

Program Name		License #
Physical Address of the Program		
City	State	Zip Code

## PLEASE LIST ALL CURRENT STAFF AND HOUSEHOLD MEMBERS (AGE 10+)

Add additional pages if necessary or attached typed list if desired

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.	D.O.B. MM/DD/YY	POSITION (USING CCLU DESCRIPTIONS AND QUALIFICATION)	HIRE DATE MM/DD/YY	CCLU OFFICE USE ONLY