



Child Care Aware® of America
 1515 N. Courthouse Rd – 3rd Fl., Arlington, VA 22201
NTC Provider Phone: 1-888-270-1086
NTC Provider Fax: 571-544-7082
NTCprovider@usa.childcareaware.org

Non-Traditional Care (NTC) Provider Application

Provider/Program Doing Business As (DBA) Name: <hr/> <p style="text-align: center; color: gray;"><i>As it appears on license</i></p>
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Type of Provider/Program (Check one) <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Group Home <input type="checkbox"/> Center Tax Information: Provider / Program Tax Identification Number (TIN):
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Provider/Program Contact Information Address where care is to be provided: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Street Name and Number</td> <td style="width: 15%; border: none;">City</td> <td style="width: 15%; border: none;">State</td> <td style="width: 10%; border: none;">Zip Code</td> </tr> </table> Contact Name: Provider Telephone Number: Email address (<i>to be used for all communication</i>): _____	Street Name and Number	City	State	Zip Code
Street Name and Number	City	State	Zip Code	

Accreditation Information, if applicable Are you accredited/pursuing accreditation with one of the agencies below? If yes, please submit a copy of the certificate. Homes: <input type="checkbox"/> National Association for Family Child Care <input type="checkbox"/> Child Development Associate Credential <input type="checkbox"/> Early Childhood Education/Child Development Degree (or transcript listing 24+ college credits in these areas) Centers: <input type="checkbox"/> National Accreditation Commission <input type="checkbox"/> National Association for the Education of Young Children <input type="checkbox"/> National Early Childhood Program Accreditation <input type="checkbox"/> Accredited Professional Preschool Learning Environment <input type="checkbox"/> American Montessori Society <input type="checkbox"/> Association of Christian Schools International <input type="checkbox"/> Association Montessori International / USA <input type="checkbox"/> Council on Accreditation <input type="checkbox"/> Cogna Early Learning
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Licensing Information:

Licensor Name: _____ Phone #: _____

Child Capacity _____

Age Group Served _____

Hours and Days of Operation: _____

Provider must be approved with licensing to provide care Saturday and Sunday from 6:00 am – 6:00 pm

Adults & Staff Members Over 18 years old:

Please identify all adults at the facility including the license holder, employees, assistants, volunteers, and family members

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Children Under 18 Years Living in the Home *if applicable*

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Personal Liability Insurance

Personal Liability Insurance with a general aggregate amount of at least \$500,000 day care coverage is required to be an approved NTC provider

Please provide the following information:

Name of Insurance Company:

Policy Amount:

Name and Phone number of Insurance Company:

Please read the following questions, select your response, and sign and date below:

Has the facility had any documented complaints in the past 12 months: YES NO

Have you ever had your child care license suspended, revoked or subjected to enforcement action?: YES NO

Have you ever been arrested/convicted of any crime involving children?: YES NO

Is the facility approved to serve special needs children?: YES NO

Is the provider authorized to administer medications? **Including insulin:* YES NO

Is the facility approved to provide non-traditional care hours with the state?

**If no, please contact your licensor and adjust your days and hours of operation to meet program requirements of Saturday and Sunday from 6:00 am – 6:00 pm:* YES NO

Signature

Date

Direct Deposit Election Form

Provider ID Number: _____

Select one of the following options.

I do not want to receive payments by direct deposit. Please pay me by check.

I would like to receive payments by direct deposit to my bank account.

Please attach a voided check or bank letter, and sign the document.

A voided check or bank letter with a business/legal name matching the application and printed by the bank must be attached in order to successfully enroll your facility in direct deposit.

Please do not submit family bank information; it will not be accepted. All payments are made directly to provider.



Signature: _____

Date: _____

Attach Voided Check Here

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Non-Traditional Care Provider Responsibilities and Certification

I [the Provider/Program] understand/agree that **(must check all boxes)**:

- All the information submitted on this application as well as any supporting documentation are true and correct to the best of my knowledge.
- Provider will continue to meet all minimum requirements set by the state and agrees to comply with all Department of Defense (DoD) Fee Assistance program policies necessary for reimbursement and must be able to receive federal subsidy by state or federal law.
- Provider will notify Child Care Aware @ America (CCAoA) of any changes to program information or licensing/accreditation status while enrolled in the program.
- Provider will comply with state requirements of undergoing a Federal Background Check and Child Abuse and Neglect Check prior to program approval.
- Provider agrees that they have read, understand, and agree to adhere to all the payment policies necessary for reimbursement as defined by NTC payment policies
- Provider understands that the correct Tax Identification (TIN) Number must be provided to CCAoA. Failure to provide the correct TIN number and billing information will result in provider/program being held financially responsible for any penalties incurred from the Internal Revenue Service (IRS).
- CCAoA reserves the right to check the validity of all documentation related to a provider/program's application, payment, eligibility, child care rates, attendance records and any other information related to child care services and fee assistance at any time through such methods including but not limited to: secret shopper calls, emails, phone, fax and U.S. mail.
- Provider understands that their state licensing inspection/compliance history will be reviewed at the time of their initial application and at least once per year and will be used to determine eligibility.
- Provider understands that probation or disqualification from DoD Military Fee Assistance Programs may occur due to inspection violations (corrected or uncorrected; self-reported or filed as a complaint), complaints (substantiated or unsubstantiated), and violation of fee assistance policies. Violations of fee assistance policies or licensing violations that fall into this category include but are not limited to: corporal punishment/inappropriate discipline, lack of supervision, background check deficiencies of any kind, knowingly employing individuals with failed background checks or a criminal record, negligence, child abuse, CPS investigations, state license suspension/revocation, involvement of drugs/alcohol, training deficiencies of any kind, CPR/First Aid, SIDS, noncompliance with child-teacher ratio regulations, criminal activity, out of minimum compliance with the state, non-conformity with licensing regulations, minimum sanitation requirements, transportation violations of any kind, repeat violations of any kind, fraud of any kind (substantiated or suspected by a legal local/state/federal agency and/or CCAoA), submission of false information, unresolved complaints made by parents, failure to report changes in a timely manner, unreasonable/exorbitant child care rates for market in question, etc. Violations or complaints not listed here specifically are also taken into consideration. CCAoA reserves the right to deny approval of any child care providers that submit applications for Military Fee Assistance program for any reason with approval from DoD.
- Provider understands if they are placed on a probationary status, they will remain on probation for no less than one year. Military families will be able to attend the facility and receive fee assistance but will be approved on a case-by-case basis. Provider/program(s) status will automatically be re-evaluated at the end of the probationary period to determine if status should be lifted or extended.
- Provider understands that if they are disqualified from DoD Military Fee Assistance programs, they will be suspended from receiving fee assistance for a period of no less than one year to indefinitely. Provider/program(s) that are not disqualified indefinitely will automatically be re-evaluated at the end of the disqualification period to determine if status should be lifted or extended.
- The U.S. Military reserves the right to inspect any community-based program participating in the fee assistance program at any time.
- Provider understands that the U.S. Army will not incur a cost or provide direct payment to the Child Care Service Provider for no shows or late cancellations. Provider understands they must create a cancellation policy agreement with any military families offered care at the facility, prior to care beginning.
- For Family Child Care Facilities: I understand that I may only provide care for a maximum of six non-related children in my home while caring for eligible children of DoD Fee Assistance Programs.
- Provider agrees to maintain a child care liability insurance policy coverage of at least \$500,000.
- Provider agrees to maintain a current certification in first aid and infant/child CPR for all staff responsible for providing care to military families.
- Provider understands that they are responsible for submitting attendance sheets to CCAoA according to approved program policies
- Provider understands that program or policy violations will result in having to repay money to CCAoA/U.S. Army and/or suspension from future participation in any DoD Military Fee Assistance Program.

Printed Name
(Provider/Program Owner)

Signature

Date



NTC Program Provider Cancellation Policy Acknowledgement

Please submit a completed copy of this document to NTCprovider@usa.childcareaware.org in order to complete your application for any eligible families.

I, _____, understand that the United States Army will not incur a cost or provide direct payment to my facility for any no shows or cancellations. I understand that I must have my own policy on no-shows and/or cancellations and come to an agreement with any Army families that will be in my care prior to care beginning. I understand that per NTC policy, families may cancel care at a minimum of ten (10) days prior to scheduled care beginning. If I receive a cancellation notice from CCAoA at least ten (10) days prior to schedule care, I understand that I cannot charge the family any cancellation fees. I will notify CCAoA immediately upon receiving notification from a family that they will be cancelling care, or if a family fails to show up for scheduled care by sending an email to the NTCprovider@usa.childcareaware.org email inbox. I understand any coverage of cancellation or no-show fees that I would charge for cancellation with less than ten (10) days' notice, will be charged to the parent, and not to CCAoA/US Army.

Program Name:

Provider ID Number:

Signature:

Date:

Please note that failure to submit timely cancellation requests or multiple occurrences of no-shows may result in penalties or removal from the program for either provider or family.