



# Rhode Island Department of Human Services

## Landlord Permission for Group/Family Child Care Home Operation

Updated 3/4/2020

**To be completed by the landlord:**

This is to certify that my tenant, \_\_\_\_\_, residing at

\_\_\_\_\_  
Name of Tenant (Applicant)

\_\_\_\_\_  
\_\_\_\_\_

Number and Street

Unit

\_\_\_\_\_  
Rhode Island

City/Town

State

Zip Code

has discussed with me his/her plan to be licensed as a Group/Family Child Care provider for children at this address.

I understand that my property will/may be inspected by the Department of Human Services, State Fire Inspectors and other inspectors as necessary to assure the safety of the children placed with my tenant for care.

I understand that I may be contacted by representatives of the Department of Human Services.

\_\_\_\_\_  
\_\_\_\_\_

Name of Landlord (Printed)

Primary Phone

\_\_\_\_\_  
\_\_\_\_\_

Address of Landlord: Number and Street

Unit

\_\_\_\_\_  
\_\_\_\_\_

City/Town

State

Zip Code

I, \_\_\_\_\_ (name) \_\_\_\_\_, attest that the information contained in this affidavit is complete and should be accurate.

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Date of Form Completion

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_  
Date Month Year

\_\_\_\_\_  
Notary Public

*\*This form is not valid without notary stamp or seal and all required information and signatures.*