

CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (v10-14)

Parent (Guardian) Name: _____ Date Completed: _____ Effective Date: _____

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: S M T W T 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 Years / Months	Kindergarten <i>Indicate</i> HD = ½ Day FD = Full Day	Current Charge (List charges for School-Age School Year) Week / Day / Hour			Charge for next age group (If child is currently 2 list charge at age 3) Week / Day / Hour			School-age (List charges for summer/evening care) Week / Day / Hour			Provider's Current Paths to QUALITY™ Level

FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins: _____ Ends: _____

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

Are you related to the children listed above? Yes No
If yes, please explain: _____

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. Your CCDF provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. 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. **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.**

PROVIDER: Please complete all information and sign the form in the box to the left.

If you have any questions, please contact your local intake office.
Contact the Child Care Resources and Referral Line (CCRR) at 1-800-299-1627 to locate and determinate childcare in your area.

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). 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: _____

