



# CHILD CARE AND DEVELOPMENT FUND (CCDF) PROVIDER INFORMATION

State Form 56903 (2-20)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION

**INSTRUCTIONS:** The provider must complete all information and sign the form.

**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. Your CCDF provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. 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. If you have any questions, please contact your local intake office.

Name of parent / guardian	Date completed (month, day, year)
Name of caregiver	Social Security Number of caregiver (last four digits only)
Name of business (if applicable)	Employer Identification Number (EIN) of business (if applicable)

Address where care is provided (number and street, city, state, and ZIP code)

Type of provider  
 Licensed Home     Licensed Center     Registered Ministry     License Exempt Home     License Exempt Facility     Providing Care in Child's Home

License / registration / exemption number	Provider's current Paths to Quality (PTQ) level	Telephone number (    )	Fax number (    )
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Hours of operation (i.e. 7 AM to 6 PM)      Days of operation (Check all that apply.)  
 Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Name of Child (First and Last)	Age of Child Years / Months	Kindergarten (Indicate HD for Half Day or FD for Full Day.)	Current Charge (List charges for school-age school year.) Week / Day / Hour			Charge for Next Age Group (If child is currently two (2), list charge at age three (3).) Week / Day / Hour			School-Age (List charges for summer / evening care.) Week / Day / Hour		

Are you related to the child(ren) listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain.
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### FOR SCHOOL AGE KINDERGARTEN FULL DAY CARE

Date school year begins (month, day, year)	Date school year ends (month, day, year)	Does school-age child need break care vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a school schedule <u>must</u> be provided.
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### 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 [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signature of provider	Printed name of provider	Date (month, day, year)
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