



DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
 DIVISION OF PUBLIC WELFARE
 BUREAU OF SOCIAL SERVICES ADMINISTRATION
 194 Hernan Cortez Ave, Ste 309 Hagatña, Guam 96910
 Telephone: (671) 475-2653/2672 Facsimile: (671) 477-0500



APPLICATION FOR LICENSE

FAMILY FOSTER HOME (1-6 Children)

A. NAME OF APPLICANT(S): _____
 (name to appear on license)

Residential Address: _____

Mailing Address: _____

Telephone Number: Work: _____ Home: _____ Cell: _____
 Work: _____ Home: _____ Cell: _____

Email address: _____

B. NUMBER OF CHILDREN TO BE GIVEN CARE: _____

C. AGE RANGE: _____ TO _____

D. GENDER: MALE ONLY FEMALE ONLY MALE AND FEMALE

E. DURATION: FULL TIME EMERGENCY FOSTER CARE (Specify period of care): _____

F. Are you a permanent resident of Guam? (If not, how long do you plan to stay on Guam?)

Yes No (Duration on Guam): _____

G. If you have been on Guam for less than 5 years, please provide past addresses in the last 5 years:

Duration of residency	Address

H. Have you previously been licensed to care for children? Yes No

City	State	Dates of licenses

 PRINT NAME

 SIGNATURE

 DATE

 PRINT NAME

 SIGNATURE

 DATE