**Child Care Provider Information:**

Name of Child Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Alternate Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Business*** Name of Child Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Applies ONLY if Provider has a business license in the State**)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

**Name you want to appear on the CCDF Subsidy Check, if different from above:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider’s SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or**

**Child Care License Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(All providers MUST complete the attached W-9 form. Sole Proprietors MUST include their SSN along with EIN)**

Is the Provider a Relative? \_\_Yes \_\_\_ No **Provider CANNOT be a boyfriend/girlfriend or parent of the child.**

Is the Relative Provider the child’s: \_\_\_\_Grant parent; \_\_\_\_\_Aunt or Uncle or \_\_\_\_\_Sibling (must be over 18yrs old)

Where will child care be provided? \_\_\_\_\_Provider’s Home; \_\_\_\_\_\_\_Child’s Home; \_\_\_\_\_\_Licensed Center.

Licensed Provider Fees: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount. Per Month/Day/Hour ***(circle which type***)

Do you charge Parent for Holidays, Absent Days and Sick Days? \_\_\_\_YES \_\_\_\_NO

Did you complete and attach your W-9 Form: \_\_\_\_ YES \_\_\_\_NO

Did you complete and attach the Independent Contractor Status Form? \_\_\_\_ YES \_\_\_\_NO

**By signing below, I give CRIHB permission to follow up with a background check, when applicable or deemed necessary. Further, I give CRIHB the right to request accounting records in cases where I am a licensed provider regarding the parent on this application.**

**Signature of Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_