

**ON MY WAY (OMW) PROVIDER INFORMATION PAGE** (v3-18)

**PROVIDER:** Please complete all information and sign the form in the box on the bottom left. **OMW PARENT/GUARDIAN** must sign this form to certify choice.

Parent (Guardian) Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Pre-K Program Hours: \_\_\_\_\_ Days: S M T W T F S

Type of OMW 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 Date of Birth	Current Charge OMW Pre-K Weekly	Current Charge						Provider's Current Paths to QUALITY™ Level

**On My Way (OMW) Program Year**

Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

**If you are a public, private, or charter school, does your OMW Pre-K program include wrap-around care?** Yes No

*If no, please provide a school calendar.*

**Are you related to the children listed above?** Yes No  
**If yes, explain:** \_\_\_\_\_

**PLEASE NOTE:** OMW 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. Your OMW 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 bring the completed form to your appointment to assist in prompt completion of your OMW vouchers.** In signing below, I certify this OMW provider is my choice.

**Signed:** \_\_\_\_\_

Consistent participation in a Pre-K program is essential to a strong educational foundation; however, if you need to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility. All requests must be submitted to the local intake office by *noon on Thursday* the week prior to your child's start date.

**If you have any questions, please contact your local intake office.**

**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](http://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.

**Signed:** \_\_\_\_\_