

Child Care Aware® of America

1515 N. Courthouse Rd – 3rd Fl., Arlington, VA 22201 NTC Provider Phone: 1-888-270-1086 option 1

NTC Provider Fax: 571-544-7082

Non-Traditional Care (NTC) Provider Application

Provider/Program Doing Business As (DBA) Name:							
Tax Information: Provider / Program Tax Identification Number	(TIN):						
Type of P	rovider/Program	(Check one)					
Family Child Care I		-	r				
Provider/Program Contact Information Address where care is provided:							
Street Name and Number	City	State	Zip Code				
Billing Address □ Same as Above							
Street Name and Number	City	State	Zip Code				
Contact Name:							
Provider Telephone Number:							
Primary Email address: Remittance Email: All direct deposit payment remittance notices are sent by email. If you prefer remittance notices be sent to an email other than your primary contact, please list your preferred email(s) here:							
Accreditation Information If Applicable Centers: □ National Accreditation Commission □ National Association for the Education of Your □ National Early Childhood Program Accreditatio □ Accredited Professional Preschool Learning E □ American Montessori Society □ Association of Christian Schools International □ Association Montessori International / USA □ Council on Accreditation □ Cognia Early Learning	on □ Ea	☐ Child Devel rly Childhood Educatio	Homes: Deciation for Family Child Care Copment Associate Credential In/Child Development Degree College credits in these areas)				

Licensing Information:		
Licensor Name:	Phone/Email:	
Child Capacity		
Age Group Served		
Hours and Days of Operation: Provider must be approved with licensing to provide	care Saturday and Sunday	y from 6:00 am – 6:00 pm
Adults & Staff Members Over 18 yea Please identify <u>all</u> adults at the facility including members		employees, assistants, volunteers, and family
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 th	e Home <i>if applicab</i>	le
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 to be an approved NTC provider	0,000 day care coverage is required
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 s	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 enfo	orcement 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 prog from 6:00 am – 6:00 pm: YES NO	gram requirements of Saturday and Sunday
Signature	Date 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.	
T do <u>not</u> 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 representation be attached in order to successfully enroll your facility in direct deposit.	nust
Please do not submit family bank information; it will not be accepted. All payments are made directly to prov	rider.
Signature: Date:	
Attach Voided Check Here	



Request for Taxpayer Identification Number and Certification

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

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

	I Name (as snown 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								
on page 3.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
ns e					Exempt payee code (if any)				
ty p	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶	_			_			
Print or type. See Specific Instructions on page	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.				Exemption from FATCA reporting code (if any)				
eci	☐ Other (see instructions) ▶		(Appli	es to account	s mainta	ined outsid	e the U.S.)		
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's nar	ne and a	ddress (op	tiona	l)			
See									
0,	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
В.	The second to differ the New York (TIM)								
Par		Coolel	security	numbor					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to aup withholding. For individuals, this is generally your social security number (SSN). However, to	0.0	Security	number	7		$\overline{}$		
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other		-	-	-				
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>]		$\perp \perp \perp$		
TIN, later.				lification					
	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	ana Emplo		er identification number					
7 407776	or re and the requester for guidelines on whose hamber to onton		-			ı			
Davi	t II Certification				Ш		$\bot\bot$		
Par									
	r penalties of perjury, I certify that:								
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (bruce (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have not bee	n notifie	d by the	Inter				
3. I ar	n a U.S. citizen or other U.S. person (defined below); and								
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na 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,

other than	1 1 2	outions to an individual retirement arrangement (IRA), and generally, payments in, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ▶	

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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 taxpaver 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,

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 П 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 П 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 П 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 П П

to

Printed Name rovider/Program Owner)	Signature	Date	
Provider understands that the policies	ey are responsible for submitting attend	dance sheets to CCAoA according to approved progr	ram
military families.			
home while caring for eligible	children of DoD Fee Assistance Progr	rams.	my
families offered care at the fa	acility, prior to care beginning.		
Provider understands that the			
	e right to inspect any community-based	d program participating in the fee assistance program	n at
indefinitely will automatically extended.	be re-evaluated at the end of the disqu	ualification period to determine if status should be lifte	ed or
should be lifted or extended.	•		
Military families will be able to	o attend the facility and receive fee ass	sistance but will be approved on a case-by-case basi	is.
			idic to
	report changes in a timely may complaints not listed here spechild care providers that submarved provider understands if they a Military families will be able to Provider/program(s) status we should be lifted or extended. Provider understands that if the receiving fee assistance for a indefinitely will automatically extended. The U.S. Military reserves the any time. Provider understands that the no shows or late cancellation families offered care at the factor Family Child Care Facilities home while caring for eligible Provider agrees to maintain a military families. Provider understands that the policies Provider understands that the policies Provider understands that prosuspension from future particles.	report changes in a timely manner, unreasonable/exorbitant child complaints not listed here specifically are also taken into considerate child care providers that submit applications for Military Fee Assista Provider understands if they are placed on a probationary status, the Military families will be able to attend the facility and receive fee assen Provider/program(s) status will automatically be re-evaluated at the should be lifted or extended. Provider understands that if they are disqualified from DoD Military receiving fee assistance for a period of no less than one year to indindefinitely will automatically be re-evaluated at the end of the disquextended. The U.S. Military reserves the right to inspect any community-based any time. Provider understands that the U.S. Army will not incur a cost or prono shows or late cancellations. Provider understands they must crefamilies offered care at the facility, prior to care beginning. For Family Child Care Facilities: I understand that I may only providence while caring for eligible children of DoD Fee Assistance Progonome while caring for eligible children of DoD Fee Assistance Progonome while caring for eligible children of DoD Fee Assistance Progonome while cares to maintain a current certification in first aid and infinilitary families. Provider understands that they are responsible for submitting attention of the provider understands that program or policy violations will result in suspension from future participation in any DoD Military Fee Assistance.	Provider understands that if they are disqualified from DoD Military Fee Assistance programs, they will be suspended fr 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 lift extended. The U.S. Military reserves the right to inspect any community-based program participating in the fee assistance program any time. Provider understands that the U.S. Army will not incur a cost or provide direct payment to the Child Care Service Provid 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 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 comilitary families. Provider understands that they are responsible for submitting attendance sheets to CCAoA according to approved prog 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.

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NTC Program Provider Cancellation Policy Acknowledgement

Please submit a completed copy of this document to <a href="https://necess.org/ntmoss/ntmoss/representation-necess-text-applic

I, , understand that	t 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 can	cellations 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 re-				
ceive a cancellation notice from CCAoA at least to	en (10) days prior to schedule care, I under-				
stand that I cannot charge the family any cancellat	ion 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 cancella	ation 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:				
a.	D 4				
Signature:	Date:				

Please note that failure to submit timely cancellation requests or multiple occurrences of noshows may result in penalties or removal from the program for either provider or family.