



SECTION 1 - PARENT / LEGAL GUARDIAN INFORMATION

1. PARENT'S FIRST NAME	M.I.	LAST NAME
2. PARENTS' SPONSOR ORGANIZATION NAME (Please get this from the parent)		3. PARENT'S AMERICORPS PROGRAM <input type="checkbox"/> STATE & NATIONAL <input type="checkbox"/> VISTA <input type="checkbox"/> NCCC

SECTION 2 - CHILD CARE PROVIDER INFORMATION

1. NAME OF CHILD CARE PROVIDER (If a company, please put company name. If an individual, please put individual name.)					
2. PROVIDER'S ADDRESS 1			3. FEDERAL TAX ID NUMBER or SSN (If an individual without an EIN)		
ADDRESS 2			4. CHILD CARE PROVIDER LICENSE NUMBER		
CITY	STATE	ZIP CODE	5. LICENSE EXPIRATION DATE	6. LICENSE STATE	
7. HOW IS YOUR BUSINESS STRUCTURED? <input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (Specify):					
8. CHILD CARE PROVIDER TYPE (Please check 1) <input type="checkbox"/> CENTER BASED <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> FAMILY HOME BASED <input type="checkbox"/> OTHER <input type="checkbox"/> SCHOOL BASED			9. YOUR LICENSE STATUS (Please check 1) <input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> EXEMPT FROM LICENSING REQUIREMENTS <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> PENDING (LICENSE APPLIED FOR) <input type="checkbox"/> NOT LICENSED		
10. IF YOU ARE A FAMILY MEMBER, PLEASE INDICATE YOUR RELATIONSHIP TO THE AMERICORPS MEMBER <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE <input type="checkbox"/> COUSIN <input type="checkbox"/> OTHER (Specify):					
11. TELEPHONE NUMBER	EXT.	12. ALTERNATE NUMBER	EXT.	13. FAX NUMBER	
14. CONTACT PERSON FIRST NAME		LAST NAME		15. TITLE	16. EMAIL ADDRESS

SECTION 3 - CHILDREN INFORMATION

a. FIRST NAME OF EACH CHILD	LAST NAME OF EACH CHILD	b. ENROLLMENT DATE AT YOUR FACILITY	c. DOES THE CHILD RECEIVE A SUBSIDY FROM ANY OTHER SOURCE?		d. SOURCE OF OTHER SUBSIDY	e. WEEKLY SUBSIDY AMOUNT	f. TOTAL WEEKLY FEE FOR EACH CHILD
			<input type="checkbox"/> YES	<input type="checkbox"/> NO		\$	\$
			<input type="checkbox"/> YES	<input type="checkbox"/> NO		\$	\$
			<input type="checkbox"/> YES	<input type="checkbox"/> NO		\$	\$
			<input type="checkbox"/> YES	<input type="checkbox"/> NO		\$	\$

SECTION 4 - CHILD CARE PROVIDER CERTIFICATION & SIGNATURE

I certify and affirm that the above information is true and complete to the best of my knowledge. I understand that if I make a false statement, I may be subject to criminal and / or civil penalties as allowed by law. I also certify and affirm that I am an officer, principal, partner or owner of the above-referenced child care provider, and I am duly authorized to sign on behalf of the child care provider listed in Section 2.1. I agree to notify First Financial Associates immediately if any child listed above in Section 3 is no longer in my care; or is no longer enrolled at or attending my facility.

PRINT PROVIDER CONTACT PERSON'S NAME	TITLE	SIGNATURE	DATE

Child Care Provider Information Form for AmeriCorps Child Care Benefits Program (CCBP)**General Instructions**

- 1) Complete sections 1, 2, 3 and 4.
- 2) If applicable, please send us a copy of your current child care provider license along with this form.
- 2) Send the completed form to:

*First Financial Associates
AmeriCorps Child Care Benefits Program (CCBP)
7079 Hayden Quarry RD
Lithonia, GA 30038-2506*

Specific Instructions**Section 1 - Parent / Legal Guardian Information**

- 1) **Parent's Name:** Please list the name of the member or applicant who gave you this form, and who is applying for a child care benefit from AmeriCorps.
- 2) **Parent's Sponsor Organization:** Please indicate the name of the parent's sponsor organization name. You should be able to get this information directly from the parent.
- 3) **Parent's AmeriCorps Program:** Please indicate the name of the AmeriCorps program that the parent is a member of. You should be able to get this information directly from the parent.

Section 2 - Child Care Provider Information

Section 2 is for you to list the information about your child care center, home or other facility. We must have all of this information to ensure that you are an eligible child care provider, or you are a duly licensed and/or regulated as a child care provider.

- 1) **Name of the child care provider:** Please give us your company or organization name if you are a business. If you are an individual, please give us your personal legal name, and the name you are "Doing Business As" (DBA), if applicable.
- 2) **Child Care Provider's Address:** Please provide your home address if the child care services are provided at your home, or the address of your child care facility, if you have child care center or facility where you provide the child care services.
- 3) **Federal EIN or Social Security Number:** Please give us your federal employer tax identification number (EIN) if you are a business. If you are an individual, and you do not have an EIN, please give us your social security number (SSN). First Financial Associates (FFA) is required to file information returns with the Internal Revenue Service (IRS) under certain conditions. We must have either your EIN or your SSN before we can make any child care subsidy payments to a child care provider.
- 4) **Child Care Provider License Number:** Please give the child care provider license number that is printed on your license, if applicable.
- 5) **Child Care License Expiration Date:** If you are a licensed child care provider, please indicate the expiration date of your current child care provider license.
- 6) **Child Care License State:** Please let us know which state issued the child care provider license to your facility, if applicable.
- 7) **How is Your Child Care Business Structured?** Please provide the current business structure for your child care service or facility.
- 8) **Child Care Provider Type:** Please check the appropriate type for your child care facility. If you are an individual, and you provide the child care services in your personal home, then you should check "Family Home Based". However, if you are an individual, but you have a child care center or facility where you provide the child care services away from your personal home, then you should check "Center Based". If the child care services are provided at a public school or at an accredited private school, you should check "School Based".
- 9) **Your License Status:** Please indicate the appropriate status of your child care provider license. Please note that in order to receive a child care subsidy from FFA you must be an eligible child care provider based upon your state regulations, or you must be a licensed and/or regulated child care provider. Most states are responsible for licensing and regulating child care providers located in their state. In a few cases, some states do exempt certain types of organizations or entities from child care licensing requirements. However, these organizations or entities are still regulated by their state and must comply with the required state regulations. Some examples entities that may be exempt from state child care licensing requirements are: public schools, accredited private schools, churches, and Boys & Girls Clubs. However, this is not the case in every state. If you are claiming to be exempt from your state's child care provider licensing requirements, you must provide us with proof from your state that you are exempt from licensing requirements, but you are in compliance with state regulations and credentialing requirements.
- 10) **If You Are A Family Member, Please Indicate Your Relationship:** Please check the appropriate box to indicate your relationship to the AmeriCorps member.
- 11) **Telephone Number:** Please provide your child care facility's primary telephone number.
- 12) **Alternate Number:** Please provide an alternate contact telephone number for your facility, if available. This can be a cell phone number or any alternate number where we can reach you.
- 13) **Fax Number:** Please provide a facsimile number where we may be able to fax information or documents to your child care facility. If you do not have a fax, you may skip this item.
- 14) **Child Care Provider Contact Person -** Please put the name of a primary contact person located at your child care facility, who we can contact regarding questions or issues related to this child care subsidy application and/or award.

- 15) **Contact Person's Title** - Please give us the child care provider contact person's title.
- 16) **Contact Person's Email Address** - Please give us the child care provider's contact person's email address. If they do not have an email address, you may skip this.

Section 3 - Children Information

- a) **Name of Each Child:** Please put the first and last name of each child of this parent who you are providing child care services for. This form will accommodate up to 4 children. If you are providing child care services for more than 4 children on behalf of the parent (applicant), please attach an additional form and complete Section 3.
- b) **Enrollment Date:** Please indicate the date each child began or initially enrolled at your facility, or the date you started providing child care services for each child.
- c) **Child Care Subsidy From Any Other Source:** Please indicate ("Yes" or "No") whether or not you are receiving a child care subsidy from any other source (state, local, city, county, charity organization, child care center, etc.) for each child.
- d) **Source of Other Subsidy:** If you are receiving a child care subsidy from another source, please indicate the source of the other subsidy for each child. If you are not receiving another subsidy, please leave blank.
- e) **Weekly Amount of Subsidy From Other Source:** If you are receiving another child care subsidy from another source, please indicate the weekly amount of the subsidy received for each child listed. If your child care subsidy from another source is received on a basis other than weekly, including: hourly, daily, monthly, quarterly, or by semester, please convert the subsidy to a weekly amount, and then put that amount here.
- f) **Total Weekly Fee For Each Child:** Please indicate here how much you are charging for child care services per week for each child. If your child care charges or fees are on a basis other than weekly, including: hourly, daily, monthly, quarterly, or by semester, please convert the subsidy to a weekly amount, and then put that amount here.

Section 4 - Child Care Provider Certification & Signature

Section 4 is for the child care provider, or the child care provider's duly authorized representative to certify and affirm that the information provided on this form is accurate and complete. The certification should only be signed by the child care provider, or someone at your facility who is duly authorized to sign and represent the facility. This should be either a: principal, officer, owner, partner, or someone who is explicitly authorized by your facility to sign on behalf of your facility.