



CHILD CARE AND DEVELOPMENT FUND (CCDF) PROVIDER INFORMATION

State Form 56903 (R / 11-20)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: The provider must complete all information and sign the form.

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. If you have any questions, please contact your local intake office.

Name of parent / guardian		Date completed (month, day, year)			
Name of caregiver					
Name of business (if applicable)			Employer Identification Number (EIN) of business (if applicable)		
Address where care is provided (number and street, city, state, and ZIP code)				County	
Type of provider <input type="checkbox"/> Licensed Home <input type="checkbox"/> Licensed Center <input type="checkbox"/> Registered Ministry <input type="checkbox"/> License Exempt Home <input type="checkbox"/> License Exempt Facility <input type="checkbox"/> Providing Care in Child's Home					
License / registration / exemption number		Provider's current Paths to Quality (PTQ) level		Telephone number ()	
				Fax number ()	
Hours of operation (i.e. 7 AM to 6 PM)		Days of operation (Check all that apply.) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Is this a new provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, on what date will the child begin care? (month, day, year)		Is this for a child who is reauthorizing their case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Child (First and Last)	Age of Child Years / Months	Kindergarten (Indicate HD for Half Day or FD for Full Day.)	Current Charge (List charges for school-age school year.) Week / Day / Hour	Charge for Next Age Group (If child is currently two (2), list charge at age three (3).) Week / Day / Hour	School-Age (List charges for summer / evening care.) Week / Day / Hour

Are you related to the child(ren) listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain.	
FOR SCHOOL AGE KINDERGARTEN FULL DAY CARE		
Date school year begins (month, day, year)	Date school year ends (month, day, year)	Does school-age child need break care vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a school calendar <u>must</u> be provided.

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.		
Signature of provider	Printed name of provider	Date (month, day, year)