



LOURDES A. LEON GUERRERO  
GOVERNOR, MAGA'HAGA'

JOSHUA F. TENORIO  
LT. GOVERNOR, SIGUNDO MAGA'LÁHI

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

# BUREAU OF CHILD CARE SERVICES

## Child Care Assistance Program



ARTHUR U. SAN AGUSTIN, MHR  
DIRECTOR

LAURENT SF DUENAS, MPH, BSN  
DEPUTY DIRECTOR

TERRY G. AGUON  
DEPUTY DIRECTOR

### FOSTER APPLICANT

FILL OUT YOUR APPLICATION FORM COMPLETELY AND BRING ALL DOCUMENTS REQUESTED.

#### REQUIRED DOCUMENTS TO BRING WITH YOU:

- Child Care Application
- Child Care Provider Data Form

#### Applicant & Co-Applicant

- Valid Picture ID (Examples: Driver's License, Guam ID, Work/School ID, Passport, Permanent Residency Card (Green Card))
- Ex Parte
- Power of Attorney

#### All Household Members:

- Birth Certificate(s) or US Passport(s)
- Immunization Cards (for child/children in the household)
- Social Security Card(s)

- YOU MAY EMAIL THE COMPLETE PACKET TO: [childcare@dphss.guam.gov](mailto:childcare@dphss.guam.gov) OR DELIVER TO 130 UNIVERSITY DR. CASTLE MALL RM.15, MANGILAO GUAM 96913.

Rcvd by Employee: \_\_\_\_\_