



# Rhode Island Department of Human Services

## Application: Family Child Care Assistant/Emergency Assistant/Substitute

**All sections** of this form must be completed. Please ensure all additional forms are included with this application and submitted together. Missing documentation may result in application denial.

SECTION 1: TO BE FILLED OUT BY PROVIDER			
<input type="checkbox"/> <b>N/A</b> (Check <b>only</b> if applying to be an ESF Sub-Pool Participant)			
Provider Name:			
Address:		State:	Zip:
Phone: ( ) -	Program Name (if different):		
What is your relationship to this Assistant/Substitute?			
<input type="checkbox"/> <b>This application is for a new Assistant/Substitute</b>		<input type="checkbox"/> <b>This Application is part of a renewal packet for an Assistant/Substitute already assigned to me.</b>	
<b>Name(s) of Assistants/Substitutes I would like removed as a result of this addition.</b> <i>Write N/A if this is just an addition.</i>			
Role to be filled by Applicant			
<input type="checkbox"/> <b>FCC Assistant</b>	<input type="checkbox"/> <b>FCC Emergency Assistant</b>	<input type="checkbox"/> <b>FCC Substitute</b>	<input type="checkbox"/> <b>ESF Substitute Pool Participant</b>

Applicant Information-TO BE FILLED OUT BY APPLICANT							
Last Name:		First Name:			Middle:		
Maiden:		Other:			DOB: / /		
SSN: - -	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		License/ID#:				
Mailing Address:							
Address:			State:	Zip:			
Primary Phone: ( ) -	Secondary Phone:			( ) -			
Email:							
Do you attend school/college?		<input type="checkbox"/> Yes <input type="checkbox"/> No		School:			
Class Schedule:							
	Sunday	Monday	Tuesday	Wednesday	Thurs	Friday	Saturday
<b>From:</b>							
<b>To:</b>							
Employment Information							
Are you currently employed?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please complete the following information:							
Name of Employer:							

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Address:		State:		Zip:			
Phone: (    )    -			Position:				
Supervisor:			Phone Number:				
<b>Work Hours:</b>							
	Sunday	Monday	Tuesday	Wednesday	Thurs	Friday	Saturday
From:							
To:							
<b>If emergency assistant, please list hours that you are available to assist in an emergency:</b>							
	Sunday	Monday	Tuesday	Wednesday	Thurs	Friday	Saturday
From:							
To:							
<b>Required Questions</b>							
<b>Have you:</b>							
Been found to be the parent of a child who has been abused or neglected?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been convicted of an offense involving child/abuse or neglect and/or sexual abuse?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been convicted of an offense of a moral and/or violent nature?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been known to abuse alcohol and/or drugs?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Experience:</b>							
Are you an Assistant for any other Family Child Care provider(s)? If YES, please provide the names and addresses of the provider(s) below:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or have you ever been a Licensed Family Child Care Home Provider? If YES, are you still interested?						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an Emergency Assistant for any other Family Child Care provider(s)? If YES, please provide the names and addresses of the provider(s) below:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Acknowledgement</b>							
Pursuant to RIGL 42-12.5-7 any person who makes false statements may be criminally prosecuted. Any false or misleading statements could cause the denial or revocation of the Family Child Care Home License. I have read and understand the Rhode Island Department of Human Services Family and Group Child Care Home Regulations for Licensure. My signature below attests to my willingness to comply with these regulations while I am an Assistant/Emergency Assistant at a Family/Group Child Care Home. I authorize the office of Child Care Licensing to obtain any and all records maintained by the Department of Children, Youth, and Families and the Office of the Attorney General, Division of Criminal Identifications.							

**I hereby certify that all information contained in this application is true to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date