

Commonwealth of Virginia  
 Department of Social Services  
 APPLICATION FOR DEPARTMENT APPROVED PROVIDER

Return to:

DCHS-DAAS

Local Department Name

4401 Ford Avenue, Suite 103 Alex. VA 22302

Address

C. Elliott, Coord.

703-746-5994

Worker Name

Telephone

Check the type of care you wish to provide. Then fill in the sections appropriate for the type of care and sign the application. Please print legibly.

CARE PROVIDED IN THE CLIENT'S HOME:

- CHORE - Complete Sections A,D
- COMPANION - Complete Sections A,D
- IN-HOME DAY CARE - Complete Sections A,D
- HOMEMAKER - Complete Sections A,D

CARE PROVIDED IN YOUR HOME:

- ADULT DAY CARE - Complete Sections A,B,D
- ADULT FOSTER FAMILY CARE - Complete Sections A,B,D
- ADOPTIVE PARENT - Complete Sections A,B,C,D
- CHILD FOSTER PARENT - Complete Sections A,B,C,D
- FAMILY DAY CARE - Complete Sections A,B,C,D

**A. IDENTIFYING INFORMATION**

NAME OF APPLICANT (First, Middle or Maiden, Last)	MARITAL STATUS	RACE	BIRTHDATE	SOCIAL SECURITY NO.
NAME OF SPOUSE IF LIVING IN THE HOME (First, Middle or Maiden, Last)		RACE	BIRTHDATE	SOCIAL SECURITY NO.
STREET ADDRESS			TELEPHONE NUMBER (Include Area Code)	
CITY, STATE, ZIP				

DIRECTIONS TO YOUR HOME:

**B. OTHER HOUSEHOLD MEMBERS** (Children and Adults: Complete Only When Care Is Provided In Your Home)

FULL NAME	BIRTHDATE	RELATIONSHIP TO YOU

**C. CONSENT OF HOUSEHOLD MEMBERS FOR CHILD PROTECTIVE SERVICE CENTRAL REGISTRY SEARCH:**

When care is provided for children in your home, each adult household member living in your home must sign here.

I give consent for the local department of social services agency to search the CHILD PROTECTIVE SERVICE CENTRAL REGISTRY and receive information pertaining to any findings of child abuse or neglect investigations involving me. Further, I understand that I may be requested to consent to a criminal record search.

Signature of Household Member	Date
Signature of Household Member	Date
Signature of Household Member	Date

**D. BACKGROUND INFORMATION:** Complete background information on the back of this form.

I understand that the local department of social services will investigate my suitability as a provider of care to client by securing references and other information in accordance with standards.

I understand that a search of the CHILD PROTECTIVE SERVICES CENTRAL REGISTRY will be periodically done on me and my family if care is provided for children.

I understand that I and my family must be willing to consent to a criminal record search if required by the local department of social services.

I certify that all information on this application, including the Background Information on the back is true and accurate to the best of my knowledge. I agree to comply with standards for department approved providers.

_____	_____
Date	Signature

Signature of Spouse Living in the Home (Necessary Only When Care is Provided in Your Home.)

**D. BACKGROUND INFORMATION**

**EMPLOYMENT HISTORY – LIST MOST RECENT EMPLOYMENT**

**Name of person employed:**

Employer	Type of Work	Phone Number
Address	Supervisor	Dates of Employment From: _____ To: _____
Employer	Type of Work	Phone Number
Address	Supervisor	Dates of Employment From: _____ To: _____
Employer	Type of Work	Phone Number
Address	Supervisor	Dates of Employment From: _____ To: _____
Employer	Type of Work	Phone Number
Address	Supervisor	Dates of Employment From: _____ To: _____

**REFERENCES**

NAME AND ADDRESSES OF TWO PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE WHO KNOW OF YOUR ABILITY, SKILL, OR EXPERIENCE IN THE PROVISION OF SERVICES.

NAME	PHONE NUMBER	FULL ADDRESS

**CRIMINAL RECORD INFORMATION**

Have you ever been convicted of a felony or misdemeanor?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Only when care is provided in your home:**

Has any adult living in your home been convicted of a felony or misdemeanor?

If yes, identify who and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL  
INFORMATION/COMMENTS: