

Request for Voucher (Child Care and Development Fund Voucher Program)

Parent (Guardian) Name _____ Date Completed _____

Caregiver's Name _____ Business Name (if applicable) _____

Street Address (where care is provided) _____

City _____ Zip _____ County _____

Social Security Number or EIN Number _____

Phone _____ Fax _____

Date Care Began: _____

Type of Provider	
<input type="checkbox"/> Licenced Home	License # _____
<input type="checkbox"/> Licensed Center	License # _____
<input type="checkbox"/> Registered Ministry	Registration # _____
<input type="checkbox"/> Licensed Exempt Home	
<input type="checkbox"/> Licensed Exempt Facility	Hours of Operation _____
<input type="checkbox"/> Providing care in child's home	

Child's Name (first & last)	Child's Age Years / Months	Kindergarten <i>Indicate</i> HD= 1/2 Day FD= Full Day	Current Charges (School-age children list school year charges)			Charges for next age group (If child is currently 2 list charges at age 3)			School-age (List charges for vacation/evening care)			Additional charges for special needs child (Documentation Required)
			Week	Day	Hour	Week	Day	Hour	Week	Day	Hour	

FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins _____ Ends _____

Winter Break Begins _____ Ends _____

Spring Break Begins _____ Ends _____

Are you related to the children listed above? _____ If yes, explain _____

PLEASE NOTE: Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program

Parent/Guardian: Your caregiver must complete this information in it entirety. **Please bring the completed form to your 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.

Provider: Please complete all information and sign the form in the box to the left

If you have any questions, please call CASY at (812) 232-3952 or (800) 886-3952.

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 the BCD website www.in.gov/fssa) In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, _____