



# APPLICATION FOR LICENSE TO PROVIDE OUT-OF-HOME CARE FOR DEPENDENT CHILDREN

Date: \_\_\_\_\_

I, We \_\_\_\_\_  
Husband's First Name Middle Name Last Name

also known as \_\_\_\_\_

\_\_\_\_\_  
Wife's First Name Middle Name Last Name

also known as \_\_\_\_\_

Residing at \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Hereby apply for a license to provide Licensed Out-Of-Home Care for children in accordance with the provisions of Section 409.175, Florida Statutes, and agree to cooperate with respect to the study of our home to determine if it meets standards of the Department for licensed out-of-home care of children.

\_\_\_\_\_  
Husband's Signature Social Security Number<sup>1</sup>

\_\_\_\_\_  
Wife's Signature Social Security Number<sup>1</sup>

(If husband and wife are living in the home, each must sign the application in his/her own handwriting.)

This application may be withdrawn at any time the applicant(s) desires.

**IMPORTANT NOTE:** Pursuant to the Multi-Ethnic Placement Act of 1994 and the Small Business Job Protection Act of 1996, Section 1808, Removal of Barriers to Interethnic Adoption, "race, culture or ethnicity may not be used as a basis for any denial of placement, nor may such factors be used as a reason to delay any foster or adoptive placement. Discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes, or toward communities or populations which may have previously been under-utilized as a resource for placing children."

<sup>1</sup>Disclosure of this information is required for background screening according to Section 409.175(2)(k), F.S.