

**Certificate Application  
Community Care Family Foster Home  
1 or 2 Bed**

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.

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**Applicant (Primary Caregiver) Information:**

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First Name	Last Name	Birthdate	Age
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Check appropriate box:     NA     CNA     LPN     RN

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Physical Address	City	State	Zip code
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Mailing Address, if Different than Physical	City	State	Zip code
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Home Phone Number	Cell Phone Number
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Email Address (*required*)

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

1. This signed CCFFH Application,
2. Documentation or a statement from the applicant verifying the primary caregiver is a resident in the home that is to be a Community Care Foster Family Home,
3. Copy of credentials whether a NA, CNA, LPN, or RN,
4. Job Experience Form providing 1 Year of Experience in a home setting,
5. Reference Letters from employers listed on the Job Experience Form, and
6. Fingerprint/APS/CAN background checks done within the last 6 months.

Applicant should have all documentation listed in the Hawaii Administrative Rules in place **BEFORE** faxing the application.

CTA has 60 days to approve or deny a complete application. An application is incomplete if any of the above information is missing or incomplete.

Please allow at least 30 business days before contacting CTA.

\_\_\_\_\_

Print Full Name

\_\_\_\_\_

Applicant's Signature

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Today's Date

Forms can be found at <http://www.comties.com/ccffh-forms>