

State of Illinois
Department of Children and Family Services
APPLICATION FOR FAMILY HOME LICENSE

Complete in duplicate.
Retain one copy for your file.

DO NOT WRITE IN THIS SPACE - AGENCY USE ONLY

Region/Site/Field Responsible for License 6B-02-01 Date Received _____

County No. 105 Date Entered _____

Supervising Agency No. 123797 DCFS Regional Office Field Office

For DCFS Use Only
 Independent Home

Licensed Child Welfare Agency
 Licensed Day Care Agency
 Licensed Exempt Agency

Name Family Resource Center
Street Address 5828 N. Clark Street
City Chicago Zip 60660
Telephone No. (773) 334-2300

PLEASE READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS APPLICATION
APPLICATION FOR (Check One) INITIAL LICENSE RENEWAL OF LICENSE Number _____

APPLICANT PLEASE CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING
(Check One Only)

- Foster Family Home Day Care Home Group Day Care Home

Name of Applicants: A. _____
Last Name First Name Middle Social Security No.

B. _____
Last Name First Name Middle Social Security No.

Address _____
No. and Street City, State and Zip County

Mailing Address _____
No. and Street City, State and Zip County

Home Telephone () - _____
Area Code Number Work Telephone () - _____
Area Code Number

ALL APPLICANTS PLEASE ANSWER THE QUESTION BELOW AND SIGN THE APPLICATION

- The Department frequently receives requests from businesses, organizations and local government jurisdictions for lists of family home licensees. If you wish to have your name excluded from these listings, check here:
- Have you ever been convicted for other than a minor traffic violation? No Yes
If yes, explain: _____
- Are you currently licensed for child care in Illinois? No Yes License No(s) _____
If yes, give type of license(s) _____
Name on license(s) _____
Address on license(s) _____
- Have you ever been licensed for child care outside Illinois? No Yes License No(s) _____
If yes, give type of license(s) _____
Name on license(s) _____
Address on license(s) _____
- If you are not currently licensed for child care, complete the question below:
Have you ever applied for a child care license? No Yes
Was license issued? No Yes
Name on license _____
Address on license _____

I(WE), the undersigned, representing the facility herein named, hereby apply for license to operate a child care facility under the Child Care Act of 1969 as amended. I(WE) declare that, I(WE):

- Have received a copy of the standards, have read and are familiar with the standards for which license is sought.
- Will be subject to investigation upon application in regard to meeting standards.
- Will cooperate with the licensing agency through the study.
- Are aware that to operate a child care facility without a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.
- Will be subject to supervision in terms of conformance with minimum standards upon issuance of a license.
- Affirm that the information provided above is true. I(WE) understand that making materially false statements in order to obtain a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.

SIGNATURE(S)

DATE

DATE