

1 or 2-Bed Certificate Application Community Care Family Foster Home

The following individual, agency, or organization hereby applies for certification as a Community Care Foster Family Home (CCFFH), in compliance with Chapter 11-800, Hawaii Administrative Rules.

☐ Check here if this is a request to renew an existing certificate ☐ 1 Bed ☐ 2 Bed

Applicant (Primary Caregiver) Information:

_____	_____	_____	_____
First Name	Last Name	Birthdate	Age

Check appropriate box:

☐ NA ☐ CNA ☐ LPN ☐ RN

_____	_____	_____	_____
Physical Address	City	State	Zip code

_____	_____	_____	_____
Mailing Address, if Different than Physical	City	State	Zip code

_____	_____
Home Phone Number	Cell Phone Number

Email Address (required)

FAX THE FOLLOWING TO CTA AT (808) 234-5470:

1. This signed CCFFH Application
2. Documentation to verify that the primary caregiver lives in the home that is to be a community care foster family home
3. Copy of credentials whether a NA, CNA, LPN, or RN
4. Job Experience Form providing at least one Year of Experience in a home setting, including reference letters if required – see Job Experience Form instructions for details
5. Fingerprint/APS/CAN background check results **dated within the last 6 months**

Applicant should have all documentation listed in the Hawaii Administrative Rules in place **BEFORE** faxing the application.

CTA has 60 days to approve or deny a complete application. An application is incomplete if any of the above information is missing or incomplete.

Please allow at least 30 days before contacting CTA to allow for processing.

_____	_____
Applicant's Signature	Today's Date

Print Full Name