CCLU 1-B

DHHS/OFFICE OF LEGAL SERVICES, CHILD CARE LICENSING UNIT

129 PLEASANT STREET, CONCORD, NH 03301 Telephone 1-800-852-3345 Extension 9025 or 603-271-9025

HOUSEHOLD AND PERSONNEL FORM

Complete this form for ALL new staff or household members ages 10+ upon first day of hire or residence. See instructions on page 2 for an explanation of each section.

Questions? Call 603-271-9025

PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK. (PLEASE KEEP A COPY FOR YOUR RECORDS)

PROGRAM NAME, ADDRESS, AND LICENSE NUMBER MUST BE COMPLETE OR THIS FORM WILL NOT BE ACCEPTED.

rogram Name License #			nse #	FOR OFFICE USE ONLY the individual listed on this form is eligible to work in child care in the state of New			
Mailing Address (PO Box or Street)				Hamp	shire.		
City	State	Zip C	lode				
LAST NAME, (MAIDEN NAME) I YOU MUST INCLUDE MAIDEN N ANY/ALL OTHER NAME(S) IF AP	IAME, PRI	EVIOUS MARR		AND	DOB MM/DD/YY	Child Care Eligibility Card # and Expiration Date For Individuals 18+ (if one has been issued)	
Today's Date: Employee Start Date: Household Member (person, age 10+, who resides at the location where child care is offered but is not an employee)							
Position hired for (using CCLU descriptions and qualifications)							
Center/Afterschool: ☐ Center Director ☐ Lead Teacher ☐ Associate Teacher ☐ Assistant Teacher ☐ Other:					Inst Drker sistant	itution: Program Director Direct Care Staff Child Care Assistant	
In what states have you lived in the last five years (indicate states other than NH and dates of residence, add additional sheet if necessary):							
Dates (From - To)		City and State	2				
Y 11 11 (C.100)							
Your current mailing address: Your cu				rent physical address (if different):			
Previous 6 months NH child care employment (add additional page if neces					essary):		
Dates (start-finish) Program Name					T	own	
I hereby swear that: a) All information provided above is accurate. b) I have not been convicted of a <i>felony</i> consisting of murder, child abuse or neglect, crimes against children (including pornography and trafficking), spousal abuse, rape or sexual assault, kidnapping, arson, physical assault or battery, or a drug related offense (in the last 5 years) or convicted of a violent <i>misdemeanor</i> committed as an adult against a child including child abuse, child endangerment, sexual assault or child pornography, or a crime which shows that I might be reasonably expected to pose a threat to a child, such as violent crime or sexually related crime against an adult. CCLU will investigate all criminal records, sex offender registries and abuse and neglect registries and offer opportunity for							
eligibility. The crimes listed in b ab estate police or the FBI.							
Your signature: Printed Name & Signature of parent or legal guardian required if individual is under 18.					Date:		
Printed Name & Signature of parent or legal guardian required if individual is under 18. Signed under penalty of unsworn falsification pursuant to NH RSA 641:13					Relationship to Minor:		
Notary signature:(AFFIX Seal)					(comm. exp.)		

Household and Personnel Form Instructions

In order for forms to be processed in a timely manner please review these instructions completely before completing the form. Incomplete or illegible forms will be returned to the program which will delay the process and could impact your ability to be employed.

Section 1: Program Information

List all information for the program you are working at.

Section 2: Name

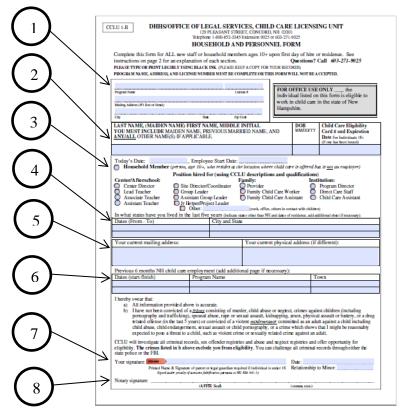
List ALL names, including ALL last names/Aliases that you have ever used.

Section 3: Employment Information:

Please indicate the role you are being hired for and your anticipated start date. This date is the date that you will begin working with children. Please do not use a start date where you may be participating in orientation and not working with children as this could be before your background check has been completed, and you may not work with children before you get your background check done.

Section 4: Previous addresses

List ALL states, other than NH, you have lived in (including for college) in the last five years. Include the dates (month, approximate day & year), and town(s) of each state lived in. **ONLY** list states from the previous five years, listing states lived in before the 5 year timeframe will delay your approval. For all individuals who have lived in other states during any part of the last five years there must be an abuse and neglect registry check completed in each of those states. Release forms and instructions for each individual state can be found https://www.dhhs.nh.gov/oos/cclu/out-of-statechecks.htm NOTE: If an individual has current fingerprint results and your program is submitting the Household & Personnel form ONLY please ask CCLU or the individual if they have already had out of state checks completed for previous residences. IF they have there is no need to resubmit the out of state forms.



NOTE: All signatures on the Household & Personnel form must be original AND the forms must be notarized. Photocopies of the signed and notarized form will NOT be accepted.

Section 5: Address

Please include your current mailing and physical addresses in case we need to contact you related to your background checks. Incorrect information could delay approval. All mail related to convictions requiring additional review is sent certified so it's important to collect any certified mail in a timely manner as these letters are time sensitive and failure to collect and respond will impact your ability to work.

Section 6: Previous employment

Please list ONLY the last 6 months of NH child care employment. If you have not been employed in a licensed child care in NH for over 6 months you MUST leave this section blank, and complete the fingerprint based background check again. Our office will retain this form until we receive results of a new background check.

Section 7: Sworn Statement

Please read, sign and date.

Section 8: Notarize