



On My Way Pre-K Provider Application



This application must be completed fully and submitted to the Office of Early Childhood and Out of School Learning prior to enrollment as an On My Pre-K approved program.

Business Name or School District Name _____
(If different from Program Name)

Pre-K Program Address: _____

City _____ IN County _____ Zip Code _____

Phone number (____) _____ Fax number (____) _____

Email Address _____

Primary Contact Name _____ Title _____

REQUIRED ELIGIBILITY STATUS

Check box	Auspice	License/Registration/EX# (enter number in this box)	Paths to QUALITY (circle appropriate Level)			
	Home Center		Level 3	Level 4		
	Registered Ministry		Level 3	Level 4		
	Public School		Level 3	Level 4		
	Charter School		Level 3	Level 4		
	Private Accredited School**	Name of Accrediting Body:	PES/CCDF Approved	Level 2	Level 3	Level 4

****Please attach proof of accreditation from Accrediting Body and proof that accreditation includes the school's Pre-K classrooms.**

*All OMWPK vouchers must have a match component of at least five percent (5%) but not more than fifty percent (50%) of the tuition for eligible or limited eligibility children under the prekindergarten pilot program. Match funds must be paid from **donations, gifts, vouchers, bequests, and other funds received from a private entity or person, from the United States government, or from other sources (excluding funds from this voucher and excluding other state funding).***

Please check with county foundations, coalitions or other entities who may be available in your county to help provide this match. Please contact pre-k@fssa.in.gov if you have questions or need assistance. If your county does not provide match funds, you will be billed for each OMWPK child enrolled in your program.



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There are two different types of eligibility and reimbursement for On My Way Pre-K. All OMWPK vouchers are for children who will be 4 years-old (and not 5) by August 1 of the Pre-K year and a resident of Indiana. The following chart will define how many OMW children in each category your program can currently serve. This capacity may increase or decrease each year and can be monitored by the number of On My Way Pre-K provider forms you complete for families who wish to enroll in your program.

	Regular OMWPK	Limited Eligibility OMWPK		
Eligibility	<ul style="list-style-type: none"> Family income up to 150% FPL Parents in household working, going to school, looking for a job or attending job training 	<ul style="list-style-type: none"> Family income up to 185% FPL A Parent in household must be working, going to school, looking for a job or attending job training OR parent(s) receive SS Income or SSD Income 		
Program Cost:	All vouchers are co-funded with federal and state funds.	All vouchers solely funded by state funds. Max -\$6,800 full time/Min -3,400 part time.		
Program length:	All vouchers are for a minimum of 53 weeks – may be extended to accommodate the needed start date prior to OMWPK year	Vouchers have a minimum of 34 weeks/maximum of 46 weeks ending the first Saturday in June.		
Program Reimbursement:	<p>On My Way Pre-K voucher payments are based on county market rates for On My Way Pre-K as documented on: https://www.in.gov/fssa/carefinder/provider-reimbursements/ .</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">All full time vouchers receive</td> <td style="width: 30%; text-align: center;">\$147.82/wk</td> </tr> </table> <p>*** ALL LIMITED ELIGIBILITY VOUCHERS WILL RECEIVE THE SAME REIMBURSEMENT REGARDLESS OF COUNTY, PROVIDER TYPE, PTQ LEVEL OR CURRENT PROVIDER RATE. Provider overages may be charged to family at the provider’s discretion.</p>	All full time vouchers receive	\$147.82/wk
All full time vouchers receive	\$147.82/wk			
Attendance	<i>Children are required to attend 85% of the days offered by the program. Programs will enter attendance in portal and any voucher meeting excessive absence limits may be terminated.</i>			

I am willing to enroll **Limited Eligibility** On My Way Pre-K vouchers (min 34 weeks-max 46 weeks/full or part time/State funded)

Program Design:

It is the expectation that On My Way Pre-K programs will offer families hours of care within the programs operational hours. For example, if your program is open /offered from 7am – 6pm, the On My Way Pre-K voucher will cover any hours within that time frame.

Operation Hours	Times	Monday	Tuesday	Wednesday	Thursday	Friday	
	Start time						
	End time						Hours Per Week
	Total Hrs						

# weeks per year your program is offered	
Program Dates: (MM/YYYY) to (MM/YYYY) On My Way Pre-K programs may be offered for an academic year or full calendar year.	_____ to _____



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Maximum Capacity (for Pre-K four-year-olds)	
<i>When calculating maximum enrollment capacity, please consider your licensing, registration and accreditation standards. You may not exceed the requirements for minimum square footage, staff to child ratios, group size or overall capacity. If you are adding a classroom please consult with your licensing, registration or accreditation representative to ensure that your program is maintaining compliance with all requirements. You should also be sure you will be able to secure match funds for these vouchers.</i>	
Do you plan to provide transportation for participating children	YES / NO

I understand that by submitting this application, I am agreeing to participate in the On My Way Pre-K Program. I understand that I must also complete any additional required vendor forms to complete process for a Point of Service machine and sign the OMWPK provider agreement.

I understand while my county may provide the required match funding, it is ultimately my responsibility to secure a minimum of 5% matching funds for each On My Way Pre-K voucher from donations, gifts, vouchers, bequests, and other funds received from a private entity or person, from the United States government, or from other sources (excluding funds from this voucher and excluding other state funding).

I understand that once the information is received, processed and validated, my Pre-K Program will be approved as an On My Way Pre-K Program and my Pre-K Program will be added to the list of options for families receiving the On My Way Pre-K Voucher may choose.

Authorized Signature _____

Printed Name _____ Date of signature _____

Prior to approval as an On My Way Pre-K Program you must sign and return the required On My Way Pre-K Provider Agreement. This agreement will be emailed to you at the email address indicated on this application.

FSSA will process and verify the information submitted. You will be notified via email once your enrollment is complete.

Return these forms to the following address:

**Office of Early Childhood and Out of School Learning
402 West Washington Street
W-362 MS-02
Indianapolis, IN 46204-2739**

Completed forms may also be emailed to pre-k@fssa.in.gov or faxed to [317-234-6905](tel:317-234-6905)