



CHANGE IN CHILD CARE PROVIDER

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 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 (005E3), 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 status. Please complete this form each time you change your child care provider. Mail completed form to: Department of Veterans Affairs, VA Child Care Subsidy Program Office (05CCSP), 810 Vermont Ave., NW, Washington, DC 20420.

PART I - PARENT INFORMATION

1. NAME OF PARENT/LEGAL GUARDIAN WITH CHILD IN PROVIDER'S CARE	2. NAME OF VA CENTER OF PARENT
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PART II - PROVIDER INFORMATION

3. CURRENT CHILD CARE PROVIDER	4. PREVIOUS CHILD CARE PROVIDER		
5. ADDRESS OF CURRENT CHILD CARE PROVIDER (Include street number, city, state, ZIP Code)	6. ADDRESS OF PREVIOUS CHILD CARE PROVIDER (Include street number, city, state, ZIP Code)		
7. TYPE OF PROVIDER (Check only one) <input type="checkbox"/> CENTER BASED <input type="checkbox"/> FAMILY CHILD CARE HOME	8. CHILD CARE SERVICES (Check only one) <input type="checkbox"/> FULL-TIME CARE <input type="checkbox"/> AFTER SCHOOL CARE <input type="checkbox"/> BEFORE SCHOOL CARE <input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE		
9. NEW CHILD CARE PROVIDER TELEPHONE NUMBER	10. CURRENT CHILD CARE PROVIDER E-MAIL ADDRESS	11. NEW CHILD CARE PROVIDER LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. TAX IDENTIFICATION NO. OR SOCIAL SECURITY NO.	13. LICENSE NUMBER OF PROVIDER	14. STATE LICENSE ISSUED	15. LICENSE EXPIRATION DATE (MM/DD/YYYY)

PART III - CHILD INFORMATION

INSTRUCTIONS: SCHEDULE OF FEES ATTACHED: ☐ YES ☐ NO DID THE PROVIDER COMPLETE THE SF 3881: ☐ YES ☐ NO

A. NAME OF EACH CHILD ENROLLED (Last, first, middle initial)	B. ENROLLMENT DATE (MM/DD/YYYY)	C. DOES THE CHILD RECEIVE ANY OTHER SUBSIDY? (If "YES," complete D and E.)		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.

16. NAME OF PROVIDER	17. SIGNATURE OF PROVIDER	18. SIGNATURE OF EMPLOYEE	19. DATE SIGNED (MM/DD/YYYY)
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