

LISTING REQUEST

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Name (last, first, middle)		Social Security No.*	Tx. Driver's Lic. No.*	Date of Birth
Other names I have used or have been known by (maiden, married, etc.) / /				
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) -- Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)	*Indicate if you do not have a Social Security number or a Texas driver's license or if your driver's license is out-of-state			

1. The following people (spouse, children, friends, etc.) live in my home with me or are regularly or frequently present while children are in my care:

NAME (last, first, middle)	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.*	TX. DRIVER'S LICENSE NO.*	RELATIONSHIP

*Indicate if none.

2. Will any other people assist you in caring for children?

YES NO

If "Yes," provide the following information on the people who will assist you (include their names on Form 2971):

Name (last, first, middle)	Social Security No.*	Tx. Driver's Lic. No.*	Date of Birth
Address - Street	City	Zip	Telephone No. (A/C)

Name (last, first, middle)	Social Security No.*	Tx. Driver's Lic. No.*	Date of Birth
Address - Street	City	Zip	Telephone No. (A/C)

3. A. Are you requesting to be listed in order to receive a federal child-care subsidy?

YES NO

B. Are you now caring for children in your home who are not related to you?

YES NO

C. How many children are you caring for or do you intend to care for?

_____ (related), _____ (unrelated).

4. Has any agency of the State of Texas ever licensed, registered, or listed you to care for children? YES NO

If yes, when were you licensed/registered/listed?	Address (Street, City, Zip)
County(ies)	If licensed/registered or listed under another name(s), list name(s):

5. TDFPS posts information about your operation and its compliance history on our public web site at <http://www.txchildcaresearch.org>

If your address, phone or other information changes, please inform your local licensing office.

INFORMATION FOR TDFPS WEB SITE		
Phone #: ()	Fax #: ()	E-Mail Address:
Web Page Address: http://		
Pager # ()	Cell Phone.# ()	

OPERATION: (Please check all that apply)		
Hours of operation:	Begin time	End time
Days of operation:		
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday		
Months of Operation: <input type="checkbox"/> Year – round or		
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September
<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December
Ages Served:		
<input type="checkbox"/> Infants (birth -17 months)	<input type="checkbox"/> Toddlers (18 months – 2 years)	<input type="checkbox"/> Pre-kindergartnen (3 years – 4 years)
<input type="checkbox"/> School-age (5 yrs and older)		

SERVICES OFFERRED: (Please check all that apply):			
<input type="checkbox"/>	Child and Adult Care Food Program	<input type="checkbox"/>	Subsidized Child Care
<input type="checkbox"/>	Part-Time Care (will enroll children for only part of the day and/or week)	<input type="checkbox"/>	Get Well Care (for ill or recovering children)
<input type="checkbox"/>	Drop-In Care (Alternate Care)	<input type="checkbox"/>	Special Needs Care Program
<input type="checkbox"/>	Accredited by National Organization	<input type="checkbox"/>	Wheelchair Accessible
<input type="checkbox"/>	Employer-based Child Care (open only to employees)	<input type="checkbox"/>	Educational Program for Pre-Kindergarten
<input type="checkbox"/>	Language (primary language spoken in the facility) Please enter	<input type="checkbox"/>	Educational Program for Kindergarten and Above
		<input type="checkbox"/>	After-School Care
		<input type="checkbox"/>	Special Skills Classes
		<input type="checkbox"/>	Water Activities
		<input type="checkbox"/>	Pool on Premises
		<input type="checkbox"/>	Transportation
		<input type="checkbox"/>	Field Trips

DIRECTIONS TO LOCATION: (Please give clear concise directions)

If you wish to provide additional information, please contact your licensing representative.

<p>NOTE:</p> <ul style="list-style-type: none"> Persons requesting listing have the option of attending a child-care orientation in health, safety, and sanitation related to preventing risk to children. Contact your local licensing office for more information. Information contained in this Request may be required by law to be released to the public.
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FOR DFPS USE ONLY

			Criminal History	Date Received	Date Entered	Date Completed
			Central Registry	Date Received	Date Entered	Date Completed
Date Request Rec'd	Date Accepted	Date Fee Verified	Amount Paid	Method of Verification	By:	

I request to list with the Texas Department of Family and Protective Services to provide child care. I agree to comply with the Department's rules and all provisions of Chapter 42 of the Human Resources Code (the child care licensing law) that apply to listed family homes. I understand I am to notify the Texas Department of Family and Protective Services if I move or when I am no longer caring for children.

I also certify that the information I have given contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I understand that any willful misrepresentation is cause for immediate denial or revocation of my listing.

I authorize the Texas Department of Family and Protective Services to contact people listed on this form. I authorize the Texas Department of Public Safety to release my criminal history record information to the Texas Department of Family and Protective Services.

Signature

Date