

Return by Mail or
Fax:
Think Small
CCAP Program
10 Yorkton Court
Saint Paul, MN



Date Sent: _____

Provider Information Form

Name of Parent:	Case #:
Case Worker:	Case Worker Phone#:

The purpose of this form is to confirm a family's choice of child care provider. The form collects all needed information about the provider and child(ren) care arrangement. This form does not guarantee a Service Authorization. After this form is processed and it is determined that the family is eligible a Service Authorization will be issued back to the date care started or the date the family is eligible whichever is later.

To be completed by the Provider. If you have questions, contact the case worker listed above.

Provider Name:	Provider ID # if already registered as a provider w/ Child Care Assistance:
Provider Address:	Provider Phone#: Provider Fax #:

If provider is a center:

Federal Tax ID#:	County Licensed In:
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If provider is a licensed home:

Social Security # or Federal Tax ID#:	County Licensed In:
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(Attach copy of License if not currently registered to receive CCAP Payments in Ramsey County).

If provider is a Licensed Exempt Program (School-Based Programs, Parks & Recreation, & Summer Camps):

Federal Tax ID#:	For School-Based Programs - School District #:
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If provider is a Legal Non-Licensed provider:

Social Security #:	Is Provider Related to Family: YES or NO
Check One: _____ Care is Provided at the Child's Home OR _____ Care is Provided at the Provider's Home	

By signing in the box below, I attest that all of the information provided on this form is true and accurate to the best of my knowledge.

Provider Signature:	Date:
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You must complete the family's care arrangements on the reverse side for this form.

If child(ren) are new to the child care program or are returning to care after a break in enrollment, What date will child(ren) start attending care? _____.

Record time children are in the child care provider setting. Record start and end times that the children are scheduled to be in care (example: 8am-5pm). Do not list the hours the setting is open.

Non-Schoolagers (Children 0 to 5):

Name of Child:	Name of Child:	Name of Child:	Name of Child:
Monday:	Monday:	Monday:	Monday:
Tuesday:	Tuesday:	Tuesday:	Tuesday:
Wednesday:	Wednesday:	Wednesday:	Wednesday:
Thursday:	Thursday:	Thursday:	Thursday:
Friday:	Friday:	Friday:	Friday:
Saturday:	Saturday:	Saturday:	Saturday:
Sunday:	Sunday:	Sunday:	Sunday:

If a preschool aged child leaves your care for a period of time to attend a preschool or kindergarten prep program complete the following?

Name of Child:	Name of Program:	Days & Times of Program:
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School-agers (Attending Kindergarten to 13yrs):

(Record Before School & After School Hours Separately for example: Before: 7-9am & After 3-5pm).

Name of Child:		Name of Child:			Name of Child:			Name of Child:			
	Before	After		Before	After		Before	After		Before	After
Mon.			Mon.			Mon.			Mon.		
Tues.			Tues.			Tues.			Tues.		
Wed.			Wed.			Wed.			Wed.		
Thurs.			Thurs.			Thurs.			Thurs.		
Fri.			Fri.			Fri.			Fri.		
Sat.			Sat.			Sat.			Sat.		
Sun.			Sun.			Sun.			Sun.		

Do you provide care to these school-aged children on days when children do not have school (School Release Days)? YES OR NO.

Any Additional Information that you feel should be taken into consideration when authorizing care for this family?
