

Family Day Care Registration Modification Application

Reason for modification: Name Change Address change Other: (list change) _____

Applicant & Household Information:

Name of Provider: Birthdate:

List maiden name and all previous married names, nicknames, and/or alias used:

Name of Spouse: Birthdate:

Home Address: Mailing Address:

County: City: State: Zip Code:

Telephone:

Directions to the home (if this is a new address):

E-mail Address (if applicable)

List **all** household members and their birthdates (your spouse, children, extended family, friends, etc. living in the home).

Name: Birthdate: Name: Birthdate:

Name: Birthdate: Name: Birthdate:

Name: Birthdate: Name: Birthdate:

1. Have you or any member of your household, been investigated relating to accusations of child abuse or neglect?
 Yes No If yes, explain all details on a separate piece of paper.
2. Have you or any member of your household, been investigated for or convicted of a crime involving violence to persons or breach of moral conduct (i.e. child abuse or neglect, sex offense, spouse abuse/domestic violence, prostitution, narcotics)? Yes No If yes, explain all details on a separate paper.
3. Have you or any member of your household been convicted of a felony? Yes No If yes, explain all details on a separate sheet of paper including the date of the conviction.

Self-Declaration of Compliance

I have been given, read, and understand the rules of the Department of Social Services governing family day care homes and I agree to follow these rules.

I herein make application with the Department of Social Services, under its rules and regulations, which I have read and understand, and under the provisions of the laws of South Dakota, to provide family day care. In support of this application, I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

I agree to cooperate with representatives of the Department of Social Services and to supply all necessary personal, medical, and other relevant information to the end that adequate care for the protection of any individual will be maintained while under the care of this program. I further agree to comply with the provisions of the Civil Rights Act of 1964, and regulations issued hereunder relating to nondiscrimination in federally assisted programs, and to ensure our facility and its staff maintains compliance with state registration standards on a continuous basis for as long as a registration issued to this agency may be in force. I understand that the falsity of any statements made on this application or failure to comply with federal and state laws and the rules and regulations of the Department of Social Services may result in my being refused a certificate of registration or that a certificate of registration issued to me may be revoked.

Further, my signature on this application authorizes a representative of the Department of Social Services to conduct regulatory investigations of my home and to contact the references listed on this application for information on my abilities to provide the type of care pursuant to this application.

Family Day Care Provider Name (type or print):

Date:

Family Day Care Provider Applicant Signature:

If you are submitting this form electronically, please type name above and check this box to confirm that this emailed document is a binding agreement without the actual signature of the Executive Director. Please email to Shannon.Terhark@state.sd.us

**Mail to:
Office of Licensing and Accreditation
3900 W Technology Cir. Suite 1
Sioux Falls, SD 57106**

Provider Signature

Date