



Minnesota Child Care Assistance Programs Provider Registration Change Form

Who should use this form

Providers who are registered with the Child Care Assistance Program (CCAP).

When to use this form

Use this form to report changes to the CCAP agency such as changes in:

- Address
- Rates
- Contacts

If you are registered with more than one CCAP agency, provide a copy to each agency.

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**.

When this form should not be used

This change form cannot be used if you are experiencing any of the following changes:

- You have opened an additional location. All individually licensed sites (or each separate license exempt location) must have a separate registered Provider ID.
- You have changed licensing status. For example, when a Legally Nonlicensed provider has become a Licensed Family Child Care Provider.
- Your site has *completely* changed family child care license holders or a licensed center has changed ownership/controlling individuals.

A new provider registration packet must be completed when these situations occur. You may or may not be assigned a new provider ID.

If you have become accredited or received an early childhood credential and are requesting a Higher Rate for Quality, complete the **Quality Differential Rate Request Form (DHS-4795)**.

How to use this form

1. Complete the **Current Provider Information**.
2. Complete the sections in **Changes to Provider Registration** that apply to your program.
3. Send the completed form to all agencies where you are registered.

Current Provider Information

CHILD CARE SITE NAME		CCAP PROVIDER ID
CHILD CARE SITE STREET ADDRESS	APT/SUITE NUMBER	COUNTY
CITY	STATE	ZIP CODE
CHILD CARE SITE CONTACT NAME		CHILD CARE CONTACT PHONE

What CCAP Agencies are you currently registered with?

Changes to Provider Registration

Please indicate what information has changed since your last registration.

Address Changes

Change to Child Care Site Address

List your new address. Effective Date: _____

CHILD CARE SITE STREET ADDRESS	APT/SUITE NUMBER	COUNTY
CITY	STATE	ZIP CODE

Change to Child Care Mailing Address. Effective Date: _____

CHILD CARE MAILING ADDRESS	APT/SUITE NUMBER	COUNTY
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

Child Care Site Name (Business Name)

If this change is due to a change in ownership, a new registration form must be completed.

CHILD CARE SITE NAME (Business name)

License Information

Provide a copy of your updated license reflecting these changes.

License Number

If this change is due to a change in ownership or change in license type (from family child care to licensed center care), a new registration form must be completed.

LICENSE NUMBER	NAME OF STATE OR TRIBE THAT ISSUED THE LICENSE
----------------	--

Ages Served

What age groups do you currently serve?

INFANT TODDLER PRESCHOOL SCHOOL AGE

License Capacity

What is your total license capacity? _____

Hours of Operation

What are your new hours of operation?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							

If you are a licensed provider, provide a copy of your updated license reflecting this change.

Provider Rates and Policies

Start date of new rate(s): _____

Rate	Infant	Toddler	Pre-school	Kindergarten	School age
Hourly Rate					
Daily Rate					
Weekly Rate					
Other Rates					
Other Rates					

Describe other rates:

Attach any changed written payment policies.

Indicate any other changes in payment policies, including changes to registration fees and payments for absent days, holidays and termination notices

Payment Preferences and Information

Change to Payment Frequency

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

Change to Payment Method

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)**

Change to Tax Information

*CCAP agency must submit DHS form 5243 to have Provider Tax Information changed in MEC²

New Tax ID (Note: must attach a new W-9 Request for Taxpayer Information. Additional verification may be required by the agency to process this change.)

Purpose of Tax ID change

Contacts

To report a new site contact or payment contact. For a name change *only*, see **Provider or Contact Name Change**.

Change to Site Contact

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

Change to Payment Contact

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

Provider or Contact Name Change

To report when the current Provider or Contact has changed their name. Do not use this section to report a new Provider or Contact. To report a new contact, see **Contacts**. Licensed providers should also report name changes to their licensor.

Previous Name	NAME (first, middle initial, last)
New Name	NAME (first, middle initial, last)

New Household Members (for LNL providers only)

If your new household member is over the age of 13, you will also need to complete a **Child Care Assistance Program Authorization for Release of Background Study (DHS-5193)**.

Licensed family child care providers should report new household members to their licensor.

Name	Birth date

Change Authorization

Penalty warning

If you get child care assistance benefits, you must follow these rules. Do not give false information or hide information:

- To get or continue to get child care assistance benefits
- To help someone else to get or to continue to get child care assistance payments.

The State may bar a person who breaks any of these rules from being paid as a child care provider for a family receiving child care assistance. The bar lasts one year for the first fraud, two years for the second fraud, and is permanent for the third fraud. The maximum penalty is a fine of \$100,000 or a jail term of 20 years or both.

Acknowledgement:

By signing and dating below:

■ If I am a licensed provider:

- 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 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.
- If I am not a licensed provider:
- 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.

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

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

ያስተውሉ፡ ይህንን ደኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዩን ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

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

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

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.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံက့ၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣຕຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂປທີ 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, hawlwadeenkaaga 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.

LBI (8-16)



For accessible formats of this publication, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA Coordinator. (ADA4 [9-15])