

**South Carolina Department of Social Services
Child Care Licensing
HOUSEHOLD MEMBER LIST**

Please list the name, age and date of birth of all person(s) who reside in your home including the operator, persons residing for longer than two weeks, and **all** children living in the home to include adopted or foster children.

Name	Age	Date of Birth

Staff Person(s) Including Emergency Person(s), if applicable

If you are planning to use or are using an individual as a **staff person, emergency person/back-up person, or if anyone will be helping you care for these children**, please list their name(s) below.

Name
1.
2.
3.

Please provide **detailed** directions from a major highway or street to your home.
