Form Approved:
OMB No. 3206-0240

Child Care Provider Information for the Child Care Tuition Assistance Program for Federal Employees

This information is required by law to verify that you are a licensed and/or regulated provider.
Child Care Provider: Complete this form and return it to the parent along with a copy of your latest license and/or regulatory document.
Employee: Return the completed form and copy of the license and/or regulatory document to the agency Child Care Subsidy Coordinator.

A. Agency Information

1. Full agency name	2. Agency mailing address
3. Program Administrator's name	
4. Program Administrator's telephone number	5. Program Administrator's email address

B. Child Care Provider Information

1. Child Care Provider's full name

2. Child Care Provider's address *(including street number, city, state and ZIP code)*

3. Check the box below to show the type of care you provide

☐ Family Child Care

☐ Center-based Child Care

4. Give the organization name(s) that license or regulate your child care program and the expiration date of your license or regulatory approval

Attach your most recent license or other notification of approval to operate
(for example: approval by the County Board of Education)

Organization Name	License or Approval Expiration Date

5. Please furnish the information below for each Federal employee who applied for tuition assistance at your facility:

Parent's name	Child's name	Weekly Tuition	Weekly Subsidy Amount from State or Local government

5. Continued - Please furnish the information below for each Federal employee who applied for tuition assistance at your facility:

Parent's name	Child's name	Weekly Tuition	Weekly Subsidy Amount from State or Local government

6. I certify that the above information is correct as I know it. I understand it is a Federal crime under USC Title 18, section 1001, to make a false statement on this form. If I make a false statement, I may be subject to criminal prosecution and punishment including a fine, imprisonment, or both.

7a. Signature of individual completing form		7b. Date signed
8. Typed or printed name of individual completing form	9. Title	
10. Federal Tax ID or Social Security Number	11. Telephone number	12. FAX number

Privacy Act Statement:

Public Law 106-554, Section 633 (September 29, 2000) confers regulatory authority on OPM for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers and tax identification numbers will be for identification purposes in assuring licensure and/or regulation compliance. This compliance is necessary for the purpose of determining Federal employee eligibility for child care tuition assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

Public Burden Statement:

We think this form takes an average of 10 minutes to complete including the time for getting the needed data and reviewing both the instructions and completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction (3206- 0240), Washington, DC 20415-7900. The OMB Number, 3206-0240, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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