



PROVIDER INFORMATION PAGE (Child Care and Development Fund Voucher Program)

State Form (10-11) BCC 0805Adem DRAFT

Parent (Guardian) Name _____ Date Completed _____

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

Street Address (where care is provided) _____

City _____ Zip _____ County _____

Social Security or EIN Number (last 4 digits only) _____

Phone () _____ Fax () _____

Hours of Operation _____ Days (Please circle) S M Tu W Th F S

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

Child's Name (first & last)	Child's Age Years / Months	Kindergarten <i>Indicate</i> HD = ½ Day FD = Full Day	Current Charge (List charges for School-Age School Year) Week / Day / Hour			Charge for next age group (If child is currently 2 list charge at age 3) Week / Day / Hour			School-age (List charges for summer/evening care) Week / Day / Hour		

FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins _____ Ends _____

Does school-age child need break care vouchers? ____ No ____ Yes
If yes, a school schedule must be provided.

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

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

Signed, _____

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 its 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 contact:
 Community Alliance & Services for Young Children, CASY
 1101 S. 13th Street 2nd Floor
 Terre Haute, IN 47802
 812-232-3952 or 800-886-3952
 Fax 812-232-1731