



**PROVIDER INFORMATION PAGE (Child Care and Development Fund Voucher Program)**

Parent (Guardian) Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Business Name (if applicable) \_\_\_\_\_

Street Address (where care is provided) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security or EIN Number (last 4 digits only) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Days (Please circle) S M Tu W Th F S

Type of Provider	
<input type="checkbox"/> Licensed Home	License # _____
<input type="checkbox"/> Licensed Center	License # _____
<input type="checkbox"/> Registered Ministry	Registration # _____
<input type="checkbox"/> License Exempt Home	
<input type="checkbox"/> License Exempt Facility	
<input type="checkbox"/> Providing care in child's home	

Child's Name (first & last)	Child's Age Years / Months	Kindergarten <i>Indicate</i> HD = ½ Day FD = Full Day	Current Charge (List charges for School-Age School Year) Week / Day / Hour			Charge for next age group (If child is currently 2 list charge at age 3) Week / Day / Hour			School-age (List charges for summer/evening care) Week / Day / Hour		

**FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE**

School Year Begins \_\_\_\_\_ Ends \_\_\_\_\_

Are you related to the children listed above? \_\_\_\_\_ If yes, explain \_\_\_\_\_

PLEASE NOTE: Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

**Parent / Guardian:** Your caregiver must complete this information in its entirety. Please bring the completed form to your 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.

**Provider:** Please complete all information and sign the form in the box to the left.

**If you have any questions, please contact**  
**CASY**  
**1101 S 13<sup>TH</sup> ST 2<sup>ND</sup> FLOOR**  
**TERRE HAUTE IN 47802**  
**812-232-3952**  
**800-886-3952**  
**Fax: 812-232-1731**

**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 BCD website [www.in.gov/fssa](http://www.in.gov/fssa)) In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, \_\_\_\_\_

Date Signed \_\_\_\_\_