Child Care Aware® of America
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# CHILD CARE IN YOUR HOME (CCYH) FEE ASSISTANCE PILOT
# PROVIDER ELIGIBILITY APPLICATION

**Provider Name:** _____
**(Legal Name OR, if applicable, as it appears on business license, i.e. LLC)**

**Provider Type*** (check one): ☐ U.S. Citizen ☐ Legal Permanent Resident ☐ Eligible Family Member
**This information is only used for data tracking purposes so the DoD and program administrators may better understand the type of provider being utilized.*

**Provider Address (Current Physical Residence):**

_____
Street Address City State Zip Code

**Provider Billing Address (Permanent Residence as listed on W-9):** ☐ Same as Above

_____
Street Address City State Zip Code

**Contact Name (if applicable):** _____ **Provider telephone number:** (_____) _____-_____

**Preferred Time to be Contacted by Phone** (please include AM or PM)**:** _____

**E-Mail Address:** _____@_____

## PROVIDER'S CHILD CARE RATE INFORMATION

- Please note, this section is to collect general rate information applicable to the child care you provide.
- Specific rate information for each individual family will be collected during their application or renewal process.
- If any information submitted during the family's application/renewal process conflicts with the information submitted on this form, you will be contacted for clarification and/or to submit any updates needed.

**PLEASE NOTE that the rate provided should only be for the care of children, and those tasks directly related to the care of children, and not include costs of other duties assigned by families (i.e. housekeeping).**

Weekly Rate Per **Child:** _____ Monthly Rate Per **Child:** _____ Annual Rate Per **Child:** _____
*Complete only one option above. "Child" refers to primary children in care, 2 weeks old through 5 years of age.*

Weekly Rate Per **Sibling:** _____ Monthly Rate Per **Sibling:** _____ Annual Rate Per **Sibling:** _____
*Complete only one option above. "Sibling" refers to school age children in care, 5 years to 12 years of age.*

** I certify that all above information is correct and that these are the rates I charge families. I understand that any changes to a rate listed above must be reported to Child Care Aware® of America. Failure to comply with any of these requirements or to correctly report information will result in termination from the program.*

_____ _____ _____
CCYH Provider Name CCYH Provider Signature Date

**DIRECT DEPOSIT ACCOUNT INFORMATION**

**Select one of the following:**

☐ I would like to receive payments by direct deposit to my bank account. *(If yes, complete information below)*

☐ I do NOT want to receive payments by direct deposit to my bank account. Please pay me by check.

A voided check or approved bank letter (including account holder name, routing # and account # on signed bank letterhead) **MUST BE** attached for the account designated below. All account information on bank letters must be typed.

Bank Name: _____ City: _____ State: _____

☐ Checking Account ☐ Savings Account

Account Number: _____

Automated Clearing House (ACH)/Routing Number: _____

Signature: _____ Date: _____

Attach Voided Check Here

**NOTE: ALL PARTICIPATING PROVIDERS SHOULD SIGN UP FOR DIRECT DEPOSIT**

**In addition to this form I have submitted:**

- W-9 Form
- EIN Letter issued by the IRS, if applicable

## PROVIDER RESPONSIBILITIES AND CERTIFICATION

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

- ☐ The rates listed in this application are the true and correct rate that I charge to **ALL** parents for CCYH care.
- ☐ I may not charge military families a different or higher rate than private clients because they receive fee assistance.
- ☐ I understand that, if approved for CCYH Fee Assistance, the fee assistance from Child Care Aware® of America (CCAoA) will be determined in accordance with the fee a family would pay for on-installation care (based on TFI), my monthly child care rate, and the cumulative provider rate cap up to $1,700 per child in care full-time and up to $850 per eligible school-age child.
- ☐ CCAoA reserves the right to deny approval for any child care providers that submit applications for CCAoA's fee assistance programs for any reason.
- ☐ I understand that prior to approval for fee assistance, I must first provide all accurate information requested, e.g. application, W-9 form, etc., as well as complete all pre-service requirements.
- ☐ I understand 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 the provider being held financially responsible for any penalties incurred from the Internal Revenue Service (IRS).
- ☐ I will continue to meet all minimum requirements set by CCYH (e.g. background checks, trainings, etc.) and agree to comply with all CCYH Fee Assistance policies necessary for reimbursement.
- ☐ The Service Member and Provider must be determined eligible, and remain eligible according to program requirements, to receive fee assistance through CCAoA's CCYH program. Should the family or provider eligibility status change and/or eligibility requirements are not maintained, I may no longer qualify for fee assistance.
- ☐ CCAoA reserves the right to check the validity of all documentation related to a provider application, payment, eligibility, child care rates, attendance records, and any other information related to child care services and fee assistance at any time.
- ☐ I understand that my background checks will be reviewed at the time of my initial application, and at least once every five years, and will be used to determine eligibility according to established adjudication process.
- ☐ I understand that I am required to report to CCAoA any circumstances that would change the results of background checks for myself within 48 hours of the incident.
- ☐ I understand that monitoring visits will be completed quarterly by the partnering agency while CCYH child care is provided to families.
- ☐ I understand that probation or disqualification from the CCYH program may occur due to issues identified during monitoring visits, complaints (substantiated or unsubstantiated), and violation of fee assistance policies. Violations to fee assistance policies that fall into this category include but are not limited to: corporal punishment/inappropriate discipline, lack of supervision, background check deficiencies of any kind, negligence, child abuse, CPS investigations, involvement in drugs/alcohol, training deficiencies of any kind, CPR/First Aid, SIDS, etc., as well as 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, etc.
- ☐ I may not, under any circumstances, bring another person/child or pet with me to a CCYH child care appointment.
- ☐ I may not transport children, unless authorized by the family, nor will I provide care in my own home.
- ☐ I understand that I will submit the monthly attendance record NO LATER THAN 30 days after the last day of service provided. Upon receipt of the fee assistance payment, providers will have 45 days to reconcile any payment issues or disputes, granted that the provider submitted the attendance sheet within 30 days of services rendered. Accurate and complete attendance records are processed no later than ten (10) business days from the date received by Child Care Aware ® of America.
- ☐ I agree to notify CCAoA staff at least fifteen (15) calendar days before ending CCYH child care services.
- ☐ I understand that I will not be paid fee assistance for services for a child for whom I do not have a current "Certificate of Approval" for CCYH Fee Assistance.
- ☐ I understand that program or policy violations will result in having to repay money to CCAoA and/or suspension from future participation in the CCAoA Military Fee Assistance Programs.

*I have read the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in CHILD CARE AWARE ® OF AMERICA fee assistance programs.*

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| | | ___/___/_____ |
| **Print Name** | **Signature** | **Date** |