



Rhode Island Department of Human Services

Landlord Permission for Group/Family Child Care Home Operation

Updated 3/4/2020

To be completed by the landlord:

This is to certify that my tenant, _____, residing at

Name of Tenant (Applicant)

Number and Street

Unit

City/Town

Rhode Island

State

Zip Code

has discussed with me his/her plan to be licensed as a Group/Family Child Care provider for children at this address.

I understand that my property will/may be inspected by the Department of Human Services, State Fire Inspectors and other inspectors as necessary to assure the safety of the children placed with my tenant for care.

I understand that I may be contacted by representatives of the Department of Human Services.

Name of Landlord (Printed)

Primary Phone

Address of Landlord: Number and Street

Unit

City/Town

State

Zip Code

I, _____ (name) _____, attest that the information contained in this affidavit is complete and should be accurate.

Landlord's Signature

Date of Form Completion

Subscribed and sworn to before me on this _____ day of _____
Date Month Year

Notary Public

**This form is not valid without notary stamp or seal and all required information and signatures.*