



CHILD CARE PROVIDER INFORMATION (For the Child Care Subsidy Program)

PRIVACY ACT STATEMENT - Public Law 107-67, Section 630 (November 12, 2001) confers regulatory authority on the Department of Veterans Affairs 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 (SSN) 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 subsidy. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden, to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. DO NOT send requests for benefits to this address.

INSTRUCTION: This information is required by law for the agency administrator of the Child Care Subsidy Program to verify licensure and/or regulation status. Once you are notified by a VA employee that they submitted an application for child care subsidy from the Department of Veterans Affairs, please complete this form and return it to the parent. *Please attach a copy of your latest license and/or regulatory document and schedule of fees.*

PART I - PARENT INFORMATION

1. NAME OF PARENT/LEGAL GUARDIAN WITH CHILD IN THE PROVIDER'S CARE	2. FEDERAL AGENCY OF PARENT Department of Veterans Affairs
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PART II - PROVIDER INFORMATION

1. TYPE OF PROVIDER <i>(Check only one)</i>				
<input type="checkbox"/> CENTER BASED	<input type="checkbox"/> FAMILY HOME BASED CARE	<input type="checkbox"/> VA CHILD CENTER	<input type="checkbox"/> SCHOOL-BASED CARE	<input type="checkbox"/> OTHER FEDERAL CHILD CARE
2. CHILD CARE SERVICES <i>(Check only one)</i>				
<input type="checkbox"/> FULL-TIME CARE	<input type="checkbox"/> BEFORE SCHOOL CARE	<input type="checkbox"/> AFTER SCHOOL CARE	<input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE	
3. NAME OF CHILD CARE PROVIDER				
4. ADDRESS OF CHILD CARE PROVIDER <i>(Include street number, city, state, ZIP Code)</i>		5. PROVIDER E-MAIL ADDRESS		
		6. PROVIDER TELEPHONE NUMBER		
7. TAX IDENTIFICATION NO. OR SOCIAL SECURITY NO.	8. PROVIDER FAX NUMBER	9. LICENSE NUMBER OF PROVIDER	10. STATE IN WHICH LICENSE IS ISSUED	11. LICENSE EXPIRATION DATE <i>(MM/DD/YYYY)</i>

PART III - CHILD INFORMATION

INSTRUCTION: Please furnish the information below and attach a copy of your latest license and/or regulatory document and schedule of fees.

A. NAME OF EACH CHILD IN SECTION I PARENT'S FAMILY ENROLLED <i>(Last, first, middle initial)</i>	B. ENROLLMENT DATE <i>(MM/DD/YYYY)</i>	C. DOES THE CHILD RECEIVE ANY OTHER SUBSIDY? <i>(If "YES," complete D and E.)</i>		D. SOURCE OF SUBSIDY	E. AMOUNT OF SUBSIDY	F. TOTAL WEEKLY FEE FOR CHILD
		YES	NO			
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$

PART IV - CERTIFICATION AND SIGNATURE OF PROVIDER

CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge. I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both.

1. NAME OF PROVIDER	2. TITLE OF PROVIDER REPRESENTATIVE	3. SIGNATURE OF PROVIDER	4. DATE SIGNED <i>(MM/DD/YYYY)</i>
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