

<input type="checkbox"/>	APPLICANT
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	FAMILY

**ISANTI COUNTY FAMILY SERVICE**  
INITIAL LICENSING EVALUATION

Please print in  
black ink and  
complete form

**Worker Only**

Please complete this form and return it with your application for day care licensure. The purpose of this form is to better understand you and what you have to offer day care children. This information will also help to evaluate your home and your family in terms of licensing standards established by the Minnesota Department of Human Services.

I. Identifying Information:

A. Name: \_\_\_\_\_

B. Date and place of birth: \_\_\_\_\_

C. List current first and then previous addresses for the last 5 years:

<u>Street</u>	<u>Town</u>	<u>State/Zip</u>	<u>County</u>
_____	_____	_____	_____
_____	_____	_____	_____

D. Your Father's Name: \_\_\_\_\_

Your Mother's Name: \_\_\_\_\_

<u>Your Children's Names:</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

II. Educational History

<u>Name of School</u>	<u>Location</u> <u>City/State</u>	<u>Highest</u> <u>Level</u> <u>Completed</u>	<u>Year</u> <u>Graduated</u>
High School: _____			
College: _____			
Vocational: _____			
Other: _____			

III. Employment History:

<u>Company</u>	<u>Date of Employment</u>	<u>Job Title</u>
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A. Current Employer:

B. Previous Employers:

- 1.
- 2.
- 3.

C. This section does not apply to me: \_\_\_\_\_

IV. Marital Status:

A. Date of Current Marriage: \_\_\_\_\_

B. Have you been married previously? \_\_\_\_\_

If so, marriage ended by death \_\_\_\_\_ divorce \_\_\_\_\_

Former spouse's name: \_\_\_\_\_

C. Current spouse's name: \_\_\_\_\_

1. Place of his employment: \_\_\_\_\_

2. Hours of his work: \_\_\_\_\_ to \_\_\_\_\_

3. How much time do you expect him to be involved in helping with the day care children or in substituting for you? \_\_\_\_\_  
\_\_\_\_\_

4. Include the above information on all other adults living in the household.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. This section does not apply to me: \_\_\_\_\_

V. Health History including physical, emotional, and mental health:

A. Do you have any disabilities? \_\_\_\_\_  
\_\_\_\_\_

B. What is your current health status? \_\_\_\_\_  
\_\_\_\_\_

C. Do you take any medications? \_\_\_\_\_  
Med, dose, purpose: \_\_\_\_\_  
Med, dose, purpose: \_\_\_\_\_  
Med, dose, purpose: \_\_\_\_\_  
Med, dose, purpose: \_\_\_\_\_  
Med, dose, purpose: \_\_\_\_\_

VI. Day Care Issues: (to be completed by applicant and / or co-applicant only)

**Worker Only**

A. Why are you interested in becoming licensed to provide child care?

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B. What do you hope the children will gain from being in your daycare home? \_\_\_\_\_

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C. What experiences have you had in working with or caring for young children? \_\_\_\_\_

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D. Describe the methods you use to guide children towards achieving self-control and self-esteem: \_\_\_\_\_

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E. How do you discipline your own child(ren)? \_\_\_\_\_

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VII. Background Information:

(to be completed by all members of household and / or co-applicant)

A. Describe your childhood. (Include the number of children in your family and whether your parents lived at home. What discipline measures were used?)

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B. Did either of your parents use alcohol or drugs to excess? \_\_\_\_\_

If yes, how did this effect you? \_\_\_\_\_

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C. Were you ever abused (physically, emotionally or sexually) as a child?

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D. Have you or anyone in your residence or anyone working in your day care receive counseling from any public or private social service agency, therapist, mental health center, correctional/probation officer, chemical dependency counselor, others? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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E. Have you or anyone in your residence or anyone working in your day care had a problem with domestic violence? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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F. What are your current interests, hobbies, and skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Describe yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. What are your personal goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. What are your strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. What areas would you like to improve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. Potential Disqualification Factors (9502.0335 subp.6)

(Must be completed for all household members and / or co-applicant.

These factors apply to any person providing care to children living in the day care residence, or present during the day care hours.)

A. Has any person had treatment for chemical dependency?  
(drugs and/or alcohol)  
Yes \_\_\_\_\_ No \_\_\_\_\_

B. Does any person use alcohol and/or drugs during the hours that day care would be present?  
Yes \_\_\_\_\_ No \_\_\_\_\_

C. Has any person been investigated or convicted of any crime or delinquent act?  
Yes \_\_\_\_\_ No \_\_\_\_\_

D. Has any person been investigated or convicted of, an act of child abuse, (physical or sexual) neglect, or child molestation or criminal sexual conduct?  
Yes \_\_\_\_\_ No \_\_\_\_\_

E. Have you had your parental rights terminated?  
Yes \_\_\_\_\_ No \_\_\_\_\_

F. Have you had any of your children in foster care or in residential treatment within the past twelve months?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Provider - must sign every form)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Spouse)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Child over 13)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Any other adult)