



**Department of Public Health and Social Services**  
**Division of Public Welfare + Bureau of Economic Security**  
**Bureau of Management Support**  
130 University Drive Rm. 15 + Mangilao, Guam 96913  
Telephone 671-735-7256 / 671-735-7344  
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**CONSENT FOR RELEASE OF CHILD CARE CERTIFICATE**

Client Name: (Please Print)	Social Security Number:/Case Number:
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**Authorized Person(s)/Center Name: (Maximum of 3)**  
(Example) Jane Doe, Director / Block Grant Day Care Center

**Relationship to Client:**  
(Example) Day Care Provider

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**COPY OF PICTURE ID FOR AUTHORIZED PERSON(S) IS REQUIRED**

I hereby authorize the Department of Public Health and Social Services to release the child care certificate(s) to the individual(s) and/or provider(s) identified above for: **(SELECT ONE ONLY)**

Only for the service month of \_\_\_\_\_ .

OR

All certificates within my certification period: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

**I understand:**

- a) that it is my responsibility to provide the child care certificate to my provider(s). However, if I am unable to pick up the certificate, I am authorizing the individual(s) and/or Provider to pick up my certificate(s) on my behalf.
- b) that I can revoke this authorization at any time but must do so in writing and that I am responsible for informing the individuals identified in this consent form.
- c) this consent will expire at the end of my certification period. It will also become invalid when my application is denied or when my case is terminated.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized BES or BMS Staff: \_\_\_\_\_ Date: \_\_\_\_\_