



Minnesota Child Care Assistance Programs **Licensed Family Child Care Provider Registration and Acknowledgement**

The Child Care Assistance Program (CCAP) requires that child care providers register with the CCAP agency where the family receives child care assistance payments. If you want to be authorized by more than one agency, you must register with each agency separately.

What is the CCAP agency?

A family's county or tribal social services agency is responsible for administering the CCAP program and registering providers. In some cases, the social services agency may contract with another local agency to provide child care assistance. We call the agency that is administering child care assistance for the family the **CCAP agency**.

AGENCY NAME		AGENCY PHONE NUMBER
AGENCY ADDRESS		
CITY	STATE	ZIP CODE

Instructions: To register, fill out, sign and date this registration form and return it and the forms listed below to the agency listed above. If you do not want to be authorized or have questions about this process, please contact the CCAP 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 to receive payments from the Child Care Assistance Program (CCAP), 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. When 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 can 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:

CHILD CARE SITE NAME (Business name)	LICENSE NUMBER*	NAME OF STATE OR TRIBE THAT ISSUED THE LICENSE
WHAT IS YOUR LICENSE TYPE? A1 B1 B2 C1 C2 C3 D		
WHAT ARE YOUR HOURS OF OPERATION? (include start and end times) MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____		

*Each separately licensed site must be registered as a separate provider with CCAP.

1. Have you **ever been authorized** to receive CCAP payments by any agency? Yes No
2. Have you **ever been refused** CCAP authorization by any agency? Yes No
If yes, please explain _____
3. Have you ever had a CCAP authorization **revoked** by any agency? Yes No
If yes, please explain _____

4. Child care site and mailing addresses:

SITE ADDRESS (address where care is provided)		COUNTY	MAILING ADDRESS (if different than site address)		COUNTY
STREET ADDRESS		APT/SUITE NO	STREET ADDRESS		APT/SUITE NO PO BOX
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

Tell us where you want us to send written notices (check one option for each notice type):

- a. Eligibility Notices – These notices tell you about changes in your program’s eligibility for CCAP.
 Site Address Mailing Address
- b. Service Authorizations – These notices tell you about care authorized for each child at your program.
 Site Address Mailing Address
- c. Billing Forms – You submit one form per family, per billing period in order to get paid by CCAP.
 Site Address Mailing Address
- d. Remittance Advice for Electronic Fund Transfer (EFT) – These notices give details about each payment you receive via direct deposit (EFT).
 Site Address Mailing Address
- e. Payments/Warrant Remittance Advice – These notices give details about each payment you receive via check/warrant.
 Site Address Mailing Address

5. 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	E-MAIL ADDRESS

PAYMENT CONTACT		NAME (first, middle initial, last)	JOB TITLE
PHONE NUMBER	EXT	FAX NUMBER	E-MAIL ADDRESS

Tell us about the spoken and written languages used at your center.

- i. **What is your program's spoken language?** _____
- ii. **What is your program's written language?** _____

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

Start date of current rate(s) _____

Rate	Infant	Toddler	Pre-school	Kindergarten	School Age
Hourly rate					
Daily rate					
Weekly rate					
Other					
Describe Other Rates:					

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 to be made by:
 - Check or Electronic Funds Transfer* (EFT-direct deposited into your bank account).

***Note:** You must submit a **Direct Deposit for the Minnesota Child Care Assistance Program Form (DHS-3552)**

7. **Accreditations and Credentials.** Child care assistance can pay 15 percent above the maximum rate, up to the provider charge, if the provider is accredited by certain organizations or holds certain credentials. 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 agency. 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) (must be issued by the Council for Professional Recognition)
- Diploma in child development from a Minnesota state technical college
- Associate's degree in child development
- 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 (must be issued by Child Care and Nutrition, Inc., prior to 2004)
- Head Start Performance Excellence and Quality Recognition Program

8. **Parent Aware Rating.** Highly-rated providers participating in Parent Aware are eligible for a higher CCAP rate. Providers with a Three Star rating will be paid up to 15 percent above the maximum rate, not to exceed the provider charge. Providers with a Four Star rating will be paid up to 20 percent above the maximum rate, not to exceed the provider charge. Providers with a Three or Four Star Rating will be automatically authorized to receive a higher maximum payment. For more information about Parent Aware, visit <http://www.parentaware.org> or call 888-291-9811.

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. Do you charge a registration fee that is not part of my standard rate? Yes No

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

b. I charge a registration fee (check all that apply):

At enrollment

Annually

Other. Explain your registration fee policy: _____

10. **Other payment policies:** Attach your full, written payment policies. Tell us about the following payment policies at your family child care home:

a. Do you require payment for absent days? Yes No

b. Do you require payment for holidays? Yes No

If yes, please list which holidays: _____

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

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

NOTE: Providers cannot charge CCAP families more than they charge private, full-paying families for like services. For example:

- If you charge CCAP families for their vacation days, you must charge private, full-paying families for their vacation days.
- You may not charge additional fees to CCAP families that are not applied to private, full-paying families.

General acknowledgement for all providers

I understand that by signing and dating below, I acknowledge reading and understanding the following statements. Billing CCAP for services that are not provided is a crime.

- Charging CCAP families more than private, full-paying 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 agency when a child or children have been absent for more than seven days in a row, when a child's attendance falls to less than half of the child's authorized hours or days for a four-week period, when child care has ended, and when I believe that child care will be ending.
- I must notify the CCAP agency immediately of changes to the information included on this form. **I can use the Provider Registration Change Form (DHS-7196) to report changes.**
- As a provider, I am mandated to report any maltreatment of minors [Minnesota Statute, section 626.556] to the Department of Human Services.
- When the county or tribe knows a provider or child care arrangement is unsafe, they may deny CCAP payments to the provider regardless of termination notice requirements or payment.
- I must keep daily attendance records at the site where services are delivered for six years for all children receiving child care assistance and must make those records available immediately to the county, tribe or the Department of Human Services 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.
- I am not currently excluded or debarred from being a provider in any DHS program. I understand that if I am excluded or debarred from being a provider in any DHS program that I cannot be a CCAP provider while I cannot provide other services for DHS.

Authorization to share information for fraud investigation and audits

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, and conducting Federal or state audits. 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 others 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 registration process. CCAP can only pay for the hours a child was scheduled and authorized to be in care based on the parent’s and child’s schedule. You will receive a Service Authorization and a Billing form for all children who are eligible for CCAP payments.

By signing and dating below:

- I attest and represent that I am an owner, license holder, or controlling individual as defined in M.S. 245A.02, and I am fully authorized to sign this document to bind myself and all other owners, license holders, and controlling individuals to the terms of this agreement.
- 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 understand and agree that by signing this document I am representing to the government that all of the information provided, including my signature, are true and accurate and that any misrepresentations or failure to provide accurate information can result in possible administrative, civil and criminal sanctions to me, as well as the owners, license holders, controlling individuals and/or the provider/entity

PROVIDER'S NAME (print)	JOB TITLE
PROVIDER'S SIGNATURE	DATE

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 need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທໂປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1-0001 (3-13)

ADA5 (12-12)

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.