

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES  
DIVISION OF PUBLIC WELFARE  
BUREAU OF SOCIAL SERVICES ADMINISTRATION

194 Herran Cortez Ave, Ste 309  
Hagatha, Guam 96910  
Telephone: (671) 475-2653/2672  
Facsimile: (671) 477-0500

APPLICATION FOR LICENSE: (check those which apply)

- FAMILY FOSTER HOME (1-6 Children)
- FAMILY DAY CARE (1-6 Children)
- GROUP CHILD CARE HOME (7-12 Children)
- CHILD CARE FACILITY (13 or more Children)
- RESIDENTIAL TREATMENT FACILITY FOR CHILDREN (24-hr treatment facility)

A. NAME OF APPLICANT/FACILITY \_\_\_\_\_  
*(name to appear on license)*

Residential Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

B. TYPE OF OWNERSHIP:  Individual  Partnership  Association  Corporation

C. FOR CHILD CARE FACILITY SPONSORED BY GROUP / ORGANIZATION:

Name of Sponsoring Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Chairperson of the Board of Directors: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_

D. TYPE OF INSURANCE COVERAGE: \_\_\_\_\_

**BEFORE COMPLETING ITEMS I-V, YOU MAY WISH TO DISCUSS YOUR SITUATION WITH A LICENSING WORKER.**

I. NUMBER OF PERSONS TO BE GIVEN CARE: \_\_\_\_\_ AGE RANGE: \_\_\_\_\_ TO \_\_\_\_\_  
NUMBER OF DAYS PER WEEK \_\_\_\_\_ WILL FEES BE CHARGED? \_\_\_\_\_  
WILL YOU ACCEPT EMERGENCY FOSTER CARE? \_\_\_\_\_

II. GIVE A STATEMENT OF YOUR PURPOSE FOR OFFERING THIS SERVICE:  
\_\_\_\_\_  
\_\_\_\_\_

III. DESCRIBE PROGRAMS and ACTIVITIES DESIGNED TO ACCOMPLISH THE ABOVE STATED PURPOSE.  
\_\_\_\_\_  
\_\_\_\_\_

IV. DESCRIPTION OF BUILDING TO BE USED: (check where applicable)

<input type="checkbox"/> Building Occupied by Family	Number of Bedrooms: _____
<input type="checkbox"/> Building Not Occupied by Family	
Amount of Indoor Space: _____ sq. ft.	Outdoor Space _____ sq. ft.
<i>(Excluding Bathroom, Kitchen, Cupboard Space and Hallways)</i>	

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

V. REFERENCES: If sponsored by a NON-PROFIT organization, list three (3) members of the Board; otherwise, list three (3) references who know you.

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone #) \_\_\_\_\_ (Mailing Address & Zip)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone #) \_\_\_\_\_ (Mailing Address & Zip)
3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone #) \_\_\_\_\_ (Mailing Address & Zip)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

6/27/11