

OMW PRE K PACKET INSTRUCTIONS

Refer to On My Way Pre K Eligibility Documentation Letter listing acceptable documents to send.

All forms must be signed and dated the same date. All documentation submitted must be within the prior 60 days of your packet signature date unless stated otherwise. This includes the Provider Information Page.

REQUIRED DOCUMENTATION AND FORMS TO COMPLETE YOUR AUTHORIZATION

- Parent/Applicant Worksheet: Must be **fully completed, signed and dated**. **You must place applicable income in all boxes. If you do not receive, place a zero in the box**. Questions on reverse side must be fully answered. For questions that don't apply to you please write "NA". Please do not forget to sign the Parent/Applicant Worksheet. Signature Line is on Page 3.
- Residency: Must include your full name, full address and be dated within the current 60 day period of your Parent/Applicant Worksheet.
- Service Need for Adults: Submit at least one pay stub which must be within 60 days from applicant signature date on State Form 805 or Parent/Applicant Worksheet. If attending school must submit current school schedule. **IF YOU HAVE CHANGED EMPLOYMENT WITHIN THE LAST 30 DAYS, YOU MUST PROVIDE ANY CHECK STUBS FROM PREVIOUS EMPLOYER WITHIN THE LAST 30 DAYS OR LAST CHECK.**
- Other Countable Income: If you receive Unemployment go to the following website: <https://uplink.in.gov/CSS/CSSClaimHomePage.htm> . Unemployment documentation must be dated the same date you date your packet and print all unemployment amounts received. If you receive Social Security Benefits/SSI, you must provide a CURRENT YEAR benefit letter. If you receive TANF, you must provide a TANF benefit letter received within the last 12 months
- Provider Information Page: This form must be fully completed by your provider. Provider must include all rates in each column per child.
- Name Attestation: If any document submitted for adults on application have a different or misspelled first and last name this form must be completed.
- Hoosier Works for Child Care Card Authorization: Please sign and date form. You will be receiving a swipe card form to document attendance.
- On My Way Pre K Parent Agreement Form: Please complete, check boxes, sign and date form

SPECIAL CIRCUMSTANCES FOR AUTHORIZATION

Forms are available on our website at www.childrens-bureau.org

- Wage Detail Form: To be completed if you are paid by business/personal check and requires copies of cancelled checks, front and back, for each pay date listed.
- Verification of New Employment: Must be completed if you have a new job and no pay stubs to submit.
- Tipped Employee Worksheet: If you receive tips on your pay stubs you are required to complete this form.

- Statement of Profit/Loss: If you or the other adult are self employed this form must be fully completed. Requires an IRS Tax Transcript that includes a Schedule C for the previous tax year. Partnerships require Form 1065 & Schedule K for previous tax year.
- Provider – Parent Statement: Must be completed if you are employed with a Daycare Provider. Your provider and you must complete the form.
- Secondary School Enrollment Verification: To be completed if you are in middle school or high school . This form is not for students in college.

RETURNING YOUR AUTHORIZATION PACKET

- 1) Review all forms to assure you have signed and dated them. Some forms are front and back. Review carefully.
- 2) Make sure documents you send are legible. If documents are not legible they will not be accepted and your reauthorization will not be processed.
- 3) If you have any questions, please call 317-545-5281 or 1-866-287-2420 Ext 16100
- 4) Return your authorization packet and documents by the due date.
- 5) If mailing your packet it must be weighed by the Post Office to assure correct postage. We do not accept postage due packets.
- 6) If faxing your packet all documents and forms must be legible or they will not be accepted. Remember, fax machines do not send both sides of two sided documents.

MAILING ADDRESS:

**Children’s Bureau, Inc.
3801 N. Temple Ave.
Indianapolis, IN 46205**

FAX NUMBER:

317-545-1069 (please call to confirm receipt)

EMAIL ADDRESS:

ccdfvouchers@childrensbureau.org

ON MY WAY PRE K ELIGIBILITY DOCUMENTATION LETTER

In order to be considered for the On My Way Pre K Program you must be currently working and/or attending school or job searching. To determine eligibility the following items are needed from you and your spouse and/or child's father, if applicable. If you have questions, please call: 317-545-5281 ext 16100. You may also call our toll-free number at 1-866-287-2420 ext 16100. **Without all of the proper documentation we will not be able to complete your appointment and process your application.**

Proof of Identity (must be valid)

- ✓ Parent(s) Driver's License or State ID or Passport or Military ID or School ID or Work ID
- ✓ For all children in household MUST have date of birth listed: Birth Certificates; Hospital Issued certificate of birth; Birth confirmation letter; ICES Screen; Court record of adoption, paternity, or foster placement; passport; permanent residency card; Medicaid card; Immunization Records w/Social Security Card or School Records or State ID
- ✓ ***Foster Parents: All of the above plus: Valid Foster Parent License which matches the foster parent's residency verification and Current Placement letter from the DCS/Foster agency caseworker signed or current per diem documentation with child(ren)'s name on it or Court placement order or State Form 3319.**

Proof of a service need (working and/or attending school and/or job searching)

- ✓ **If working:** Submit at least one pay stub which must be within 60 days from applicant signature date on State Form 805 or Parent/Applicant Worksheet. Check stubs must include your name AND Gross wages OR at least one cancelled check (front and back), which must be within 60 days from applicant signature date on State Form 805 or Parent/Applicant Worksheet. Cancelled checks must include – employers name imprinted in the upper left corner of check, Applicants/Co-Applicants name on pay to the order of line; current date on date line; amount paid; check has been fully negotiated (cashed) as evidenced on the back of the cancelled check by the financial institution; AND Wage Detail Form completed by employer. A computer generated wage history summary from your employer or State Form 54092 may also be accepted.
- ✓ **If starting new job:** A signed completed New Hire Verification Form
- ✓ **If attending an education program through a certified or accredited education/training organization or institution:** Current School documentation must include Student Name, School Name, Credit hours taken and/or hours of participation, and Semester dates or begin and end date, if applicable. **Please Note: Those with two associates, one four (4) year degree, or masters program do not qualify for CCDF services under education.**
- ✓ If TANF/IMPACT: referral form (for new TANF/IMPACT clients: this was sent by your worker to Children's Bureau)
- ✓ If DCS (Department of Child Services): a written statement from CPS caseworker indicating the child(ren) are living in their own home, the child(ren) need care outside their own home, amount of care needed per week, CPS caseworker's contact information (This is for biological parents only)
- ✓ If Job Searching: A signed completed Project Job Search Form.

Verification of Residency (must be valid/received in the previous 60 days of your signature date)

- ✓ Proof of residency document must include: name of applicant or co-applicant, complete address to include street address. City and/or zip code and dated no more than 60 days prior to applicant signature date on State Form 805 or Parent/Applicant Worksheet. A lease for the current lease period may be accepted

Verification of All other sources of income (if applicable)

- ✓ Social Security (SSI) benefit letter
- ✓ Current Unemployment print out showing income within 30 days from applicant signature date
- ✓ Current TANF benefit letter (any TANF/IMPACT clients must have referral and all ICES screens)

Information from On My Way Pre K qualified childcare provider:

- ✓ Provider Information Page completed by a licensed or certified On My Way Pre K provider only. To determine if your child care provider is CCDF eligible contact Child Care Resource and Referral Line (CCRR) at 1-800-299-1627 **(If you work for the child care provider where your children attend you must provide the agency parent provider form)**



PARENT / APPLICANT WORKSHEET

State Form 56907 (R / 5-21)
 FAMILY AND SOCIAL SERVICES ADMINISTRATION
 CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

Name of parent / applicant	Automated Inquiry System (AIS) number	Date of birth of parent / applicant (<i>month, day, year</i>)	Home telephone number ()	Other telephone / contact number ()
Street address (<i>number and street, city, state, and ZIP code</i>)			County	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address (<i>if different from above</i>) (<i>number and street, city, state, and ZIP code</i>)			Primary language spoken	E-mail address

ADULTS LIVING IN HOUSEHOLD

First Name, Last Name	Date of Birth (<i>month, day, year</i>)	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 (<i>S, M, Tu, W, Th, F, S</i>)
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 (<i>month, day, year</i>)	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"/> 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"/> 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"/> 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

INCOME DISCLOSURE – *Include all income received in the previous sixty (60) 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			Amount must be listed, even if zero (0).	Wages / Salary			Pay stub or cancelled check (front and back) and wage detail form (<i>if applicable</i>)
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	3. Are you living in your car, a park, or other public place? <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	5. Where is your family living?	6. Are any children on your application disabled? <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	Are you or your co-applicant active in the National Guard or Reserve? <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



PLEASE ANSWER OR CIRCLE EACH QUESTION AND RETURN WITH COMPLETED PACKET

Are You: Employed School Job Searching

How many hours per week are you requesting in Child Care?: _____

How Many Children are in the Home 17 years of age or under? _____

Total Family Size in the home (including yourself and spouse/father of children) _____

Relationship to Child: MOTHER or FATHER SINGLE or MARRIED

Is the other Adult (Father/Mother of the Children) in the Home? YES NO

Is other Adult Employed School Job Searching

Do you (the parent) receive Medicaid? YES NO Do your children receive Medicaid? YES NO

Are you a Citizen of the United States? YES NO Are the Children Citizens of the United States? YES NO

Do you Receive:	Child Support	TANF (Must include Benefit letter)	SSI (Must include Benefit Letter)	Food Stamps	Housing Assistance	Unemployment (Must include Benefit Letter)
Amount Per Month						

What other kind of income do you receive? _____

What degree will you receive when completed with school? _____

What is the highest grade completed? _____ DEGREE _____

What school district do your children attend? _____

****If Children Attend School – Please include School Calendar with Provider Form****

FOSTER PARENTS: Are you a licensed foster parent? YES OR NO Must Include Copy of License

FOSTER PARENTS: Are the children related to each other? YES OR NO

Are you in need of a new swipe card? (If yes, please read special Circumstances on the CCVS Packet Instructions) YES OR NO

HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION APPLICANT AND CO-APPLICANT CARD HOLDERS

Case Name: _____ Case Number: _____

Co-Applicant Cardholder Name: _____

Reason for Issuance: (A) New Applicant Applicant Co-Applicant
(check all that apply) (B) Replacement Lost/stolen Not working Other: _____

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
- I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.
- Exceptions to this policy will only be accepted with written documentation from the Office.

Failure to follow the above policy could lead to **negative action** taken against me and/or my child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- I have received the HOOSIER WORKS FOR CHILD CARE CARD.
- My card will be mailed, when my application is processed if I have valid vouchers

Applicant or Co-Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY	
16 Digit Card Number: _____	
<i>(Or attach a photocopy of the front of the HW Card)</i>	
Issuing staff: _____	Date: _____

CARD USAGE TRAINING	
_____	Video and verbal/written
_____	Verbal/written only



ON MY WAY PRE-K Parent Agreement Form



I, _____ (insert your name)
parent/guardian of _____ (insert child's name), have enrolled my child
in an approved On My Way Pre-K provider and will fully participate in the requirements of
the pre-k grant program. I understand that the overall goal of this program is to provide
high quality preschool education to my child.

As a recipient of this program, I understand that my family will receive the following benefits:

- \$ _____ in program fees paid directly to my chosen Pre-K provider.
(Intake- insert grant award amount)
- Pre-k education for my child at an approved high-quality On My Way Pre-K provider.
- A kindergarten readiness assessment
- Participation in Longitudinal Study following my child's developmental and academic progress through 3rd grade, if chosen
- Participation in Family Involvement & Engagement Activities provided by my selected Pre-K provider.

As a result of receiving these benefits, I agree to the following:

- My child will attend the program at least 85% of the days pre-k is offered
- My child will attend my selected pre-k program for the full duration of the program year.
- I will allow my child to participate in the external evaluation conducted by researchers and the kindergarten readiness assessments conducted by classroom teachers measuring both developmental and academic progress.
- I will participate in family engagement and involvement activities offered by my selected pre-k program including meetings with my child's teacher to discuss my child's progress.
- I will complete the necessary forms for my child to receive an Indiana Department of Education Student Test Number (STN), if required.
- I understand that information from my child's grant application, excluding income, may be shared with my selected On My Way Pre-K provider.
- I will enroll my child in kindergarten next year.
- I will read to my child each week.

By my signature I attest that I understand the following:

- On My Way Pre-K is an academic program and my child's attendance is important to his/her school readiness success.
- My participation in my child's education, including participation in the On My Way Pre-K program, is an important part of my child's school success.
- My failure to complete the requirements for participation may result in the termination of my child's grant.
- My child must attend the pre-k program located at the approved program address and for the full duration of the program listed on the Provider Information Form submitted for my child.
- A change in my family's county of residence may result in the termination of my child's grant.
- Providing incorrect or misleading information on any of the forms required by the On My Way Pre-K grant program, including but not limited to application documentation and attendance records, may result in immediate termination of my child's grant, repayment of any fees overpaid on behalf of my child and criminal charges if applicable.

(Printed Name)

(Child Name)

(Signed Name)

(Date)



ON MY WAY (OMW) PROVIDER INFORMATION

State Form 56897 (R / 4-21)
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)		Is this a provider change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 **	OMW Pre-K Beginning Date (month, day, year)	OMW Pre-K Ending Date (month, day, year)
		<input type="checkbox"/> Regular <input type="checkbox"/> Limited			
		<input type="checkbox"/> Regular <input type="checkbox"/> Limited			
		<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	If Yes, please explain.
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	
If yes, a school schedule <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)
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CHILD CARE AND DEVELOPMENT FUND (CCDF) PROVIDER INFORMATION

State Form 56903 (R2 / 4-21)
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		Is this a Paths to Quality (PTQ) level increase? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 provider change? <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 Other (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.
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FOR SCHOOL AGE OTHER 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	Is this form On My Way Pre-K wraparound or break care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer to either question is Yes, a school calendar <u>must</u> be provided.
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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)
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