CHILD CARE AND DEVELOPMENT FUND (CCDF)/ON MY WAY PRE-K (OMW) PROVIDER INFORMATION

State Form 57222 (R2 / 3-24)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: The provider must complete all information and sign the form. Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in these programs

PARENT / GUARDIAN: Your caregiver must complete this information in its entirety. Your provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. Please upload this document to your online application or bring to your in-person appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility. If you have any questions, please contact your local eligibility office.

Name of applicant	Applicant phone number	Applicant email address

Name of program	License / registration / exemption number	Provider's current Paths to QUALITY (PTQ) Level ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
Address where care is provided *(number and street, city, state, and ZIP code)*	**County**	**Telephone number** ( )

Is this a provider change? ☐ Yes ☐ No	If yes, on what date will the child begin care? *(month, day, year)*	Is this for a child who is reauthorizing their case? ☐ Yes ☐ No

Type of provider
☐ Licensed Home ☐ Licensed Center ☐ Registered Ministry ☐ License Exempt Home ☐ License Exempt Facility ☐ Providing Care in Child's Home ☐ Public, Private or Charter School

Hours of operation *(i.e. 7 AM to 6 PM)*	Days of operation *(Check all that apply.)* ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Name of CCDF Child(ren) ***(First and Last)***	**Date of Birth** ***(month/day/year)***	**Kindergarten** ***(Indicate HD for Half Day or FD for Full Day.)***	**Charge for Current Age** ***(Also, list charges for Before and After School)*** ***Week / Day / Hour***	**Charge for Next Age Group** ***(If child is currently Infant, list charge for Toddler)*** ***Week / Day / Hour***	**School-Age Other** ***(Charge for School Breaks or evening care)*** ***Week / Day / Hour***

FOR SCHOOL AGE CHILDREN ONLY (Please include a school calendar for ALL School Aged children.)

Date school year begins *(mo/day/yr)*	Date school year ends *(mo/day/yr)*	Does school-age child need break care vouchers? ☐ Yes ☐ No	Is this form On My Way Pre-K wraparound or break care? ☐ Yes ☐ No	Will child attend this same CCDF provider for summer? ☐ Yes ☐ No	Summer Begin-End date*(mo/day/yr-mo/day/yr)*

FOR ON MY WAY PRE-K CHILDREN ONLY

Name of OMW Child (*First and Last*)	**Date of Birth** ***(month/day/year)***	**OMW Pre-K Weekly Charge**	**OMW Pre-K Begin Date** ***(month/day/year)***	**OMW Pre-K End Date** ***(month/day/year)*** **Latest possible date-first Sat. in June**	**If family determined eligible for Limited Eligibility providers receive**
					$147.82/week
					$147.82/week

If you are a public, private or charter school, does the OMW child listed above need break care vouchers (care at another provider when your school is not in session)? ☐ Yes ☐ No — ***If yes, a school schedule must be provided***

Are you related to any the child(ren) listed above? ☐ Yes ☐ No	If Yes, *please list relationship.*

PROVIDER AFFIRMATION

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program available on www.childcarefinder.in.gov. I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signature of provider	Printed name of provider	Date *(month, day, year)*