



**Hillsborough  
County Florida**

**DEPARTMENT OF CHILDREN'S SERVICES  
CHILD CARE LICENSING DIVISION**

**Household Members/Substitute/Employee Form**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Employment Date \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

---

---

**CHILD ABUSE CERTIFICATE**

**THIS IS TO CERTIFY THAT I HAVE READ THE DCF PAMPHLET  
"REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS" AND  
UNDERSTAND MY LEGAL RESPONSIBILITY TO REPORT SUSPECTED  
ABUSE.**

Signed \_\_\_\_\_ Date \_\_\_\_\_