



Department of Public Health and Social Services
Division of Public Welfare ♦ Bureau of Economic Security
123 Chalan Kareta ♦ Mangilao, Guam 96913-6304
Telephone 735-7245 ♦ Fax 734-5015

CONSENT FOR RELEASE OF CHILD CARE CERTIFICATE

Client Name: (Please Print)	Case Number:
Authorized Person(s)/Center Name: (Maximum of 3) (Example) Jane Doe, Director / Block Grant Day Care Center	Relationship to Client: (Example) Day Care Provider
1. _____	_____
2. _____	_____
3. _____	_____
COPY OF PICTURE ID FOR AUTHORIZED PERSON(S) IS REQUIRED	
I hereby authorize the Department of Public Health and Social Services to release the child care certificate(s) to the individual(s) and/or provider(s) identified above for: (SELECT ONE ONLY)	
[] Only for the service month of _____ .	
OR	
[] All certificates within my certification period: _____ to _____ Month/Year Month/Year	
I understand:	
a) that it is my responsibility to provide the child care certificate to my provider(s). However, I am authorizing my Child Care Provider to pick up my certificate(s) on my behalf.	
b) that I can revoke this authorization at any time but must do so in writing and that I am responsible for informing the individuals identified in this consent form.	
c) this consent will expire at the end of my certification period. It will also become invalid when my application is denied or when my case is terminated.	
Client Signature: _____	Date: _____
Authorized WPS Staff: _____	Date: _____