

**FAMILY CHILD CARE RESIDENTS AND STAFF**

Provider's Name \_\_\_\_\_

Address \_\_\_\_\_

**INSTRUCTIONS:**

Please use the following in the appropriate box to indicate Race and Ethnicity:

Race: American Indian or Alaskan Native (1), Asian (2), Black or African American (3), Native Hawaiian or Pacific Islander (4), White (5), other (specify):

Ethnicity: Hispanic or Latino (1); or Non-Hispanic or Latino (2)

**List all children and adults living in the home and all Co-Providers, Substitutes, Volunteers, and Additional Adults**

**(Please use an additional form if needed):**

FULL NAME	DOB	RACE	ETHNICITY Hispanic or Non-Hispanic	GENDER (Female, Male, Non- binary)	PRIMARY LANGUAGE SPOKEN	RELATIONSHIP TO PROVIDER	POSITION Co-Provider Substitute Resident, etc...	START DATE If applicable	END DATE If applicable	VERIFIED (OCC Only)

Signature \_\_\_\_\_

Date \_\_\_\_\_