



Minnesota Child Care Assistance Programs

Licensed Provider Registration and Acknowledgement

The Child Care Assistance Program (CCAP) requires that a child care provider be registered with the county in which the family receiving child care lives to be authorized to receive child care assistance payments. If you want to be authorized in more than one county, you must register with each county.

AGENCY NAME		AGENCY PHONE NUMBER	
AGENCY ADDRESS			
CITY		STATE	ZIP CODE

Instructions: To register, you must fill out, sign and date this registration form and return it and the forms listed below to the county agency listed above. If you do not wish to be authorized or have questions about this process, please contact the agency.

- **Child Care Provider Responsibilities and Rights** (DHS-4079)
Read this form and keep it for your information.
- **Notice of Privacy Practices for Child Care Providers** (DHS-3985)
Read this form and keep it for your information.
- **Your written payment policies**
Submit it to us with this registration.
- **W-9-Request for Taxpayer Information**
Complete and return this form if you are being authorized for the first time or are being authorized following a period of time when you were not authorized. If you are currently authorized in any Minnesota county, you are not required to complete this form unless your information has changed.

Authorization Process: After you have completed and returned these forms, we will review them and tell you by mail whether you have been authorized. You cannot be paid for care you provide until both you and the family who has chosen you as their provider have been authorized to receive child care assistance payments. Once both you and the family have been authorized, we will send a Service Authorization. The authorization lists how much child care is approved for the family, the most that we would pay, and how payments will be made.

If you are not authorized as a child care assistance provider, a parent may appeal the denial. If he/she appeals, we will tell you by mail. You have the right to appeal a denial to district court.

Please provide the following information:

TYPE OF FACILITY/PROVIDER <input type="checkbox"/> Licensed family home <input type="checkbox"/> Licensed child care center	WHAT IS YOUR TOTAL LICENSED CAPACITY?	NAME OF LICENSE HOLDER
CHILD CARE SITE NAME (Business name)	LICENSE NUMBER	NAME OF STATE OR TRIBE THAT ISSUED THE LICENSE
WHAT AGES ARE YOU LICENSED TO CARE FOR?	WHAT IS YOUR LICENSED CAPACITY PER AGE GROUP?	

- Are you **currently authorized** by CCAP in any Minnesota county? Yes No
If yes, which county(ies) _____
- Have you **ever been authorized** by CCAP before? Yes No
If yes, in which county(ies) _____
- Have you **ever been refused** CCAP authorization in any county? Yes No
If yes, in which county(ies) _____
- Have you ever had a CCAP authorization **revoked** in any county? Yes No
If yes, in which county(ies) _____

5. Child care site information:

Site address (address where care is provided)	COUNTY	
STREET ADDRESS	APT./SUITE NUMBER	PO BOX
CITY	STATE	ZIP CODE
PERSON WHO CAN SIGN FORMS	EMAIL ADDRESS	PHONE NUMBER

Payment address (where payments should be mailed, if different than site address)	COUNTY	
STREET ADDRESS	APT./SUITE NUMBER	PO BOX
CITY	STATE	ZIP CODE
PERSON WHO CAN SIGN FORMS	EMAIL ADDRESS	PHONE NUMBER

6. Contact information: (Contact information for someone who can answer registration and billing questions)

Site contact	NAME (first, middle initial, last)	JOB TITLE
PHONE NUMBER Ext.	FAX NUMBER	EMAIL ADDRESS

Payment contact	NAME (first, middle initial, last)	JOB TITLE
PHONE NUMBER Ext.	FAX NUMBER	EMAIL ADDRESS

If you or anyone who provides child care speaks a language other than English as a primary language, please indicate which language(s): _____

7. **Provider rates and policies:** (Enter your standard rates in the following chart).

Start date of current rate(s) _____

	Infant	Toddler	Pre-school	Kindergarten	School age
Hourly rate					
Daily rate					
Weekly rate					

Note: Child care assistance may pay child care costs only up to the maximum rate allowed by law. The family is responsible for all child care costs that exceed the amount allowed by law.

a. I want payment on a (check one) 2-week or 4-week billing cycle

b. I want my payment be made by:

Check or Electronic Funds Transfer (EFT-direct deposited into your bank account).

Note: You must submit an EFT request form for this option.

8. **Credentials.** Child care assistance can pay 15 percent above the maximum rate, up to the provider charge, if the provider has certain early childhood development credentials or is accredited by certain organizations.

Family child care providers: Each adult on your license must have one of the credentials listed to receive 15 percent above the maximum rate. If you have one of the credentials listed, check the box and **submit verification** to the county. The verification must show expiration dates when applicable. If you do not have one of the credentials listed, you cannot receive 15 percent above the maximum rate.

Child Development Associate credential (CDA) or degree

Diploma in child development from a Minnesota state technical college

Bachelor's degree or post-baccalaureate degree in early childhood education from an accredited college or university

Accreditation by the National Association for Family Child Care

Competency Based Training and Assessment Program Certificate

Child care centers: If you are accredited by one of the organizations below, check the box and **submit verification** to the county. The verification must show expiration dates when applicable. If you are not accredited by one of the organizations listed, you cannot receive 15 percent above the maximum rate.

National Association for the Education of Young Children (NAEYC)

Council on Accreditation (COA)

National Early Childhood Program Accreditation (NECPA)

National AfterSchool Association (NAA)

National Head Start Association Program of Excellence

American Montessori Society (AMS)

Association of Montessori International – USA (AMI/USA)

National Center for Montessori Education

9. **Registration fees.** CCAP will pay no more than two registration fees per child in a 12-month period. If CCAP already has paid two registration fees for a child to other providers, the family is responsible for the registration fee. Check the boxes that apply:

a. I charge a registraton fee that is not part of my standard rate? Yes No

b. The registration fee is a one-time fee for enrollment? Yes No

If yes, the fee is \$ _____ per child or per family.

If no, the fee is \$ _____ per child or per family.

Time period covered by the fee _____

10. **Other payment policies:** Attach your written payment policies regarding child absences and notice of termination.

a. I require payment for absent days? Yes No

b. I require payment for holidays? Yes No

If yes, please list: _____

c. I require a termination notice when care is ending? Yes No

If yes, how many days notice do you require? _____

General acknowledgement for all providers

I understand that: (Please check the box after you read and understand each statement.)

- Charging CCAP families more than non-CCAP families for like services or wrongfully obtaining child care assistance will be investigated and may be charged as a crime.
- Parents must be given unlimited access to their children and to the provider(s) who provide child care for their children during all hours the children are in the provider's care.
- I must notify the county when a child or children have been absent for more than seven days in a row, when child care has ended, and when I believe that child care will be ending.
- I must notify the county immediately of changes to the information included on this form.
- As a provider, I am mandated to report any maltreatment of minors [Minn. Stat. §626.556] to the social services agency in my county of residence.
- When the county knows a provider or child care arrangement is unsafe, the county may deny CCAP payments to the provider regardless of termination notice requirements or payment.
- I must keep daily attendance records for six years for all children receiving child care assistance and must make those records available immediately to the county upon request. The attendance records must include the times that the child arrived and departed. The times must be entered by the person dropping off or picking up the child to the extent possible.
- If I accept payments from a source other than the family for a family's child care costs that are not paid by CCAP, I must maintain family specific documentation of payment source, amount, type of expenses and time period covered.

Authorization to share information for fraud investigation

I give permission to authorized investigators and third parties to share information about me during the course of investigations regarding fraud, fraud prevention and misrepresentation. Third parties who can share information about me with investigators include but are not limited to financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other government agencies and other as they apply. I also understand that my permission to share information about me remains in effect for six months after my child care registration ends.

Remember: Returning this completed form begins the authorization process. Authorization as a CCAP provider does not guarantee CCAP payment for all child care you provide. You must receive a service authorization before CCAP can pay you for child care provided.

By signing and dating below:

- I have received a copy of the Child Care Provider Responsibilities and Rights including the penalty warning (DHS-4079), and Notice of Privacy Practices (DHS-3985) for my records. I have read, and understand this information. If I have questions about this information, I will ask a worker to explain to me.
- I agree to the sharing of information as stated in the fraud investigation authorization information above.
- I declare that the information I have provided on this form is true and correct.

PROVIDER'S SIGNATURE	DATE
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Attachments:

- Child Care Provider Responsibilities and Rights (DHS-4079)
- Notice of Privacy Practices for Child Care Providers (DHS-3985)
- W-9 form

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານກຳລັງຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in laga kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

ADA5 (3-12)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at 800-627-3529. For Speech-to-Speech, call 877-627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.