

Certificate Application Community Care Family Foster Home

The following individual, agency, or organization hereby applies to be licensed as a Community Care Foster Family Home, 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 (**Special Requirements**):

Applicant Information:

Applicant's First and Last Name _____ Birthdate _____ Age _____ Home & Cell Phone: _____

Primary Address _____ City _____ State _____ Zipcode _____

Mailing Address _____ City _____ State _____ Zipcode _____

PLEASE COPY BEFORE MAILING -- The following materials must be submitted with this signed form:

1 and 2 Bed Certification Requirements		3 Bed Certification Requirements	
1.	In Home Review Checklist	<u>ALL</u> of 1 and 2 Bed Certification Requirements <u>AND see below</u>:	
2.	Statement from applicant stating they live in the home (Proof of residency will be checked during home visit, i.e., rental agreement, mortgage statement)		
3.	Copy of NA certificate from a State approved course, CNA card, LPN or RN license for applicant only	1.	You must be open for 1 year as a CCFFH before you can apply for a 3 bed certification
4.	One year experience for applicant only	2.	SCGs can be a NA (UNTIL JULY 2013) or a CNA, LPN or RN
5.	CCFFH Disclosure Form signed by applicant	3.	PCG cannot be out of CCFFH more than 5 hours a day / 28 hours per week without a substitute CNA caring for the clients in the home
6.	Fingerprint results for applicant only	4.	PCG MUST HAVE a CNA who is the caregiver while PCG is gone from CCFFH more than 5 hours a day or 28 hours a week (must keep a timesheet and PCG and SCG signs it)
7.	Current Adult Protective Service results for applicant only OR	5.	ALL SCGs must be 21 years old
8.	Current Criminal Abstract— if fingerprint was done prior to 11/1/08, otherwise provide #4 and #5 (Government issued picture identification will be checked during home visit)	6.	SCGs must complete 12 hours In Service Training Annually
9.	MAIL COPY of the Initial Substitute Caregiver Request Package (if not yet approved by CTA). Do Not Wait until CTA does home review; send in immediately. OR		
10.	FAX Substitute Caregiver Change Notification Request Form & Alternate Non-Medical Transportation Plan (if already approved by CTA)		

Note: If incomplete, CTA will return your application using a letter explaining any missing or incomplete information. CTA will dispose of an application on the 60th day from the date of application and you will need to reapply.

A home visit will be scheduled for all completed applications, therefore, applicant must be prepared for a home visit prior to submitting an application.

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

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

Print Name _____ Primary Caregiver _____

For Official Use Only

Date application received	Date letter sent if incomplete	Date application complete