

Certificate Application Community Care Family Foster Home

The following individual, agency, or organization hereby applies for certification as a Community Care Foster Family Home (CCFFH), in compliance with Chapter 17-1454, Hawaii Administrative Rules.

Check here if this is a request to renew an existing certificate

Check the type of certificate you are applying for: 1 Client 2 Clients 3 Clients

Applicant (Primary Caregiver) Information:

Full Legal First and Last Name	Birth date	Age	Home Phone Number
Physical Address	City	State	Zip code
Mailing Address	City	State	Zip code
Email Address	Cell Phone Number		

PLEASE MAKE A COPY BEFORE SUBMITTING – Submit the following materials with this signed application form:

	1- and 2-Client CCFFH application requirements	3-Client CCFFH application requirements – CCFFH must have been currently open for at least 1 year, with clients for at least 11 months
1.	Applicant's government identification with current full legal name	<p><u>To apply - send the following to CTA:</u></p> <p>1. Application Form</p> <p>2. Statement that the CCFFH has been open for at least 1 year and has had clients for at least 11 months.</p> <p>**The home will need to meet all 3-Bed Certification requirements during the home visit. These requirements can be found at: www.comties.com/HIforms.html **</p>
2.	Statement from applicant stating applicant lives at address on this application	
3.	NA certificate from a State approved course, CNA card, LPN or RN license – for applicant	
4.	One year of experience (complete Job Experience Form and submit employer verifications) – for applicant	
5.	CCFFH Disclosure Form completed by applicant	
6.	Current Fingerprint results OR Current State Name Check/ECrim, as applicable - for applicant	
7.	Current Adult Protective Service (APS) and Child Abuse and Neglect (CAN) clearances – for applicant	

Note: If application is incomplete, CTA will send a letter explaining the reason it is incomplete. CTA has 60 days to approve or deny an application from the date a fully completed application is received.

Applicant should have all requirements in place prior to submitting an application.

Please do NOT call CTA until 10 working days after mailing completed application to allow for processing.

Applicant's Signature	Title (NA, CNA, LPN, RN)	Date
Print Name		