

**Certificate Application**  
**3-Bed 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 11-800, Hawaii Administrative Rules.

Applications to change to a 3-Bed CCFFH will occur **ONLY** during the recertification inspection.

Applicants may only apply to be a 3-Bed CCFFH after having been a 1- or 2- Bed CCFFH operating for a minimum of 1 year and providing care to clients for a minimum of 11 months.

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**Applicant (Primary Caregiver) Information:**

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age

Check appropriate box: Note that a NA cannot operate a 3-Bed CCFFH.

CNA     LPN     RN

\_\_\_\_\_ Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode

\_\_\_\_\_ Mailing Address, If Different from Physical \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode

\_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone Number

\_\_\_\_\_ Email Address (**Required**)

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**FAX THE FOLLOWING TO CTA AT (808) 234-5470:**

1. This signed CCFFH Application
2. A statement from the Primary Caregiver verifying this CCFFH been in operation for a minimum of 1 year and the PCG has provided care to clients for a minimum of 11 months.

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Today's Date

\_\_\_\_\_ Print Full Name

Note: the home will need to meet all 3-bed certification requirements during the CCFFH inspection.  
3-bed requirements can be found at <http://www.comties.com>