

Child Care Assistance Provider Form

To be completed by the provider. If you have any questions about this form, please contact:

_____ at _____ fax _____

➤ **Child Care Provider's name:** _____

Address: _____

Provider County: _____

Provider Phone #: _____

Provider Social Security # or Federal Tax ID#: _____

➤ **Check the Provider type:**

Licensed Family home: County Licensed in: _____

Care provided in:

My home

Child's home

Licensed Center

Legal Non-Licensed Provider (Please complete the attached Legal, Unlicensed Child Care Provider Registration Application.)

Care provided in:

My home

Child's home

School District before/after school program School District #: _____

➤ **DHS License #:** _____

➤ **Are you accredited?**

Yes

No

Type: _____

Begin Date: _____

End Date: _____

➤ **Parents Name:** _____

➤ List the Children for whom you provide care and the days/hours they are in your care.

Complete separate line for each child.

Child's Name	Start Date	Days in Care (M, T, W, Th, F, S, Su)	Time in (Not hours of Operation)	Time Out
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provider Certification

I attest that all of the information that I have provided on this form is true and accurate to the best of my knowledge. I understand that I will receive notification of the date that I am eligible to receive reimbursement from Washington County Child Care Assistance for this child(ren) if the parent is found to be eligible for assistance. I will receive instructions and information regarding how to file a claim for reimbursement with that notification. Any charges incurred by this family that are not authorized by Washington County Child Care Assistance are the responsibility of the parent.

Provider Signature: _____ Date: _____