

**CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (V10-14)**

**EFFECTIVE DATE OF PROVIDER CHANGE:** \_\_\_\_\_ **Parent's Signature of Change:** \_\_\_\_\_

Parent (Guardian) Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Business Name (if applicable) \_\_\_\_\_

Street Address (where care is provided) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security or EIN Number (last 4 digits only) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Days (Please circle) S M Tu W Th F S

| Type of Provider  |                      |
|---|----------------------|
| <input type="checkbox"/> Licensed Home                  | License # _____      |
| <input type="checkbox"/> Licensed Center                | License # _____      |
| <input type="checkbox"/> Registered Ministry            | Registration # _____ |
| <input type="checkbox"/> License Exempt Home            |                      |
| <input type="checkbox"/> License Exempt Facility        |                      |
| <input type="checkbox"/> Providing care in child's home |                      |

| Child's Name (first & last) | Child's Age<br>Years / Months | Kindergarten<br><i>Indicate</i><br>HD = 1/2 Day<br>FD = Full Day | Current Charge<br>(List charges for School-Age School Year)<br>Week / Day / Hour |  |  | Charge<br>for next age group<br>(If child is currently 2 list charge at age 3)<br>Week / Day / Hour |  |  | School-age<br>(List charges for summer/evening care)<br>Week / Day / Hour |  |  | Provider's<br>Current<br>Paths to<br>QUALITY<br>TM<br>Level |
|-----------------------------|-------------------------------|--|--|--|--|---|--|--|---|--|--|---|
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|                             |                               |  |  |  |  |   |  |  |   |  |  |   |

Are you related to the children listed above? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE**

School Year Begins \_\_\_\_\_ Ends \_\_\_\_\_

Does school-age child need break care vouchers? \_\_\_\_\_ No \_\_\_\_\_ Yes  
*If yes, a school schedule must be provided.*

**PLEASE NOTE:** Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

**Parent / Guardian:** Your caregiver must complete this information in its entirety. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility. Your provider MUST be CCDF eligible. **All provider changes must be received in our office by noon on Thursday each week prior to change taking effect. Please note that vouchers can not be backdated. No provider change will be made without an effective date listed above and a signature of the parent.**

**PROVIDER:** Please complete all information and sign the form in the box to the left. To check voucher status visit your provider website at [www.hoosierchildcare.com](http://www.hoosierchildcare.com).

**Contact the Child Care Resource and Referral Line (CCRR) at 1-800-932-3302 to locate and determine childcare in your area.**

Children's Bureau 2529 Schuyler Ave Suite 500 Lafayette, In 47905  
 Phone 765-838-3805 or 1-855-228-4024 Fax 765-838-3816

**PROVIDER AFFIRMATION**

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. (Available on [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, \_\_\_\_\_