

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL
SERVICES
COMMUNITY COMPANION HOME
APPLICATION FOR LICENSURE**

1. PERSONAL INFORMATION

APPLICANT

NAME: _____ **DOB:** _____

MAIDEN OR OTHER NAMES (IF APPLICABLE): _____

ADDRESS: _____

TELEPHONE: _____ SOCIAL SECURITY # _____

PRESENT EMPLOYER: _____

OCCUPATION: _____ ANNUAL INCOME: _____

ADDRESS: _____

TELEPHONE: _____

EMPLOYMENT STATUS FOR LAST FIVE YEARS:

EMPLOYER	DATES OF EMPLOYMENT	OCCUPATION	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION (highest grade completed): _____ **Dates of attendance:** _____

CO-APPLICANT and/or SPOUSE (circle one or both)

NAME: _____ **DOB:** _____

MAIDEN OR OTHER NAMES (IF APPLICABLE): _____

SOCIAL SECURITY # (only if co-applicant): _____

PRESENT EMPLOYER: _____

OCCUPATION: _____ ANNUAL INCOME: _____

ADDRESS: _____

TELEPHONE: _____

EMPLOYMENT STATUS FOR LAST FIVE YEARS:

EMPLOYER	DATES OF EMPLOYMENT	OCCUPATION	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION (highest grade completed): _____ **Dates of attendance:** _____

2. FAMILY INFORMATION

Marital Status: Single Married Widowed Separated Divorced

Religion(s), if any: _____

Please list the **names, ages, and relationship to you** of ALL people who **currently** live in your home (**occupants**):

NAME	AGE	RELATIONSHIP TO YOU

3. HOME INFORMATION

Is your home: (**check one**) single family two family three family apartment

Month/Year home was built: _____

Do you **own** or **rent** your home? (**circle one**)

Total # rooms: _____ Total # bed rooms: _____

How long have you lived here: _____

How long have you lived in this community? _____

Previous address: _____

How long did you live at previous address? _____

4. LICENSURE INFORMATION

In this or any other state, have you the **applicant, co-applicant, or any occupants** of your home ever **applied for licensure from another state agency?**

YES NO

If yes, explain: _____

Do you the **applicant, co-applicant, or any occupants** **currently hold a license from another state agency?**

YES NO

If yes, please identify who is licensed, license number, and type of license:

Have you the **applicant, co-applicant, or any occupants** ever **been denied a license, or held a license that was revoked, not renewed, surrendered, or had sanctions imposed on it?**

YES NO

If yes, please **explain in detail**, using additional pages if necessary: _____

5. OTHER

Have you the **applicant, co-applicant, or any occupants** of the home been **convicted** of an offense against civil or military law, forfeited bond or collateral, or are there **any criminal charges pending** against any of them? (Exclude minor traffic violations, or any offense settled in juvenile court or under a youth offender law)?

YES NO

If **YES**, please **explain in detail, using additional paper if necessary**:

Have any **allegations of abuse or neglect, or substantiations of abuse or neglect** been made against you the applicant, the co-applicant, or any occupant of your home?

YES NO

If **YES**, please **explain in detail, including outcomes, using additional paper if necessary**:

6. REFERENCES Please list **3** people, **NOT RELATIVES AND NO MORE THAN 1 CTH LICENSEE**

who can be contacted for references:

NAME	ADDRESS, PHONE #	OCCUPATION
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Please name family doctor and address: _____

7. ELIGIBILITY for initial licensure is determined on the basis of the information you have given on this application form and other initial application materials. **Information will need to be verified or additional information may be required. Your permission will be necessary.** Do you give your permission? YES NO

8. DIRECTIONS to your home: _____

CERTIFICATION

I certify that the statements made by me on this application are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement of facts, I am subject to denial of issuance or revocation of a community companion home license.

I have been given a copy of the community companion home licensing regulations, have been made aware of my responsibilities if licensed, and agree to comply with all regulations.

(applicant signature)

(date)

(co-applicant signature)

(date)

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