



CCDF Provider Eligibility Standards Packet

PROVIDER MOVE

IMPORTANT!!

No payment of CCDF voucher funds will be made to any provider or program until all CCDF Provider Eligibility Standards have been met and a visit verifying the compliance with the provider eligibility standards has occurred.

A representative of The Consultants Consortium (TCC) will conduct a certification visit and information of compliance to the provider eligibility standards will be shared with the intake agent. Only then, can the provider/program receive funds from the CCDF voucher program. Payment will **not** be retroactive. Payment can begin only after the provider receives notification from the intake agent.

A provider/program must be licensed, registered, or legally exempt from licensure to receive CCDF voucher dollars. *If care is being provided in the home, no more than 5 unrelated children can be in the care of the provider or the provider must be licensed. If you are unsure about the need for licensure in your site, call the Bureau of Child Care at 1-877-511-1144.*

*******Important*******

Any felony criminal conviction or misdemeanor related to the health or safety of a child, the presence of an individual in the Sex Offender Registry or Child Protection Index will result in the permanent exclusion of the applicant from the CCDF Voucher Program. If any other individuals living or working at the child care location (husbands, wives, children, etc) have felony convictions or misdemeanors related to the health or safety of a child, the application will be denied.

Also, a positive drug test result from the provider or any other individual living or working at the child care location will temporarily result in the denial of the application.

*Provider Eligibility Standards Team
Contact Information*

Mailing Address:
PO BOX 1186
Indianapolis, IN 46206-1186

Phone Number: 1.317.638.7095
Toll Free: 1.866.921.6623

Fax Number: 1.317.972.0351
Toll Free Fax: 1.866.642.8002

Email: PES@e-tcc.com

Provider Packets are available online:
Visit: <http://www.in.gov/fssa/carefinder/>

“Become A Certified Unlicensed CCDF Provider”

Please Keep This Information Sheet For Your Records.

*******IMPORTANT INFORMATION BELOW*******

PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING ANY OF YOUR DOCUMENTATION

- A SITE INSPECTION WILL NOT BE SCHEDULED UNTIL ALL FILE DOCUMENTATION IS RECEIVED IN THE OFFICE AND APPROVED BY TCC.
- A copy of ALL documentation sent to TCC MUST be retained for your records. This will prevent any problems and possible additional costs to you if your paperwork is lost. You should request a copy of your drug test results from the lab conducting your test.
- If there is a change in your household since your last certification additional documentation will be required for the additional household members. Anyone over the age of 18 will be required to submit a drug test, TB test, Supplemental Criminal History Form and a submit a 53323 to have a state background check completed.
- If any additional children are in your care since your last certification their immunization records MUST BE on the form included in the packet.

First Aid and CPR Requirements

First Aid

The American Red Cross and National Safety Council classes are approved; however, they must include demonstration of skills. Therefore, online classes will not be accepted.

If another entity or individual is offering the course, it must cover the following:

- ✓ Choking
- ✓ Bleeding
- ✓ Artificial Breathing
- ✓ Poisoning
- ✓ Seizures
- ✓ Shock

All courses must also require the pupil to complete a return demonstration of skills. These courses must be taught by a licensed R.N., L.P.N., M.D., D.O., E.M.T. Paramedic or a certified First Aid Instructor. The provider must submit proof of all of the above requirements to meet the CCDF Certification requirement. The instructors printed name and/or signature as well as whom they are certified through must be on the submitted documentation.

CPR

The American Red Cross and National Safety Council classes taught by certified instructors are approved; however, they must include demonstration of skills. Therefore, online classes will not be accepted.

All other CPR courses must meet and document compliance with JAMA (Journal of American Medical Association) standards and be taught by a certified CPR instructor. The course should require that participants demonstrate skills on mannequins as well as pass a written or oral test.

If you are obtaining instruction from the American Heart Association you must complete the certification process. Your card must state certification, not participation.

PLEASE NOTE: CPR training must be completed for all ages of children in your care. If you are caring for school-age children, it is necessary to obtain Adult CPR. In addition, CPR *must* be completed annually despite the expiration date on your CPR certification card.

Please Keep This Information Sheet For Your Records.

CHECKLIST FOR DOCUMENTATION TO BE SUBMITTED TO TCC

- _____ **Form A:** Application Request for CCDF Provider Eligibility Standards Certification
- _____ **Form B:** Household Members List
- _____ **Form B1:** Employees and Volunteer Caregivers List (if applicable)
- _____ **Form 1:** Evacuation Plans -- This form will be in your file and must be posted in your home.
- _____ **Form 2:** Plan for Provider Illness: This form will be in your file and must be posted in your home.
- _____ Proof of Annual CPR Certification- If the expiration date has passed since your last certification.
(Online Classes are not accepted)
- _____ Proof of current First Aid Training – If the expiration date has passed since your last certification.
(Online Classes are not accepted)
- _____ Proof of running water- You will have 60 days to provide TCC with a copy of the water bill or if
you have Well Water or Spring Water then a copy of a Water Quality test
result.
- _____ Proof of a landline phone – You will have 60 days to provide TCC with a copy of the phone bill.
- _____ W9 Taxpayer Identification Number Request Form- Must be completed, signed and dated
- _____ Child Care Information Sheet – Must be completed, signed and dated.

If there has been any change to your household, anyone over the age of 18 must submit the following documentation.

- _____ State Form 53323- Consent for Statewide Criminal History Check, Child Protection Index Check
And Sex Offender Registry including any individual under the age of
18 previously waived to adult court.
- _____ Drug Test Results- The results must be provided to us directly from the lab along with the signed
Drug Test Release Form. The Results must have a Medical Review Officers
Signature.
- _____ TB Test Results- Results must be signed by a physician or nurse practitioner
- _____ Picture ID- Preferably a State Driver's License or State ID – The ID must show the Date of Birth

Please return the above listed documentation to:

**The Consultants Consortium (TCC)
PO BOX 1186
Indianapolis, IN 46206-1186**

Please Keep This Information Sheet For Your Records.

**INSPECTION CHECKLIST-THESE ITEMS WILL BE VERIFIED BY TCC DURING
THE HOME VISIT.**

- _____ Form 1 Evacuation plan in case of fire or severe weather –MUST BE POSTED
- _____ Form 2 Plan for Provider Illness- MUST BE POSTED
- _____ Form 3 Monthly Fire Drill Chart- MUST BE POSTED
- _____ Form 4 Emergency Telephone Numbers-MUST BE POSTED
- _____ Form 5 Emergency Contacts for Children
- _____ Child Immunization Records-MUST BE ON THE ENCLOSED FORM & SIGNED BY THE CHILD'S DOCTOR/
MEDICAL PROFESSIONAL WITHIN THE LAST 12 MONTHS PRIOR TO YOUR
INSPECTION.
- _____ Working Landline Telephone
- _____ Working Smoke Detectors
- _____ Fire Extinguishers- Fire extinguishers are required on each floor of the home with an additional
extinguisher in the kitchen area. Extinguishers must be 2 ½ pounds or greater and
ABC Multiple-Purpose. Single use Fire Extinguishers must be replaced every 24
months. They will be marked yearly at the time of your inspection.
- _____ Verification all firearms and ammunition are inaccessible to children
- _____ Verification medications, poisons, chemicals, bleach, cleaning materials are inaccessible to children
- _____ Verification of Two Exits- The home must have 2 exits, other than windows, located on different
sides of the home that are not blocked and do not require passage through a
garage or storage area where hazardous materials (gas, cars, mowers etc) are
stored and may be operated from the inside without the use of a key or any
special knowledge.

EMPLOYEES OR VOLUNTEERS (If applicable) The following records will be verified by a TCC
representative.

- _____ TB Test Results- Must be signed by a physician or Nurse Practitioner
- _____ Proof of Current First Aid Training (Online Classes are not accepted)
- _____ Proof of CPR Certification for at least one person at all times (Online Classes are not accepted)
- _____ Drug Test Results- The Results must have a Medical Review Officers Signature and should be no more than
60 calendar days old based upon the hire date of the employee or volunteers.

**IMPORTANT NOTICE: THE RESULTS OF YOUR BACKGROUND CHECKS AND DRUG TEST RESULTS ARE ONLY VALID
FOR 60 DAYS.** A site inspection must be conducted and certification approval granted prior to the expiration date. If
certification approval is not granted by the end of the 60 days you will be required to submit a new application including
new/updated documentation.

TCC will request a Statewide Criminal History Check, Child Protection Index Check and Sex Offender
Registry Check on the applicant, household members, employees and volunteers after submission of the
completed State Form 53323. **A home inspection will not be scheduled until the results of the checks have
been received.**

APPLICATION REQUEST FOR CCDF PROVIDER ELIGIBILITY STANDARDS CERTIFICATION

Provider: First Name _____ Last Name _____

Business Name (if applicable) _____

County Name _____

Home/Site Address: _____

City _____ State _____ Zip Code _____

Mailing Address: _____

(if different from home address)

City _____ State _____ Zip Code _____

Landline Home Telephone Number: (_____) _____ (required)

Cellular Telephone Number: (_____) _____

(if applicable)

Additional Contact Number: (_____) _____

(if applicable)

Fax Number (_____) _____

Social Security Number (or) Employer Identification Number _____

Email Address (if applicable) _____

Day & Hours of Operation: _____

I understand that I will be visited by a representative of The Consultants Consortium (TCC). This visit will be scheduled after all required documentation is received by TCC. The verification visit will confirm compliance of the required CCDF Provider Eligibility Standards for receipt of CCDF childcare voucher dollars. If the provider eligibility standards are met with satisfaction, I will be certified by the Family and Social Service Administration as a certified CCDF childcare provider.

PROVIDER SIGNATURE _____ Date _____

Form A

EMPLOYEES AND VOLUNTEER CAREGIVERS

Provider Name _____

If you will be providing care in your home, please list the names of all persons working in the facility or volunteering as a caregiver. Also, include birthdates, ages, social security number, and a copy of the individual's proof of identity, preferably a driver's license or state ID.

PRINTED NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER (REQUIRED FOR ANYONE 18 YEARS OR OLDER)	Internal Use Only

I certify that the individuals listed above are employed or volunteering as a caregiver. There are no other persons working or volunteering at the location currently being certified for the CCDF Provider Eligibility Standards program. If other individuals are hired or volunteer in this residence/or facility in the future, I will notify the verifying agency, The Consultants Consortium, and submit all necessary documentation. I understand my failure to provide this information to the verifying agency will constitute non-compliance with the CCDF Provider Eligibility Standards and can result in immediate loss of my eligibility to receive CCDF funds.

Provider's Signature _____ Date _____

Please return signed and dated form to the verifying agency, TCC.

Provider Name _____

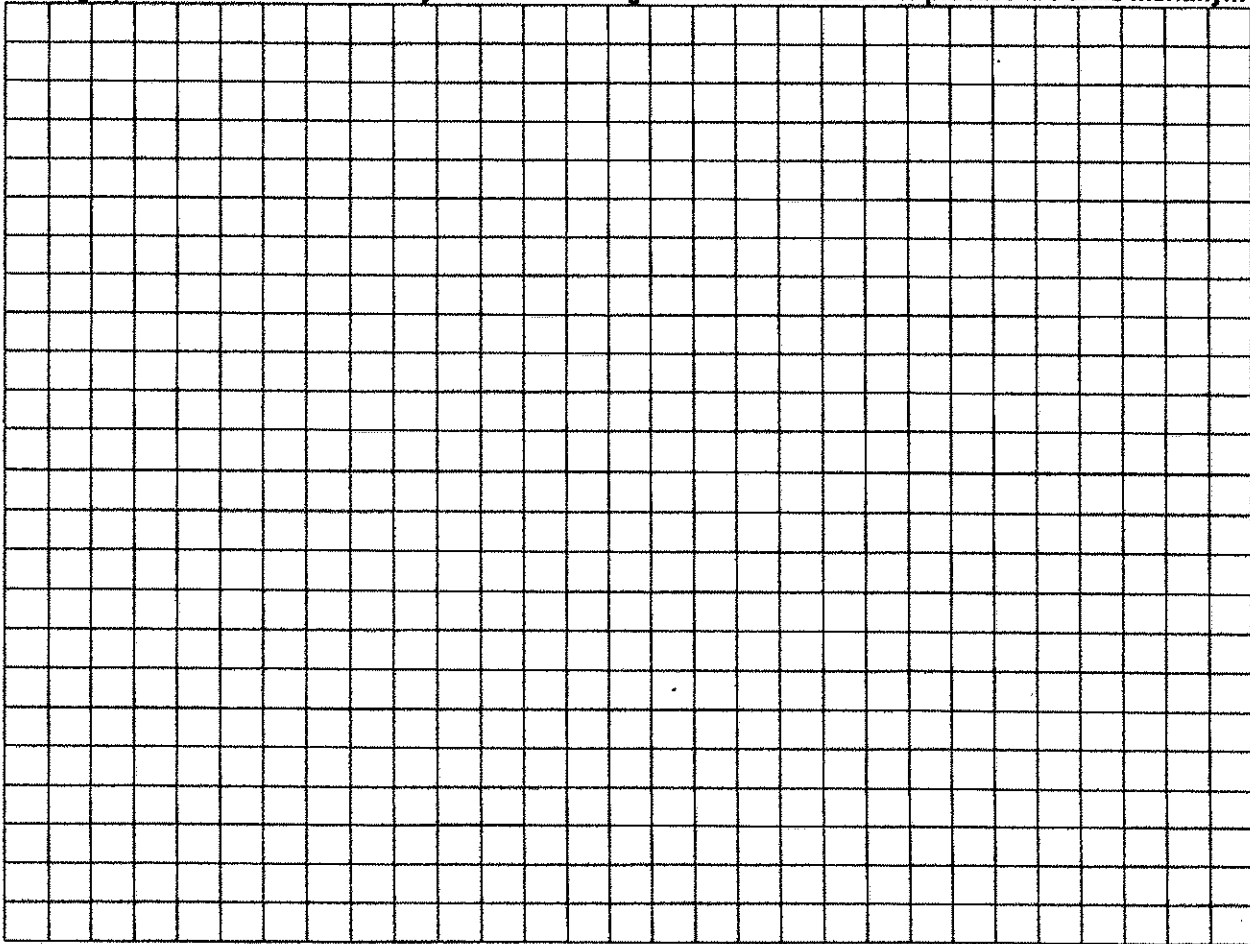
Location Address _____

Evacuation Plan In Case of a Fire or Other Emergency

Use the graph below to draw a floor plan layout of your home.

- ❖ Label each room in your home
- ❖ Mark the doors in your home
- ❖ Use arrows to show **two ways out.**
- ❖ Mark the Severe Weather Location- Mark the location on the graph above where you will gather in the event of a tornado or severe weather. **It should be a basement or interior area.** where the children will not be exposed to flying glass. If possible, store a battery operated radio and flashlight, blankets, small toys and books in this area. Take your cell or portable phone (if available) with you to this area.

This graph should reflect the route you will take during a fire drill. Remember to practice fire drills monthly!!!



*Fire Extinguishers are required on each floor of the home with an additional extinguisher in the kitchen.

Please indicate an outside meeting place: _____
This location should be at least 50 ft from your home.

Severe Weather Plan Location: _____

***This form or one similar to it, must be posted in your home in a visible location.
You must also submit it to the verifying agency, TCC.***

Provider Name _____

Plan for Provider Illness

Written plan in case of provider illness, injury, or death

Please make sure you fill out this form completely and sign and date the form at the bottom.

- ❖ If I should get seriously injured or become seriously ill or expire, I/emergency personnel will call _____ at (_____) _____ who will notify the parents to come and pick up their children immediately. The person named above will not care for the children, but only stay long enough for the parents to arrive.
(Name of Contact Person) (Area Code and Phone Number)
- ❖ The children's records are located _____.
- ❖ I have provided each parent with the phone number of the childcare resource and referral agency to assist in finding emergency care. The number is **1-800-299-1627**.
- ❖ If I should get hurt or become ill and I am able to, I will notify the parents or guardians of the children to come and pick them up or I will provide a qualified substitute caregiver.

Are you going to use a substitute caregiver? (Please select one) YES or NO

IF USING A SUBSTITUTE CAREGIVER, please provide the name: _____

I understand this individual must meet all requirements: drug test, TB Test, CPR and First AID Training and signed release for Child Abuse, Sex Offender Registry as well as Criminal History Checks.

- ❖ If I care for a child who is capable of understanding what to do in an emergency situation I will teach him or her how to contact another adult and/or call 911.

I understand by my signature I agree that the above plans will be followed in case of my illness and a copy of this will be posted in my home at all times.

Signature _____ Date _____

***This form or one similar to it, must be posted in your home in a visible location.
You must also submit it to the verifying agency, TCC.***

Form 2

Child Care Information Sheet

List any child age 12 or under (both children on the CCDF voucher program and children who are not on the program but are in your care). Also list your own children that are under the age of 7.

Provider Name _____

Child's Name	Child's Date of Birth	Own Child	Relative	How is this child related to you? (Grandchild, Niece, Nephew, Stepchild, or other relative)	Child Care Status
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

- The children listed above are the children I provide child care for (CCDF Voucher Children and non-CCDF Voucher Children) and my own children that are under the age of 7.

I am not caring for any children this time.

Provider Signature _____ Date _____
(Your signature is required even if you do not have any children in your care.)

Provider Name _____

Emergency Contact Information to Be Posted By the Phone

Fire: 911 or (____) _____

Ambulance: 911 or (____) _____

Police: 911 or (____) _____

Poison Control: 1-800-222-1222

Our address is:

(Address)

(City) (State) (Zip Code)

Our Phone Number is: (____) _____

If a child should need immediate medical assistance I will contact a rescue squad or hospital at 911 or (____) _____. I will contact the parents of the injured or ill child to let them know their child's condition.

Transportation to the doctor or hospital will be provided by _____ (name the method of transportation to be used, such as personal car, rescue squad, taxi or neighbor's car)

This form or one similar to it, must be posted in your home in a visible location.

Provider Name _____

Emergency Contacts for Children

Child's Name _____
Address _____
Phone _____ Birthdate _____

Primary Contact _____
Employer _____ Phone _____
Cell phone _____ Beeper _____

Alternate Contact _____
Employer _____ Phone _____
Cell phone _____ Beeper _____

Alternate Contact _____
Employer _____ Phone _____
Cell phone _____ Beeper _____

Special medical health need(s): _____

Parent's Signature: _____
Date: _____

This form or one similar to it will be verified by TCC during the Provider Eligibility Standards Certification visit.

THIS IS A REQUIRED FORM

Day Care Provider Name _____

Child Immunization Record

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address City State Zip

Record Date of Immunization

	1	2	3	4	5
Hep B					
DtaP / DTP / Td					
Hib					
MMR					
IPV					
Varicella					
PCV / Prevnar					

Child has documented history of Varicella Disease _____ No _____ Yes If yes, age _____

Please check the appropriate response.

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: *(Please list immunizations excluded for medical reasons)*

Parent comments: *(Please indicate religious objection, if any)*

Signature _____ Date _____
(Health Care Provider's Signature and Date is **Required**.)

Printed Name and Title _____
(Printed Name and Title is **Required**)

This form must be updated annually.

Provider Name _____

**Supplemental Criminal History Information
Child Care Development Fund
Household Member, Employee or Volunteer**

I, _____, have been informed that participation in the Child Care Development Fund Voucher
(Household Member, Employee or Volunteer)

Program requires the following individuals to consent to a statewide criminal history check:

- a. The provider (defined as the applicant for voucher payment)
- b. If the provider provides child care in the provider's home, any individual who resides with the provider and who is:
 1. at least 18 years of age; or
 2. less than 18 years of age but has previously been waived from juvenile court to adult count; and
- c. Any employee or volunteer serving as a caregiver at the facility where the provider provides child care.

I have also been informed that in addition to the requirement to consent to a statewide criminal history check, I shall report to the verifying agency, The Consultants Consortium, any information regarding:

1. Police investigations;
2. Arrests; and
3. Criminal convictions

not listed on a the criminal history provided regarding any of the persons required to provide the criminal history listed above.

I understand by my signature that I must report this information to the child care provider requesting my criminal history immediately and that my failure to report this information may result in the provider's inability to participate in the Child Care Development Fund Voucher Program.

Signature _____ Date _____

Please return signed and dated form to the verifying agency, TCC.

From C-1

DRUG TEST MUST BE CONDUCTED BY SAMSHA CERTIFIED LABS
Child Care and Development Fund Drug Testing Guidelines
Effective October 31, 2002

Indiana Code 12-17.2-3.5-12.1 requires each childcare provider to provide drug test results which do not show a presence of illegal controlled substances for themselves, all individuals residing in the home over the age of eighteen (18) and any employee or individual caring for children on their behalf prior to participation in the Child Care and Development Fund (CCDF) program. This drug test shall test for Amphetamines, Cocaine, Opiates, PCP and THC. Each drug test shall meet the following criteria.

1. Chain of Custody shall follow guidelines, which are consistent with U.S. Department of Transportation requirements. (See specific Chain of Custody instructions listed below.)
2. Each drug screen shall be processed by a lab, which has been certified by the Substance Abuse and Mental Health Services Administration (SAMHSA, formerly NIDA).
3. Drug test results shall be reviewed by a nationally certified Medical Review Officer using positive cut-offs established by the U.S. Department of Transportation. Drug test results must include contact information for the Medical Review Officer and signature when possible.
4. Drug test results shall be faxed or mailed to the verifying agent.

The following Chain of Custody shall be followed for drug testing results provided to the Family and Social Services Administration as required by Indiana Code.

- The collector shall ask the donor for photo identification.
- After verification of donor's identification, the collector will complete step one of the custody of control form provided by the laboratory (non-regulated).
- The collector will ask the donor to remove any unnecessary outer clothing (coat, etc.) and leave hand carried items (briefcase, etc.) outside toilet enclosure. The donor may be required to empty his/her pockets at collector's discretion.
- The collector will instruct the donor to wash and dry his/her hands.
- The collector will provide the donor a wrapped and sealed collection container and/or specimen bottle. Either the collector or the donor may open the container bottles in donor's presence.
- If the container and bottle are wrapped together, the donor should be allowed to take container and bottle into toilet enclosure. If container and bottle are wrapped separately, only the collection container should be taken into toilet enclosure. The wrapped bottle should remain outside enclosure and then opened in the donor's presence when the donor gives the filled collection container to the collector.
- The collector will accompany the donor to toilet enclosure when it is time for the donor to provide urine sample. The donor will enter toilet enclosure and shut the door, the collector remains outside the closed door.
- The donor will hand filled collection container to the collector, both the donor and the collector should maintain visual contact of the specimen until labels and seals are placed over bottle caps.
- The collector checks specimen and reading of the specimen temperature indicator within four minutes of receiving the specimen from the donor. The collector then marks the appropriate box on custody of control form.
- The collector checks specimen volume ensuring there is at least thirty milliliters of urine in a single specimen collection.
- The collector checks specimen for unusual color, odor or other physical qualities that may indicate an attempt to adulterate the specimen.
- The collector will pour at least thirty milliliters into the specimen bottle.
- The collector immediately places lid/caps on specimen bottle and then applies tamper evident labels/seals.
- The collector will write the date on label field. The donor will be asked to initial labels/seals when affixed to the bottles.
- After sealing the specimen bottle, the donor will be permitted to wash and dry his/her hands, if he/she so desires.
- The donor will be instructed to read and complete the donor certification section of the custody of control form, including signing certification statement.
- The collector will complete collector's certification section of custody of control form, including signing certification statement.
- The collector will record any remarks concerning collection process in "remarks section" of custody of control form.
- The collector will complete chain of custody block of custody of control form. At a minimum, the collector will complete; the specimen, received by, purpose of, change, date, and released by blocks of the custody of control form.
- The collector will give the donor his/her copy of custody of control form and the donor may leave collection site at completion of this step of the collection process. It is not necessary for the donor to remain at collection sight while specimen bottle and custody of control form are prepared and packaged for shipment.
- The collector will prepare the bottle and copies of the custody of control form for shipment to the laboratory. The bottles and custody of control form copies will be shipped in a padded mailer or shipping container secured with an outer seal. The collector will initial and date the seal on the shipping container.
- Finally, the collector will send the MRO copy of the form directly to the MRO addressed on the form and the employer copy to the designated representative.

CCDF Substance Abuse Screening Test Consent Form

CCDF Provider Name: _____ Phone: _____

CCDF Provider Address: _____

- Provider
- Employee
- Household Member

Individual providing sample: _____

Indiana Code 12-17.2-3.5-12.1 requires that each childcare provider shall provide drug test results which do not show a presence of illegal controlled substance(s) for themselves, all individuals residing in the home over the age of eighteen (18) and any employee or volunteer caregivers caring for children prior to participation in the Child Care and Development Fund (CCDF) program. This shall include Amphetamines, Cocaine, Opiates, PCP and THC.

I, the undersigned, have been informed that drug test results must be provided to the Division of Family Resources (DFR) and the CCDF verifying entity for participation in the CCDF program. The DFR and the verifying agency shall maintain confidentiality of these results. The results of this drug test will be used to determine eligibility for participation in the CCDF program. If drug testing results of the provider or any individual required to supply such a test, indicate the presence of an illegal controlled substance, the provider is ineligible to participate in the CCDF program. I further understand that this test and any subsequent test will be conducted at the provider's expense. An inconclusive drug test will not be considered a drug test for purposes of determining program eligibility.

Name of Verifying Agency: **The Consultants Consortium (TCC)**

Name of Contact Person: **Christy Christianson, PES Program Manager** Fax Number: **317-972-0351 or 866-642-8002**

Address: **PO Box 1186, Indianapolis, IN 46206-1186** Phone Number: **317-638-7095 or 866-921-6623**

I understand that if I refuse to consent to take the test and provide the results to the DFR and the verifying agency, the verifying entity will be unable to document my compliance with CCDF Provider Eligibility Standards and thereby will be unable to authorize me, my household member's or employer's participation in the CCDF program. *I understand that I may be required to provide additional test on a random basis or when suspicion of non-compliance is documented.*

I have read and understand the Drug Testing Guidelines and consent form that have been provided to me.

I hereby: _____ Consent _____ Refuse to Consent

to the drug test; to providing the results to the DFR and the verifying agency, and to the use of the results to determine eligibility for the CCDF voucher program.

Individual receiving test: _____ Date/Time _____

Collection site representative: _____ Date/Time _____

(Please provide a copy of this signed release form with the drug test results to the agency listed above.)



**CONSENT TO RELEASE INFORMATION FOR LICENSED CENTERS,
LICENSED HOMES, UNLICENSED REGISTERED MINISTRIES, AND CCDF LLEPs**

State Form 53323 (R3 / 8-11)

DIVISION OF FAMILY RESOURCES / BUREAU OF CHILD CARE

The information in this document is confidential according to IC 6.1-1-35-9.

In accordance with IC 12-17.2-4-5(a)(1), IC 12-17.2-4-32(a), and IC 12-17.2-8-14(c), each staff member and/or volunteer shall complete a section of this form in order to have their background information checked.

You must return this completed form to your consultant.

Name of facility / licensee / LLEP / applicant		
Address of facility (number and street, city, state, and ZIP code)		
License / registration number / LLEP number	Name of consultant	County

By signing below, I hereby consent to a release of information from Child Protective Services and the Criminal Justice System to the Indiana Child Care Licensing Section, Bureau of Child Care, and to the licensee / applicant. The information may contain any prior criminal history, arrest record, or child protective service history and is sought to ensure the safety of children in child care settings. I also verify that all information given here is correct.

Name (please print)		Maiden or other name	
Type	<input type="checkbox"/> Applicant <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Household member (should be over eighteen (18) years old)		
Social Security number	Date of birth (month, day, year)	Sex	Race
Address (number and street, city, state, and ZIP code)			
Signature		Date (month, day, year)	
FOR OFFICE USE ONLY	CH <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	CPI <input type="checkbox"/> Record found <input type="checkbox"/> Record not found
		Date (month, day, year)	SOR <input type="checkbox"/> Record found <input type="checkbox"/> Record not found
			Date (month, day, year)

Name (please print)		Maiden or other name	
Type	<input type="checkbox"/> Applicant <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Household member (should be over eighteen (18) years old)		
Social Security number	Date of birth (month, day, year)	Sex	Race
Address (number and street, city, state, and ZIP code)			
Signature		Date (month, day, year)	
FOR OFFICE USE ONLY	CH <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	CPI <input type="checkbox"/> Record found <input type="checkbox"/> Record not found
		Date (month, day, year)	SOR <input type="checkbox"/> Record found <input type="checkbox"/> Record not found
			Date (month, day, year)

Name (please print)		Maiden or other name	
Type	<input type="checkbox"/> Applicant <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Household member (should be over eighteen (18) years old)		
Social Security number	Date of birth (month, day, year)	Sex	Race
Address (number and street, city, state, and ZIP code)			
Signature		Date (month, day, year)	
FOR OFFICE USE ONLY	CH <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	CPI <input type="checkbox"/> Record found <input type="checkbox"/> Record not found
		Date (month, day, year)	SOR <input type="checkbox"/> Record found <input type="checkbox"/> Record not found
			Date (month, day, year)

FOR BCC STAFF ONLY	Signature of Bureau of Child Care staff verifying information	Date (month, day, year)
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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ³
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ³
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.