



Rhode Island Department of Human Services

Child Care Licensing - Change of Address Form

Updated 10/28/2022

The Provider shall notify the Department at least thirty (30) days prior of any change of address. Per regulations “the license is issued to a designated Provider at that individual’s home address and is not transferable.”

If the Department is **not** notified of a change of address, your license will be closed and you will be unable to take care of children at your new address until we receive **all** of the information below.

In addition to the below information, a visit by a licensing specialist is required to determine compliance with the Rhode Island Department of Human Services Family Child Care Home Regulations (2021) prior to being able to care for children at this new address.

Below are the materials required to complete a Change of Address for your Family Child Care Home. Please be thorough in completing the application and include all supporting documents to avoid delays in processing. Your application must be accompanied by a non-refundable fee of \$100.00. This must be submitted in the form of a check or money order payable to *General Treasurer State of Rhode Island*. Your application will not be processed without payment.

Requirements	
<i>Please use this checklist to ensure completion of application materials before submitting. A non-refundable fee of \$100.00 is required to complete this change.</i>	
<input type="checkbox"/>	Application (<i>attached</i>)
<input type="checkbox"/>	Application Fee (\$100 – non-refundable)
<input type="checkbox"/>	Proof of home ownership or Notarized landlord permission form (<i>attached</i>)
<input type="checkbox"/>	Lead Safety Certificate (<i>indicating lead free or lead safe status</i>)
<input type="checkbox"/>	Radon Safety Report
<input type="checkbox"/>	Fire Inspection from the State Fire Marshal (<i>instructions attached</i>)
<input type="checkbox"/>	Evidence of Liability Insurance for the Family Child Care program with capacity coverage
<input type="checkbox"/>	Updated Emergency Plan Form (found on the DHS website)

For questions, please contact the Licensing Unit at DHS.ChildCareLicensing@dhs.ri.gov or 401-462-3009.



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Section 1: Applicant Information			
Last Name		First Name	
Maiden Name		Other	
DOB		SSN	
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sex	Are you a US citizen?	Legal Residency #	Primary Phone
Secondary Phone		Email Address	
Primary Language		Secondary Language	
Current Address			
Number and Street		City	RI State Zip Code
New Address			
Number and Street		City	RI State Zip Code
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you own your home?	Landlord's Name (if applicable)	Landlord's Phone Number (if applicable)	
On what date will you be moving?			

Section 2: Household Members									
Spouse/Partner Information									
Last Name	First Name	Middle Name	DOB			Sex		SSN	
			MM	DD	Year	M	F		
						<input type="checkbox"/>	<input type="checkbox"/>	-	-
Child Information (Please list all children, regardless of age)									
Last Name	First Name	Middle Name	DOB			Sex		Living with you?	
			MM	DD	Year	M	F	Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Section 2: Household Members								
Additional Household Members								
Last Name	First Name	Middle Name	DOB			Sex		Relation to Applicant
			MM	DD	Year	M	F	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

Section 3: Firearms			
Do you have firearms in your home?	<input type="checkbox"/> Yes	Do you have a permit to carry?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No

Section 4: Acknowledgement
PLEASE READ CAREFULLY BEFORE SIGNING:
<p>Under the law (RIGL 42-72.1), all information provided on this application form, or in any statements accompanying this application must be truthful. Any false or misleading statements could cause the denial or revocation of your Group/Family Child Care Home License.</p> <p>I have read and understand the Rhode Island Department of Human Services Group/Family Child Care Home Regulations for Licensure. My signature below attests to my willingness to comply with these regulations while I am licensed as a Group/Family Child Care Home Provider.</p> <p>I authorize the office of Child Care Licensing to obtain any and all records maintained by the Department and the Office of the Attorney General, Division of Criminal Identification.</p> <p>I understand that my home will be inspected to determine compliance with the Group/Family Child Care Home Regulations for Licensure.</p> <p>I hereby certify that all information contained in this application is true to the best of my knowledge.</p>

Signature of Applicant

Date