

RENEWAL APPLICATION WORKSHEET

(for applicants **NOT** using Quick Connect)

For renewal of Child or Adult Developmental Home Licensure, please complete this renewal application. Your licensing agency worker will input this information into the Quick Connect Licensing System. Each applicant must complete a separate application unless legally married. Married couples apply jointly.

Quick Connect Identification Number (*License Number*) _____

Check the type of license you are renewing:

Child Developmental Home License (*DDD*) Adult Developmental Home License (*DDD*)

In-Home Respite License

LICENSEE'S INFORMATION

Full Legal Name (*Last, First, M.I.*) _____

Complete Physical Address (*No., Street, City, State, ZIP*) _____

Complete Mailing Address (*If different from Physical Address*) _____

E-mail Address (*if applicable*) _____

Marital status change? Yes No (*If Yes, explain*): _____

Legal resident of the United States? Yes No Proof of Legal Residency _____

Driver's License Change Yes No State _____ Number _____

RESIDENCE CHANGE (*If you have moved to a new residence, complete this section and the "Changes to My Home" section*)

New Address (*No., Street, City, State, ZIP*) _____

Dates of Move: _____ Date of Life-Safety Inspection: _____

Did the new home pass inspection? Yes No

If No, when were corrections made and verified? _____

SPOUSE'S INFORMATION (IF JOINT APPLICANT)

Full Legal Name (*Last, First, M.I.*) _____

Complete Physical Address (*No., Street, City, State, ZIP*) _____

Complete Mailing Address (*If different from Physical Address*) _____

E-mail Address (*if applicable*) _____

Marital status change? Yes No (*If Yes, explain*): _____

Legal resident of the United States? Yes No Proof of Legal Residency _____

Driver's License Change Yes No State _____ Number _____

RESIDENCE CHANGE (*If you have moved to a new residence, complete this section and the "Changes to My Home" section*)

New Address (*No., Street, City, State, ZIP*) _____

Dates of Move: _____ Date of Life-Safety Inspection: _____

Did the new home pass inspection? Yes No

If No, when were corrections made and verified? _____

NEW PEOPLE LIVING ON YOUR PROPERTY BUT NOT IN YOUR HOME

Have people (not including your children or spouse) moved onto your property (Guest house, Camper, etc.)?

Yes No If Yes, complete the following:

NAME (LAST, FIRST, M.I.)	DATE OF BIRTH (MM/DD/YY)	GENDER	SOCIAL SECURITY NO. (IF AGE 17 OR OVER)	RELATIONSHIP TO YOU (CHILD, SIBLING, FRIEND)	HOW LONG ON PREMISES?	UNSUPERVISED ACCESS TO THE CHILDREN?
		M F				Yes No
		M F				Yes No
		M F				Yes No
		M F				Yes No

PEOPLE NO LONGER LIVING ON YOUR PROPERTY

Have people (not including your children or spouse) moved off your property? Yes No

If Yes, complete the following:

NAME (LAST, FIRST, M.I.)	GENDER	SOCIAL SECURITY NO. (IF AGE 17 OR OVER)	RELATIONSHIP TO YOU (CHILD, SIBLING, FRIEND)	WHAT DATE DID THEY LEAVE?	REASON FOR MOVE
	M F				
	M F				
	M F				
	M F				
	M F				

EMPLOYMENT INFORMATION (LICENSEE)

Have you changed employment? Yes No If Yes, complete the following.

New Employer _____

Address (No., Street, City, State, ZIP) _____

Phone No. _____ Position/Title _____ Hours of Work _____

Date of Hire _____ Work with DD child or Adult? Yes No

EMPLOYMENT INFORMATION (SPOUSE)

Have you changed employment? Yes No If Yes, complete the following.

New Employer _____

Address (No., Street, City, State, ZIP) _____

Phone No. _____ Position/Title _____ Hours of Work _____

Date of Hire _____ Work with DD child or Adult? Yes No

LICENSING AND EXPERIENCE (LICENSEE)

In the past year, have you applied for or received licensure or certification to provide day care for a child or a vulnerable adult (e.g. adoption, in-home child care, child care center, Foster care, assisted living, etc.)? Yes No

If Yes, were you: Licensed Certified License No. _____ Type of Care _____

Licensure/Certification Dates: From _____ To _____

In what state(s)? _____

In the past year have you had a license or certification denied, suspended or revoked? Yes No

(If Yes, explain) _____

Summarize your past year's experience providing care or supervision to children or vulnerable adults (Use additional sheet if necessary).

LICENSING AND EXPERIENCE (SPOUSE)

Have you ever had a license or certification, denied, suspended or revoked? Yes No

In the past year, have you applied for or received licensure or certification to provide day care for a child or a vulnerable adult (e.g. adoption, in-home child care, child care center, Foster care, assisted living, etc.)? Yes No

If Yes, were you: Licensed Certified License No. _____ Type of Care _____

Licensure/Certification Dates: From _____ To _____

In what state(s)? _____

In the past year have you had a license or certification denied, suspended or revoked? Yes No

(If Yes, explain) _____

Summarize your past year's experience providing care or supervision to children or vulnerable adults (Use additional sheet if necessary).

COURT/AGENCY ACTION

In the last year, have you had any DCS/APS involvement or court proceedings? Yes No

If Yes, complete the following:

TYPE OF INVOLVEMENT	LICENSEE	SPOUSE
Allegation of abuse, neglect or abandonment of a child or a vulnerable adult. (This includes any DCS or APS reports)		
Dependency action regarding a child.		
Record of substantiated child maltreatment or maltreatment of vulnerable adults.		
Severance or Termination of Parental Rights (TPR).		
Adoption.		
Delinquency/incorrigibility regarding your biological or adopted children.		
Child support enforcement proceedings.		
Child custody.		
Criminal proceedings.		
Filed for or declared bankruptcy.		
Lawsuit filed against you.		

(If yes to any of the prior section, complete this section – use additional sheet if necessary)

NAME	DATE	CITY & STATE OF COURT	NATURE OF ACTION	OUTCOME

ARREST RECORD

Have you, your spouse, your children, or household member(s) been arrested this year? Yes No

If Yes, complete the following:

NAME	DATE OF ARREST	CITY & STATE OF ARREST	CHARGE	DISPOSITION

VEHICLE INFORMATION

What do you plan to use to transport children or vulnerable adults placed in your home?

Own Vehicle Friends/Family Public Transportation Other (*specify*) _____

Do you currently own or have access to an infant car seat? Yes No

If Yes, do you know how to install and use it properly? Yes No

Do you currently own or have access to a child car seat? Yes No

If Yes, do you know how to install and use it properly? Yes No

Do you agree to follow the DES policy of not transporting children in the bed of a pick-up? Yes No

Do you have a current registration and insurance for the vehicle(s) you intend to use to transport children and vulnerable adults? Yes No

Is your vehicle equipped with front passenger seat air bags? Yes No

Are you aware children 12 years old and younger should not be transported in the front passenger seat if the car has front passenger air bags? Yes No

VEHICLE DETAILS

MAKE	MODEL	YEAR	REGISTRATION EXPIRATION	INSURANCE COMPANY	INSURANCE EXPIRATION	VIN NUMBER

BUDGET/FINANCIAL INFORMATION

INCOME		ASSETS	EQUITY/VALUE
Applicant Net Monthly Income (<i>take home</i>)	\$	Home	\$
Spouse Net Monthly Income (<i>take home</i>)	\$	Financial Accounts	\$
Interest or Dividend Income	\$	Stock, Bonds, 401K, Retirement	\$
Other Income (<i>source:</i>)	\$	Personal Property (<i>Furniture, jewelry, etc.</i>)	\$
Other Income (<i>source:</i>)	\$	Other items of significant value	\$
Additional Resources (<i>Child support, rent, adoption subsidy, etc.</i>) (<i>source:</i>)	\$		
Additional Resources (<i>Child support, rent, adoption subsidy, etc.</i>) (<i>source:</i>)	\$		
Total Monthly Income	\$		

EXPENSES	MONTHLY	EXPENSES	MONTHLY
Mortgage/Rent	\$	Child Support	\$
Taxes/Insurance	\$	Clothing	\$
Electric, Gas, Water, Sewer Bills	\$	Vehicle Payment(s)	\$
Telephone, Cable, Internet, etc.	\$	Vehicle Insurance	\$
Food & Household Supplies	\$	Vehicle Operation (<i>Gas, oil, tires, maintenance</i>)	\$
Savings Account	\$	Credit Card Payments	\$
Charitable Contributions	\$	Loans not reflected above	\$
Medical/Dental Care	\$	Other (<i>specify</i>):	\$
Child Care	\$	Other (<i>specify</i>):	\$
Education	\$	Total Monthly Expenses	\$

HOME AND SAFETY INFORMATION

Have you moved, remodeled your home or added a pool or spa? Yes No If Yes, complete the following:

What is your new school district? _____

Do you have a swimming pool? Yes No

If yes, is it fenced? Yes No If not fenced, is it drained? Yes No

Do you have a spa or hot tub? Yes No If yes, is it fenced? Yes No

If not fenced, is it drained? Yes No

Are there any other bodies of water on the premises? Yes No

If Yes, describe: _____

How many bedrooms are in your house? _____ How many bathrooms are in your house? _____

Do you have guns on the premises? Yes No If yes, are they in locked storage? Yes No

Are they trigger locked or inoperable? Yes No

Do you have ammunition on the premises? Yes No If yes, are they locked in storage? Yes No

Are guns and ammunition stored separately? Yes No

Do you have any new pets or animals? Bird Cat Dog Rodent Reptile Livestock

Other (specify): _____

FOR DOGS ONLY: NAME OF DOG AND BREED	RABIES VACCINE EXPIRATION DATE

TRAINING

What training have you taken in the past year?

COMPLETION DATE	TYPE	NAME OF TRAINING	CREDIT HOURS

LICENSING PREFERENCES

Gender Male Female Either Both Age Range _____ Number of Children/Adults _____

By signing this Renewal Worksheet and the Statement of Understanding & Agreement Signature Form for the Child or Adult Developmental Home License Application, I /we hereby declare the information on this worksheet is accurate and true.

Licensee's Signature _____ Date _____

Spouse's Signature _____ Date _____