## **Department of Veterans Affairs**

## 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 (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 and/or regulation status. Once

you are notified by a VA employ return it to the parent. <i>Please atta</i>								ans Affa	irs, please co	implete this form and	
	··· ·· ·· · · · · · · · · · · · · · ·	<u> </u>			INFORM						
1. NAME OF PARENT/LEGAL GUA		2. FEDERAL AGENCY OF PARENT									
IN THE PROVIDER'S CARE				Department of Veterans Affairs							
PART II - PROVIDER INFORMATION											
1. TYPE OF PROVIDER (Check only one)											
CENTER BASED FA	HILD CEI	CENTER SCHOOL-BASED CARE OTHER FEDERAL CHILD CARE									
2. CHILD CARE SERVICES (Check only one)											
FULL-TIME CARE BEFORE SCHOOL CARE AFTER SCHOOL CARE BEFORE AND AFTER SCHOOL CARE											
3. NAME OF CHILD CARE PROVID	ER										
4. ADDRESS OF CHILD CARE PROVIDER (Include street number, city, state, ZIP Code) 5. PROVIDER E-MAIL ADDRESS											
6. PROVIDER TELEPHONE NUMBER											
7. TAX IDENTIFICATION NO. OR	R FAX NUMBER 9. LICENSE NU			MBER OF		10. STATE IN WHICH LI			E EXPIRATION DATE		
SOCIAL SECURITY NO.	PROVIDER					IS ISSUED	(MM/DD/Y		(1111)		
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.											
		TE SUBSIDY? (I		D. SOURCE OF S			E. AMOUNT OF SUBSIDY				
A. NAME OF EACH CHILD IN SECTION I PARENT'S FAMILY ENROLLED (Last, first, middle initial)						B. ENROLLMENT DATE			RCE OF SUBSIDY	F. TOTAL WEEKLY FEE FOR CHILD	
						(MM/DD/YYYY)					
								\$		\$	
							Φ.				
								\$		\$	
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	DADTIV OFF	PART IV - CERTIFICATION AND SIGNATURE OF PRO					\$  \$ EB				
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 and punishment including a fir	1001, to m	ake a false statem	ent on th	nis form	. If I make	e a f	alse statement, I agree	to be su	bject to cri	ninal prosecution	
1. NAME OF PROVIDER	2. TITLE OF PROVIDER REPRESENTATIV				E 3. SIGNATURE OF PROVIDER				4. DATE SIGNED (MM/DD/YYYY)		