

# IT'S THAT TIME AGAIN



To reauthorize please complete the enclosed CCDF application.  
**Be sure to include copies of all required documents.**

Your application must be  
**submitted to Brightpoint 5 days prior to your subsidy end date.**  
**Don't miss the deadline listed on your packet.**  
**No paperwork will be processed and your child care will be terminated  
if submitted late or incomplete.**

**Submit your documents to Brightpoint via one of the following methods:**

**Secured document upload:** [www.mybrightpoint.org](http://www.mybrightpoint.org) , Get Help tab, Child Care Assistance

**Email:** [childcare@mybrightpoint.org](mailto:childcare@mybrightpoint.org)

**Fax :** 1-844-510-5775

**Mail :**

Brightpoint  
PO Box 10570  
Fort Wayne IN 46853

**Drop box:** At your local office, if applicable

**PLEASE RETURN YOUR APPLICATION AS SOON AS POSSIBLE**

To schedule an appointment  
Call the 24hr dedicated appointment line 1-800-589-2264

Thank You

**ALL information listed below must be received in the Brightpoint office prior to the subsidy end date listed on your letter.**

 **Complete Sign and Return:**

1. **Parent Application Worksheet. Include a phone number where you can be reached.**
2. **Parent Statement/Rights & Obligations**
3. **Child support verification form; Must be completed with all names of children and amount received. Put "0" if no support received in previous 30 days.**
4. **AND all required "Proof" must be included. Do not send originals. Originals WILL NOT be returned.**

 **Provide Proof of Service Need/Income:**

Please provide proof of income for the past 30 days for all parents in the household

Check stubs **must include:** Parent/Employee Name, Dates Paid, Hours Worked, and Gross Amount Earned.

\*\*\*If you **receive tips**, please go to [www.mybrightpoint.org](http://www.mybrightpoint.org) and print the tipped worksheet and instructions. Form must be submitted.

- For a **new job** please submit a statement from your employer on letterhead including Parent/Employee Name, Date Hired, estimated hours to be worked each week, rate of pay and Employer's Signature.
- If you are Self-employed go to [www.brightpoint.org](http://www.brightpoint.org) print the **profit and loss statement** for completion with prior month's income and expenses and include **your most recent IRS transcript**.
- If you receive a 1099 and you are a contracted employee, please provide a copy of the cancelled check front and back and your employer must complete a Wage Detail Form available at [www.mybrightpoint.org](http://www.mybrightpoint.org)

 **Please provide proof of current enrollment at school/college (if applicable)**

- School schedule for all parents in the household. **MUST include:** Parent/Student Name, School Name, Semester Dates, Credit Hours and/or hours of participation

 **Provide proof of Residency**

- Copy of current utility bill, check stub, current copy of valid Driver's License, Identification Card, or postmarked envelope with your name and complete address, dated within the past 30 days, or the recertification letter included with this packet.

 **Provide completed Provider Information page**

- Provider Information Page completed by your chosen childcare provider. **All sections must be completed! Submitted with your packet, do not have your provider fax it to us. It is the child care clients responsibility to provide this at reauthorization.**

**It is your responsibility to ensure that all items are submitted.**

When your reauthorization has been processed, the pre-voucher report will be mailed to you and the vouchers will be mailed to your provider. If you do not receive it within one week after submitting your information, you may call to see if your information was received and/or completed.

Please carefully review the Pre-voucher report as it contains the details of the new voucher.

IMMEDIATELY, report any errors.



# PARENT / APPLICANT WORKSHEET

State Form 56907 (2-20)  
 FAMILY AND SOCIAL SERVICES ADMINISTRATION  
 CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

**ATTENTION:** Failure to attach ALL required documentation will result in termination of child care benefits without notice. Please use application checklist provided to assist in preparation of worksheet for mailing. The income and residency documentation you submit must be dated no earlier than thirty (30) days before the date you sign this worksheet.

Name of parent / applicant	Automated Inquiry System (AIS) number	Date of birth of parent / applicant (month, day, year)	Home telephone number ( ) ( ) ( )
Street address (number and street, city, state, and ZIP code)	County	Is this a new address?	Other telephone / contact number ( ) ( ) ( )
Mailing address (if different from above) (number and street, city, state, and ZIP code)	Primary language spoken	E-mail address	

### ADULTS LIVING IN HOUSEHOLD

First Name, Last Name	Date of Birth (month, day, year)	Relationship to Parent / Applicant	Working?	School?	Highest Grade Completed	Hours Working or in School per Week	Hours Needed for Travel per Week	Hours Needed for Study per Week	Days per Week Care is Needed (S, M, Tu, W, Th, F, S)
SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					

### CHILDREN LIVING IN HOUSEHOLD

First Name, Last Name	Date of Birth (month, day, year)	Relationship to Parent / Applicant	Child Needs Care?		Which Parent(s) are Living in Household?			Earliest Drop-Off	Latest Pick-Up	Is There a Different Child Care Provider?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No

### INCOME DISCLOSURE – Include all income received in the previous thirty (30) days.

Income Source	Monthly Amount	For Whom	Verification That Must Be Attached	Income Source	Monthly Amount	For Whom	Verification That Must Be Attached
Child Support			Completed child support declaration form	Wages / Salary			Pay stub or cancelled check (front and back) and wage detail form
Social Security			Award letter, check stub, or verification from agency	Housing Assistance			None
Supplemental Social Security			Award letter, check stub, or verification from agency	Food Stamps			None
TANF			Award letter, check stub, or verification from agency	Work Study			None
Unemployment			Uplink claimant homepage or verification from agency	Other			Attach appropriate documentation

### ANSWER THE FOLLOWING QUESTIONS.

1. In what school district do you live?	2. Are you living in a homeless shelter or domestic violence shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you living in a residence with family and/or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are you living in your car, a park, or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your co-applicant active in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are any children on your application disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have assets which exceed one (1) million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No

## PARENT'S / APPLICANT'S RIGHTS AND OBLIGATIONS

### I understand the following pertaining to my Hoosier Works for Child Care (HWCC) card and recording my child's attendance:

- I understand I will be required to electronically document my child(ren)'s attendance information. I will only utilize my Hoosier Work for Child Care card to document attendance when it truly reflects the care provided.
- I understand that if I fail to use my child care assistance within sixty (60) days, it will be voided.
- I understand I may only electronically, or otherwise, document my child's attendance when my child is attending the location where my voucher has been assigned.
- I understand I may not leave my Hoosier Works for Child Care card with my child care provider. I agree to keep my personal identification number (PIN) confidential as it is my electronic signature.
- I understand failure to comply with this may result in termination of my child care benefits and repayment of child care assistance paid on my behalf.
- I understand it is my responsibility to report to the Intake if my Hoosier Works for Child Care card is lost or stolen.
- I understand I can utilize up to twenty (20) Personal Days. Personal Day claims are to be used at my discretion for days when the provider was open for business and my child/children were scheduled to attend but did not attend any part of the day.

### I understand the following pertaining to my obligations of verifying my eligibility for CCDF benefits:

- I understand it is my responsibility to furnish the Intake Agent with complete and accurate information including, but not limited to, income and family composition. I understand I will be required to submit proof of information provided.
- I understand that I may be requested to verify these statements and give my consent to the agency, from where I am requesting services, to make any necessary contacts and verify statements.
- I understand subsidized child care will not begin until all forms are completed and I have received written notice from the Office or their representative.
- I understand I must report to the Intake Agent when my service need ends, my TANF status changes, my family composition changes, I move to another State I obtain a new phone number, I have total assets which exceed 1 million dollars or a change in income which exceeds 85% of the State median income (SMI), within ten (10) calendar days of the change and provide supporting documentation, if necessary.
- I understand I may be asked to cooperate with state and/or federal personnel in any investigation. I further understand my failure to cooperate may result in termination from the program.

### I understand the following pertaining to my child care provider:

- I understand I must request a provider change by submitting a complete and current Provider Information Page to the CCDF Intake Office no later than noon the day before the last business day of the week.
- I understand the choice of caregiver is not only my choice, it is my responsibility.
- I understand it is my responsibility to report any suspected child abuse and neglect to the proper authority and others have the same responsibility concerning my child/children.
- I understand reimbursement for my child's care will be made directly to the provider, unless the care is provided in my home by a non-resident, in which case the payment will be made directly to me. It is my responsibility to reimburse the provider for services rendered as well as any co-payments. I also understand it is my responsibility to withhold and make all applicable Internal Revenue Service (IRS) payments for my child care provider and for the end of the year reporting to the IRS.
- I understand parents, step-parents or legal guardians will not be paid as caregivers for their own children.
- I understand that failure to pay any child care co-payment could result in my family being terminated from this funding assistance.

### I understand my rights in receiving child care benefits through the CCDF program:

- I understand information concerning my family regarding the CCDF voucher program, and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF voucher program.
- I understand my right to file a written complaint.
- I understand I can submit a written appeal if I disagree with an action taken regarding my eligibility for CCDF.

### I understand my child care may be terminated for any of the following reasons:

- Failure to respond to requests for additional information related to eligibility determination from The Office or its agents within the required time frame
- Failure to pay weekly copayment owed, if reported within thirty (30) days from first missed payment.
- Failure to document a CCDF eligible child's attendance in the manner required by the Office.
- Failure to fully reimburse CCDF eligible in-home (nanny) provider
- Submitting attendance claims for time the CCDF eligible child was not in attendance, with the exception of approved holidays and personal days, as allowed by the Office.
- Allowing an unauthorized person, including the CCDF eligible child care provider, to possess a CCDF card, card number, or Personal Identification Number, password or any other tool for entering electronic attendance information, as applicable.
- Failure to remain current on any existing repayment agreements determined by the Office
- Failure to select a CCDF eligible provider

### I understand my child care will be terminated for any of the following reasons:

- Excessive unexplained absences.
- A change of residency outside of the State
- Substantiated fraud or intentional program violations
- Failure to provide complete information at time of authorization or update
- CCDF Household income does not meet financial eligibility
- CCDF Household does not meet service need requirements
- Copayment exceeds total weekly subsidy
- Failure to select a CCDF eligible provider

**DISCLOSURE STATEMENT**

18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Section 35-43-5-7: Welfare fraud(a) A person who knowingly or intentionally: (1) obtains public relief or assistance by means of impersonation, fictitious transfer, false or misleading oral or written statement, fraudulent conveyance, or other fraudulent means; (2) acquires, possesses, uses, transfers, sells, trades, issues, or disposes of: (A) an authorization document to obtain public relief or assistance; or (B) public relief or assistance; except as authorized by law; (3) uses, transfers, acquires, issues, or possesses a blank or incomplete authorization document to participate in public relief or assistance programs, except as authorized by law; (4) counterfeits or alters an authorization document to receive public relief or assistance, or knowingly uses, transfers, acquires, or possesses a counterfeit or altered authorization document to receive public relief or assistance; or (5) conceals information for the purpose of receiving public relief or assistance to which he is not entitled; commits welfare fraud, a Class A misdemeanor, except as provided in subsection (b). (b) The offense is: (1) a Class D felony if: (A) the amount of public relief or assistance involved is more than two hundred fifty dollars (\$250) but less than two thousand five hundred dollars (\$2,500); or (B) the amount involved is not more than two hundred fifty dollars (\$250) and the person has a prior conviction of welfare fraud under this section; and (2) a Class C felony if the person is convicted of welfare fraud under this section, the clerk of the sentencing court shall certify to the appropriate state agency and the appropriate agency of the county of the defendant's residence: (1) his conviction; and (2) whether the defendant is placed on probation and restitution is ordered under IC 35-38-2.

I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Family and Social Services Administration/Office of Early Childhood and Out of School Learning, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of CCDF benefits, and/or the imposition of fines, civil damages, and/or imprisonment.

Signature of parent / applicant

Printed name

Date (month, day, year)

**NOTES TO YOUR CCDF INTAKE AGENT**

Area with horizontal dashed lines for notes.

**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**CHILD SUPPORT AND MAINTENANCE DECLARATION** (v8-18)

*Declare below, by child, the **average** amount of child support received **MONTHLY**, if received in the previous 30 days. List all children in the household, even if you received zero support.*

LIST ALL CHILDREN'S NAMES	AMOUNT RECEIVED MONTHLY	FROM (PROVIDE NAME)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
<b>SPOUSAL/ABSENT PARENT HOUSEHOLD PAYMENT</b>	\$	

***By my signature below, I hereby certify all the information provided is true and correct to the best of my knowledge. I understand I may be requested to verify this statement and give my consent to the agency from where I am requesting services to make any necessary contacts to verify any statement. I understand my deliberate failure or misrepresentation of any information in this statement may result in my inability to participate in the Child Care and Development Fund (CCDF) Voucher Program.***

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



For a Brighter Future.

P.O. Box 10570 | 227 E. Washington Blvd. | Fort Wayne, Indiana 46853-0570 | (260) 423-3546 | (800) 589-2264 (Appx. Line) | www.mybrightpoint.org

Please answer the following questions, so that we can provide vouchers that will best fit you and your child(ren)'s needs. Not answering these questions could delay the processing of your application.

1. Have you participated in the child care voucher program before today?    Yes    No
2. Are you a licensed Foster Parent requesting care for a foster child(ren)?    Yes    No
  - a. Are the foster children related to each other?    Yes    No
  - b. If you are a foster family, submit your **current foster home license and placement letter dated in the past 30 days.**
3. What is the normal time you drop off at child care? \_\_\_\_\_ pick up at child care? \_\_\_\_\_
4. How long does it take you to drive from work/school to the child care? \_\_\_\_\_
5. If you are attending school, how much study time do you need on average? \_\_\_\_\_
6. What school district do you live in? \_\_\_\_\_
7. If you have a child(ren) in school, do you need child care year round?    Yes    No
  - a. **If no, do you need childcare for school breaks only?**    Yes    No
8. Will your child be enrolled in Head Start or receiving an On My Way Pre-K grant in the next 12 months?    Yes    No    Not Sure Yet
9. Do you have a child that will be enrolled in kindergarten in the next 12 months?    Yes    No
  - a. If yes, please circle if they will attend    ½ day    full day
  - b. Will they be attending kindergarten at your current child care provider?    Yes    No
10. Do you work for the child care provider that your child(ren) attend ?    Yes    No
  - a. If yes, you and your employer will need to complete an additional form called the Parent-Provider Statement **every time** you reauthorize. Your application cannot be processed without it. It is available at [www.mybrightpoint.org](http://www.mybrightpoint.org), Get Help tab, Child Care Assistance, Downloadable Forms on right hand side of page, or you may go to any of our local offices to pick one up.
11. Are you related to anyone that works at Brightpoint or a Brightpoint Board Member?  
 Yes                      No                      Name: \_\_\_\_\_

Brightpoint Programs

Covering Kids & Families | Energy Assistance | Supportive Housing | Career Academy | Child Care Assistance  
Housing Solutions | Family Development | Supportive Services for Veteran Families | Weatherization  
Early Head Start | Head Start | JAG-Youth Development | AmeriCorps | Brightpoint Development Fund





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12. Circle the following types of income you or your children receive.

- a. Wages Check stubs for **30 days PRIOR to the date you SIGNED the parent applicant worksheet.**
- b. Social Security / SSI **Include benefit award letter**
- c. Unemployment Benefits **Printout of last 30 days payments**
- d. TANF **Include benefit letter or printout**
- e. SNAP **How much per month? \_\_\_\_\_**
- f. Housing Assistance **How much per month? \_\_\_\_\_**
- g. Child Support **Complete Child Support Verification Form**
- h. Pension/Interest/Trust **Include benefit letter**

13. Name of current employer(s) \_\_\_\_\_

14. Do you anticipate a break in your employment or school over the next 12 months?

Yes No

a. If yes, how long? \_\_\_\_\_

b. Do you plan on utilizing child care during this break? Yes No

c. If no, please complete the following statement for approved leave:

I, \_\_\_\_\_ (parent name), am requesting my child(ren) be placed in approved leave from the child care voucher program from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date). By signing below, I understand that my children will not have an active child care voucher during the timeframe stated above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note below any other special circumstances that may be important for us to know in regards to your child care vouchers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brightpoint Programs

Covering Kids & Families | Energy Assistance | Supportive Housing | Career Academy | Child Care Assistance  
Housing Solutions | Family Development | Supportive Services for Veteran Families | Weatherization  
Early Head Start | Head Start | JAG-Youth Development | AmeriCorps | Brightpoint Development Fund







# CHILD CARE AND DEVELOPMENT FUND (CCDF) PROVIDER INFORMATION

State Form 56903 (2-20)

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		Social Security Number of caregiver (last four digits only)	
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)			
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		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		<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	
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?     Yes     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?     Yes     No    *If yes, a school schedule must 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](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.

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



# ON MY WAY (OMW) PROVIDER INFORMATION

State Form 56897 (1-20)

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.

Name of parent / guardian		Date completed (month, day, year)	
Name of caregiver		Social Security Number of caregiver (last four digits only)	
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)			
Type of OMW provider <input type="checkbox"/> Licensed Home <input type="checkbox"/> Licensed Center <input type="checkbox"/> Registered Ministry <input type="checkbox"/> License Exempt Facility <input type="checkbox"/> Public, private or charter school <input type="checkbox"/> Other: _____			
License / registration / exemption number		Provider's current Paths to Quality (PTQ) level	
Program hours (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	
Name of Child (First and Last)	Date of Birth (month, day, year)	OMW Pre-K Regular or Limited Eligibility?	Current OMW Pre-K Weekly Charge **
		<input type="checkbox"/> Regular <input type="checkbox"/> Limited	OMW Pre-K Beginning Date (month, day, year)
		<input type="checkbox"/> Regular <input type="checkbox"/> Limited	OMW Pre-K Ending Date (month, day, year)
		<input type="checkbox"/> Regular <input type="checkbox"/> Limited	

**\*\* Please enter \$147.82 ONLY for Limited Eligibility weekly charge. Provider weekly charge for Regular OMW must reflect your weekly rate charged ALL families.**

Are you related to the child(ren) listed above?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain.</i>	
If you are a public, private, or charter school, does the child need break care vouchers (care at another provider when your school is not in session)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, a school schedule must be provided.</i>	

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 <a href="http://www.childcarefinder.in.gov">www.childcarefinder.in.gov</a> . 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	Date (month, day, year)
Printed name of provider	