



CHILD CARE AND DEVELOPMENT FUND (CCDF)/ON MY WAY PRE-K (OMW) PROVIDER INFORMATION

State Form 57222 (2-23)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: The provider must complete all information and sign the form. Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in these programs

PARENT / GUARDIAN: Your caregiver must complete this information in its entirety. Your 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 upload this document to your online application or bring to your in-person 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 eligibility office.

Name of parent / guardian		Date completed (month, day, year)	
Name of caregiver		License / registration / exemption number	
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)

Telephone number () ()	Fax number () ()	County	Provider's current Paths to QUALITY (PTQ) Level
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Type of provider
 Licensed Home Licensed Center Registered Ministry License Exempt Home License Exempt Facility Providing Care in Child's Home Public, Private or Charter School

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
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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
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Name of CCDF Child(ren) (First and Last)	Date of Birth (month/day/year)	Kindergarten (Indicate HD for Half Day or FD for Full Day.)	Charge for Current Age (Also, list charges for Before and After School) Week / Day / Hour	Charge for Next Age Group (If child is currently Infant, list charge for Toddler) Week / Day / Hour	School-Age Other (Charge for School Breaks or evening care) Week / Day / Hour

FOR SCHOOL AGE CHILDREN ONLY

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	Please include a school calendar for ALL School Aged children.
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FOR ON MY WAY PRE-K CHILDREN ONLY

Name of OMW Child (First and Last)	Date of Birth (month/day/year)	OMW Pre-K Weekly Charge	OMW Pre-K Begin Date (month/day/year)	OMW Pre-K End Date (month/day/year) Latest possible date-first Sat. in June	If family determined eligible for Limited Eligibility providers receive
					\$147.82/week

If you are a public, private or charter school, does the OMW child listed above 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
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Are you related to any the child(ren) listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list relationship.
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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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