



CCDF Provider Eligibility Standards Packet New Facility

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 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 may result in the permanent exclusion of the applicant from the CCDF Voucher Program. If any other individuals working or volunteering at the child care location 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 working or volunteering at the child care location will temporarily result in the denial of the application.

Please Keep This Information Sheet For Your Records.

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”

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:** Caregivers/Volunteer Caregivers Worksheet
- _____ **Form D:** Tobacco and Substance Abuse Policy
- _____ Signed Supervision Letter (dated June 3, 2005)
- _____ **Form 1:** Copy of Emergency Plans
- _____ Written Supervision Policy for employees under the age of 18, if applicable.
- _____ Written Emergency Staffing Plan
- _____ Proof of running water- **Current** (within the previous 30 Days) Water Bill or if you are on Well Water or Spring Water then a Water Quality Test (within the last 12 months) (**PUBLIC SCHOOLS EXEMPT**)
- _____ Proof of a landline phone – **Current** (within the previous 30 days) Phone Bill (**PUBLIC SCHOOLS EXEMPT**)
- _____ Child Care Licensing Exemption Affidavit Statement
- _____ W9 Taxpayer Identification Number Request Form- Must be completed, signed and dated

Additionally, the individual completing this application should include the following documentation:

- _____ State Form 53323- Consent for Statewide Criminal History Check, Child Protection Index Check And Sex Offender Registry
- _____ Picture ID- Preferably a State Driver's License or State ID – The ID must show the Date of Birth
- _____ 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.
- _____ Proof of Current First Aid and Annual CPR (**Online Classes are not accepted**)
- _____ Results of a TB Test, signed by a physician or nurse practitioner
- _____ **Form C-** Supplemental Criminal History Information- signed and dated

The following is required for the employees or volunteers.

- _____ Picture ID- Preferably a State Driver's License or State ID – The ID must show the Date of Birth
- _____ 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.

****IMPORTANT INFORMATION****The criminal history check that is completed on the State Form 53323 can only be completed for individuals 18 or older or individuals previously waived to adult court. If you have employees under the age of 18 please read and follow the **Juvenile Criminal History** instructions and form included in this packet.

A site inspection will not be scheduled until all file documentation is received in the office and approved by TCC including the background check results from the state.

Your application must be completed within 60 days. If the application is not completed within the 60 days we will return all file documentation and you will be required to submit a new application with updated documentation.

PLEASE RETURN THE ABOVE LISTED OFFICE 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 SITE VISIT.**

- _____ Child Immunization Records will be reviewed. They are **REQUIRED** to be on the state form included in this packet. **(Public Schools Exempt)**
- _____ **FORM 1-** Posted evacuation plan in case of fire or severe weather
- _____ **Form 3 -** Posted monthly fire drill chart
- _____ **Form 4-** Posted emergency telephone numbers
- _____ **Form 5-** Emergency contact information for all children
- _____ Verification of a working landline telephone
- _____ Fire Marshall Compliance Letter – **PUBLIC SCHOOL EXEMPT**
- _____ Verification all firearms and ammunition inaccessible to children
- _____ Verification all medications, poisons, chemicals, bleach, cleaning materials are inaccessible to children
- _____ Verification of two exits- The facility must have 2 exits, other than windows, located on different sides of the facility 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.

Employee/volunteer records to be verified by a representative from TCC

- _____ Results of TB tests, signed by a physician or nurse practitioner – original
- _____ Proof of current First Aid training **(Online Classes are not accepted)**
- _____ Proof of CPR 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.
- _____ **Form C1-** Supplemental Criminal History Information- signed and dated

APPLICATION REQUEST FOR CCDF PROVIDER ELIGIBILITY STANDARDS CERTIFICATION

Legal Business Name: _____

DBA: _____

Facility Directors: First Name _____ Last Name _____

Additional Contact Names (if applicable):

First Name _____ Last Name _____

First Name _____ Last Name _____

County Name _____

Site Address: _____

City _____ State _____ Zip Code _____

Mailing Address: _____

(if different from site address)

City _____ State _____ Zip Code _____

Site Telephone Number: (_____) _____

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 _____

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

Form A

Caregivers/Volunteer Caregivers Worksheet

Business Name _____ Facility Director (Applicant) _____

Please list all individuals who will be providing care and whose documentation will be verified by The Consultants Consortium (TCC) at the time of certification. Please attach **copies of identification** (i.e. driver license) of all individuals who will be providing care.

Printed Staff Name	Birth Date	Current Age
Facility Directors Name:		
Staff :		
Staff:		
Staff :		
Staff:		
Staff :		
Staff:		
Staff :		
Staff:		

I certify that the individuals listed above are the only persons serving as caregivers or volunteer caregivers at this location. I understand that should staffing changes take place after certification; the appropriate personal documentation will be collected and made available to the TCC upon request. Failure to stay in compliance with staffing documentation requirements will be considered non-compliance and could result in the inability of your organization to participate in the CCDF Provider Eligibility Standards program.

Applicant's signature _____ Date _____

Title _____

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

Provider Name _____

**Supplemental Criminal History Information
Child Care Development Fund
Director**

I, _____, have been informed that participation in the Child Care Development Fund Voucher
(Directors Name)

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

- a. The provider (defined as the applicant for voucher payment)
- b. 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 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 verifying agency immediately and that my failure to report this information may result in my inability to participate in the Child Care Development Fund Voucher Program.

Signed, _____ Date _____

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

Form C

PES New Facility Packet
Revised 06.2011

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

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

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

- a. The provider (defined as the applicant for voucher payment)
- b. 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 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.

Signed, _____ Date _____

This form must be signed and maintained by the facility.

Tobacco and Substance Policy Child Care and Development Fund Program

I, _____, have been informed that my participation in the Child Care Development Fund Voucher
(Directors Name)

Program requires me to provide assurance that I will not allow anyone to participate in the following acts during the hours in which I provide child care.

- ❖ I will not use tobacco anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- ❖ I will not allow any household member or guest to use tobacco anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- ❖ I will not use alcohol anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- ❖ I will not allow any household member or guest to use alcohol anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- ❖ I will not use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during the hours I provide child care.
- ❖ I will not allow any household member or guest to use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during the hours I provide child care.
- ❖ I will not use or possess any illegal substance.
- ❖ I will not allow any household member or guest to use or possess any illegal substance.

I understand by my signature below that my failure to comply with the above statements may result in my inability to participate in the Child Care Development Fund Voucher Program.

Signature _____ Date _____

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

Form D



*"People
helping people
help
themselves"*

Mitchell E. Daniels, Jr., Governor
State of Indiana

Indiana Family and Social Services Administration

402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

E. Mitchell Roob Jr., Secretary

June 3, 2005

Dear CCDF Child Care Provider,

As you may be aware, the CCDF provider standard defining supervision as "within sight and sound at all times" (470 IAC 3-18-1(23)) has been voided by the Indiana General Assembly. Therefore, this letter serves to provide guidance as to what is meant by the standard of continual supervision found in Indiana Code 12-17.2-3.5-5.5. To ensure the safety of children in child care settings that accept CCDF vouchers, and for the protection of Indiana's providers, continuous supervision will be defined as follows.

- Caregivers shall supervise children by sight **or** sound at all times. Sound monitors alone shall not be considered as an acceptable means of supervision.
- Children shall remain on the same floor of the facility as the caregiver.
- During mealtimes, children shall remain in the caregiver's line of sight.
- Children shall not be left alone either inside or outside. With the written permission of parents, school age children (grade one and above) may be allowed to participate in activities outside the direct supervision of a caregiver. These activities must occur **on the premise** of the child care home. The caregiver must physically check such children every 15 minutes.
- Children who are able to toilet independently, including fastening and unfastening clothing, wiping themselves, flushing the toilet, and washing their hands, may use a bathroom for a short period of time without direct adult supervision.
- Children may sleep outside of the provider's direct line of vision as long as the following conditions are met:
 1. Children remain on the same floor of the home as the provider. Provider's children may sleep in their own beds.
 2. The doors to the rooms where children are sleeping remain open.
 3. Periodically, sleeping children shall be visually monitored and checked to insure they are breathing normally. Children under 15 months of age should be checked approximately every 15 minutes.

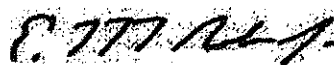
In addition, the agency provides the following guidance on safe sleep practices. To reduce the possibility of Sudden Infant Death Syndrome, children age 12 months or younger must be placed on their backs to sleep, unless the caregiver receives a written waiver of this requirement from a health care provider. Infants must sleep in a safe crib or port-a-crib. The following are the current safety guidelines for cribs and port-a-cribs.

- The slats of the crib can be no more than 2 3/8 inches apart.
- Mattresses must fit snugly with no more than one inch between the mattress and the side of the crib.
- The sides of the crib must be locked in the raised position while babies are sleeping.
- Never put anything soft, such as pillows, thick blankets, comforters, stuffed animals, or sheepskins in the crib with a sleeping baby. If a light blanket is used, it should be securely tucked in at the foot of the crib and reach only as far as the infant's chest.

Finally, sleeping infants should never be placed on an adult bed, sleeping bag, sofa, pillows, or thick blanket.

The safety and well being of Indiana's children are the top priority for all of us. Thank you for your hard work and dedication to this goal.

Sincerely,



E. Mitchell Roob Jr.,
Secretary
Family and Social Services Administration

cc: CCDF consultants

I have read and understand the policies set forth in this letter.

Signed _____ Date _____

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

Supervision Letter

PES New Facility Packet
Revised 06.2011

Provider Name _____

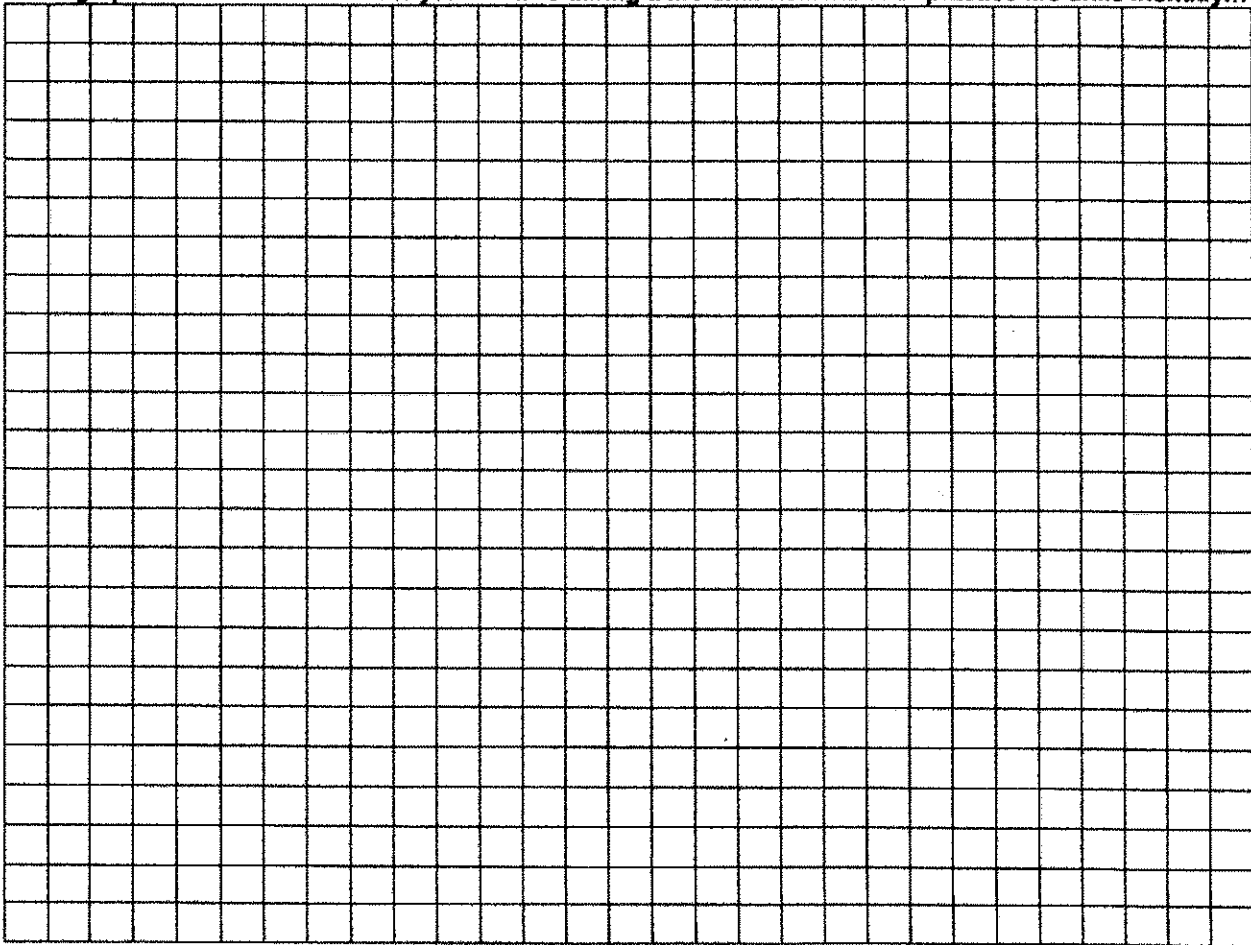
Location Address _____

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 facility in a visible location.
You must also submit it to the verifying agency, TCC.*

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 will be verified by TCC during the Provider Eligibility Standards Certification visit.

Form 4

PES New Facility Packet
Revised 06.2011

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.

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 12-17.2-6-14(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)
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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)
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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)
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FOR BCC STAFF ONLY	Signature of Bureau of Child Care staff verifying information	Date (month, day, year)
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Juvenile Criminal History

-The juvenile along with a parent or guardian must go to a local law enforcement agency (**NOT** a State Police Post) and ask for fingerprints to be done on a card for a Juvenile Review Challenge. They do not go to an L-1 site because they only do National Criminal History Checks. The local agency may or may not charge a fee for the fingerprints. This would be separate from the \$10 charge by the State Police.

-**DO NOT** leave the card with the local law enforcement agency or ask them to run the check.

- The attached form, fingerprint card, and a \$10 certified check or money order payable to the State Of Indiana must be sent together to the address on the form.

-If there are questions about the Review Challenges they can contact Kathi Mauritzen at 317-232-8266.

-You will need to obtain a copy of the completed form and money order from the parent and submit it to the PES Department for your file.

-The criminal history results will be returned to the parent and a copy of the results must then be submitted to the PES Department within 60 days of the request.

(Please type or print all information)

NAME OF JUVENILE

Last Name

First Name

M.I.

Date of Birth

Sex

Race

Juvenile's Residence Address

REQUEST FOR JUVENILE CRIMINAL HISTORY INFORMATION

Indiana Code 31-39-1-2: "All juvenile court records are confidential."
In accordance with Indiana Code 5-2-5.1-13, juvenile criminal history data may only be released to that individual, their parent, guardian, or custodian.

Juvenile criminal history data may be obtained two (2) ways:

- 1) The subject of the request; their parent, legal guardian, or custodian may come into our office (address below) and request the criminal history information in person.
 - a) Must have picture I.D., or Social Security card & Birth Certificate of the juvenile.
 - b) The requestor must be the subject of the request, their parent, guardian, or custodian.
 - c) This form- *no exceptions*
 - d) \$10.00 cash, certified check, or money order payable to STATE OF INDIANA
(No Personal Checks)
- 2) Request by mail- please submit the following:
 - a) This form- *no exceptions*
 - b) A complete set of fingerprints taken by a law enforcement agency
 - c) \$10.00 cash, certified check, or money order payable to STATE OF INDIANA
(No Personal Checks)

WARNING-PENALTY FOR MISUSE

The individual receiving the response for juvenile criminal history information may not utilize it for purposes other than those stated in the Indiana Code, or for purposes which deny the subject of this request any civil right to which he or she is entitled.

Any person who uses the response to this request for juvenile criminal history information for any purpose prohibited by law commits a Class A misdemeanor offense under IC 5-2-25-5, and maybe sentenced up to one year in jail.

I affirm, under the penalty of perjury, that the information I have provided on this form is true, and the response to this request for Juvenile Criminal history information will not be used in violation of law.

Signature of Requestor

Date

Cash will be accepted only if request is in person; otherwise, *certified checks and money orders* should be payable to STATE OF INDIANA.

Mail request to:
Indiana State Police, Central Repository
P.O. Box 6188
Indianapolis, IN 46206-6188

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)		
<input type="checkbox"/> Exempt payee		

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 ▶
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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) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ³ 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.

Child Care Licensing Exemption Affidavit in a Nonresidential Building

Name of Facility: _____

Location of Facility: _____

Name of Director (or other person in charge): _____

Name of ownership entity: _____

I, _____, declare the following to be true under penalty of perjury:

The Indiana legal definition of "child care" is:

IC 12-7-2-28.2

Sec. 28.2. "Child care", for purpose of IC 12-17.2 and IC 12-17.4, means a service that provides for the care, health, safety, and supervision of a child's social, emotional, and educational growth.

The above program at the above location meets this definition.

- Yes
- No

The Indiana legal definition of "child care center" is:

IC 12-7-2-28.4

Sec. 28.4. "Child care center", for purposes of IC 12-17.2, means a nonresidential building where at least one (1) child receives child care from a provider:

- (1) while unattended by a parent, legal guardian, or custodian;
- (2) for regular compensation; and
- (3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

1. Is this site a "nonresidential building"?

- Yes
- No

If the answer to question 1 is "yes":

2. Is at least one child served at this site?

- Yes
- No

3. Are all parents, legal guardians, or custodians absent when child care service is given?

- Yes
- No

4. Is this facility paid for this service either by parent, guardian, custodian or by a third party payer?

- Yes
- No

5. Is at least one child here more than four (4) hours per day, but less than twenty-four (24) hours per day?
 Yes
 No

6. Is the same one (at least) child there more than four hours Monday through Friday for two consecutive work week (Monday – Friday) periods?
 Yes
 No

If you answer “yes” to all of the questions 1 – 6 a child care center license may be required.

If you do not feel you should be licensed as a center mark the exemption below that best describes your program. **(Please choose only one exemption)**

7. A program for children enrolled in grades kindergarten through 12 that is operated by the department of education or public or private school?
 Yes
 No

8. A program for children who become at least three (3) years of age as of December 1 of a particular school year (as defined in IC 20-10.1-2-1) that is operated by the department of education or public or private school?
 Yes
 No

9. A nonresidential program for a child that provides child care for less than four (4) hours a day?
 Yes
 No

10. A recreational program for children that operates for not more than ninety (90) days in a calendar year?
 Yes
 No

11. A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts?
 Yes
 No

12. A program operated to serve migrant children that:
(A) provides services for children from migrant worker families; and
(B) is operated during a single period of less than one hundred twenty (120) consecutive days during a calendar year? (if question 18 is yes, refer to licensing)
 Yes
 No

13. A child care ministry registered under IC 12-17.2-6? (If this is “yes” these are done through BCC)
 Yes
 No

14. A child care home if the provider: (in a residential structure)

(A) does not receive regular compensation;

(B) cares only for children who are related to the provider;

(C) cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or operates to serve migrant children.

Yes

No

15. A child care program operated by a public or private secondary school that:

(A) provides day care on the school premises for children of a student or an employee of the school;

(B) complies with health, safety, and sanitation standards as determined by the division under IC 12-17.2-2-4 for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under IC 12-17.2-2-10; and

(C) substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under IC 12-17.2-2-4 for child care centers approved by the division under IC 12-17.2-2-10?

Yes

No

On the basis of the above information I consider myself/or corporate entity I represent to be exempt from child care licensing at the site located at, _____,

_____, that is, the site entered on the first page of this form.

Signature of Operator: _____

Notary Certificate (Sworn Oath)

STATE OF _____

SS:

COUNTY OF _____

I, _____, having been duly sworn on oath, say that I am the above named operator, that I have personally prepared the foregoing statement, and that the same is true to the best of my knowledge and belief.

Signature of Operator

Signature of Notary Public

Printed Name of Applicant

Printed Name of Notary Public

Date subscribed and Sworn to Notary Public

County of Residence _____
Date Commission Expires