Fee Assistance Programs

**CHILD CARE PROVIDER ELIGIBILITY APPLICATION**
You may also apply online at [faps.americasteamforchildcare.org](http://faps.americasteamforchildcare.org)

### Provider/Program Doing Business As (DBA) Name:

As it appears on license/registration

### Type of Provider/Program (Check one)

- [ ] Center
- [ ] Group Home
- [X] Family Child Care Home
- [ ] School Based (within a public/private school)

**Note:** if you are a school district, each individual site must complete a separate application

### Regulatory Status (Check one)

- [X] Licensed
- [ ] Other: __________________________

### Provider/Program Taxpayer Identification Number (TIN):

______________________________

### Provider/Program Contact Information

**Address where care is to be provided:**

- Street Name and Number: __________________________
- City: ________________
- State: ____________
- Zip Code: __________

**Provider Billing Address:**

- Street Name and Number: __________________________
- City: ________________
- State: ____________
- Zip Code: __________

- County in which care is provided: __________________________
- Contact Name: __________________________

**Provider Telephone Number:** __________________________

**Email address (to be used for all communication):** __________________________

- [ ] Choose not to be listed on the website as a Preferred and/or Approved provider

### Accreditation Information If Applicable

- [ ] Nationally Accredited Program
- [ ] In Accreditation Self-Study or Renewal Phase

**Center**

- [ ] National Association for the Education of Young Children (NAEYC)
- [ ] Council on Accreditation (COA)
- [ ] National Association of Child Care Professionals (NACCPC)
- [ ] National Afterschool Association (NAA)
- [ ] National Early Childhood Program Accreditation (NECPA)
- [ ] North Carolina 4/5 Star
- [ ] Oklahoma 3 star
- [ ] Maryland State Department of Education (MSDE)
- [ ] AdvanceED Accreditation

**Family Child Care Home**

- [ ] National Association for Family Child Care (NAFCC)
- [ ] Child Development Associate Credential
- [ ] Maryland State Department of Education (MSDE)
- [ ] Oklahoma 3-Star
- [ ] Early Childhood Education or Child Development Degree
- [ ] North Carolina 4/5 - Star
Direct Deposit Enrollment Form

CHECK ONE

☐ I do not want to enroll in direct Deposit at this time. I would like to be paid by check. (Skip this page and continue to page 3.)

☐ I would like to receive payments faster so please enroll me in direct deposit. (Fill out the Direct Deposit Account Information below.)

Instructions: Please complete the direct deposit account information and attach a voided check below. A voided check must be attached in order to successfully enroll your facility in direct deposit.

DIRECT DEPOSIT ACCOUNT INFORMATION

Bank Name: ___________________________________________________

City: _______________________________________________________________________

State: __________________________

☐ Checking Account ☐ Savings Account

Account Number: _______________________________________________________________________

Automated Clearing House (ACH) Number: ______________________________________________

Signature: __________________________________________________________________________

ATTACH YOUR VOIDED CHECK HERE
### Licensing Information

Licensing Agency Contact Name: _______________________________
Licensing Agency Contact Phone #: _____________________________
Date of Last Inspection: ____________________
Licensing Capacity: _________________

Have you had a background check within the past year?  
☐ Yes  ☐ No

### Hours of Operations

#### Ages Served:

<table>
<thead>
<tr>
<th>Days of Operation</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of Operation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Is your facility Federally Sponsored?

☐ Yes  ☐ No

### Is your facility affiliated with a Military Installation?

☐ Yes (Your program does not qualify as this program is for off-base providers)  
☐ No (continue with application)

### Annual Closure Schedule

Please enter specific dates (MM/DD/YYYY) the child care facility is scheduled for closing. You may also attach a separate closing schedule when you submit your application.

<table>
<thead>
<tr>
<th>Month</th>
<th>Dates of Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
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<tr>
<td>December</td>
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<td>January</td>
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<td>June</td>
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<td>July</td>
<td></td>
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<tr>
<td>August</td>
<td></td>
</tr>
</tbody>
</table>
Provider/Program Rates
Please list the rates that you charge per child or attach a separate rate sheet if all rates are unable to fit in this table. Please know that these rates must be the rates charged to all families. If you attach a separate form, you still must complete the “Provider/Program Registration Fees” portion of this page. (Check ALL boxes, sign and date.)
*Not reimbursable in all states.
Different payment rules may be available for children with disabilities. Payments will be determined on a case-by-case basis if the program has demonstrated that additional accommodations are required in order to care for the child.

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>DAILY</th>
<th>FULL TIME WEEKLY</th>
<th>PART TIME WEEKLY</th>
<th>MONTHLY</th>
<th>*24 HOUR/OVERNIGHT (DAILY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFANT</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>TODDLER</td>
<td></td>
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<tr>
<td>PRESCHOOL</td>
<td></td>
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</tr>
<tr>
<td>SCHOOL AGE</td>
<td></td>
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</tbody>
</table>

Fee Assistance Provider Rate Verification Form

Provider/Program Registration Fees and Discounts
Please respond to the questions below listing all discounts and registration fees. A separate sheet may be attached if necessary.

When a child moves to a new age group that is charged a different rate, when does the rate change go into effect?
☐ On their birthday  ☐ The beginning of the next school year  ☐ Other (please specify): _____________

Does the Provider/Program Require a Registration Fee? ☐ Yes  ☐ No  ***Please note: Supply fees, Diaper fees, Transportation fees, or any additional fees are not covered and should not be listed as Registration Fee***

If yes, what is the registration fee? _____________ per child  OR  _____________ per family

How often? Check one:  ☐ Annual  ☐ One-time  ☐ Other _____________

Are families that receive subsidy/fee assistance from a third-party (including Child Care Aware® of America) eligible to receive any of the following discounts? ☐ Yes ☐ No

(If yes, please complete the remainder of the form. If no, please continue to “Provider/Program Additional Child Care Fee Assistance”)

Do you provide a multiple child/sibling discount?  ☐ Yes  ☐ No

If yes, explain: __________________________________________

Do you provide a military child discount?  ☐ Yes  ☐ No

If yes, explain: __________________________________________

Do you provide an employee discount?  ☐ Yes  ☐ No

If yes, explain: __________________________________________

Do you provide a corporate discount?  ☐ Yes  ☐ No

If yes, explain: __________________________________________

Do you provide any other discounts?  ☐ Yes  ☐ No

If yes, explain: __________________________________________
**Provider/Program Additional Child Care Fee Assistance**

Additional fee assistance may include state/local/county child care subsidy or any other child care fee assistance program. Does the Provider/Program accept additional child care fee assistance programs? ☐ Yes ☐ No

If yes, explain:

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

**Please note that you must submit copies of vouchers for all families that are applying to receive fee assistance through Child Care Aware® of America in order to ensure accurate processing.**

Are military families in your care currently using additional child care assistance programs?

☐ Yes ☐ No

If yes, please provide a copy of the child care vouchers.
Fee Assistance Child Care Provider Agreement Form

I [the Provider/Program] with assigned Provider ID Number #__________________________ understand/agree that (please check all boxes):

☐ The rates listed in this application and/or attached are the true and correct rates that I charge to ALL parents for the care of their child(ren).

☐ Provider/Program understands that they cannot charge families a different or higher rate than private pay clients because they are receiving fee assistance.

☐ Provider/Program understand that if approved for the program, Child Care Aware® of America’s (CC AoA) Fee Assistance and the parent co-pay will equal the provider’s current rate.

☐ Provider/Program understands that child care rates for the entire calendar year for all age groups served need to be submitted in order to be approved.

☐ Provider/Program understands that all discounts, additional subsidies, waivers, grants, etc. must be declared up front when reporting the sponsor’s rates. Incorrectly reporting rates or suspicion of incorrectly reporting rates may result in immediate termination from ALL of CC AoA’s Fee Assistance programs.

☐ CC AoA reserves the right to deny approval of any and all child care providers that submit applications for CC AoA’s Fee Assistance program for any reason.

☐ Due to the variation in oversight and regulation in different states and based on official guidance from the Department of Defense (DoD), CC AoA reserves the right to determine which types of child care providers in each state meet the minimum eligibility requirements for participation in Fee Assistance Programs.

☐ Provider/Program will provide all information requested by CC AoA, continue to meet all minimum licensing requirements set by the state and agrees to comply with all CC AoA’s Programs’ policies necessary for reimbursement and must be able to receive Federal subsidy by state or federal law.

☐ The Service Member and Provider/Program must be determined and remain eligible to receive reduced-fee child care through CC AoA’s Fee Assistance Programs.

☐ Provider/Program agrees that they have read, understand, and agree to adhere to all of the payment policies necessary for reimbursement for CC AoA’s Fee Assistance Programs. (Please visit www.usa.childcareaware.org to read the Payment Policies for all branches.)

☐ Provider/Program understands that the correct Tax Identification (TIN) Number must be provided to CC AoA. Failure to provide the correct TIN number and billing information will result in provider/program being held financially responsible for any penalties incurred from the Internal Revenue Service (IRS).

☐ CC AoA reserves the right to verify the accuracy of all documentation related to a provider/program’s application, payment, eligibility, child care rates, attendance records and any other information related to child care services and fee assistance at any time through such methods including but not limited to secret shopper calls, emails, phone, fax and U.S. mail.

☐ Provider/Program understands that their state licensing inspection/compliance history will be reviewed at the time of their initial application and at least once per year and will be used to determine eligibility.

☐ Provider/Program understands that probation or disqualification from CC AoA’s Fee Assistance Programs may occur due to inspection violations (corrected or uncorrected; self-reported or filed as a complaint), complaints (substantiated or unsubstantiated), and violation of fee assistance policies. Violations of fee assistance policies or licensing violations that fall into this category include but are not limited to: corporal punishment/inappropriate discipline, lack of supervision, background check deficiencies of any kind, knowingly employing individuals with failed background checks or a criminal record, negligence, child abuse, CPS investigations, state license suspension/revocation, involvement of drugs/alcohol, training deficiencies of any kind, CPR/First Aid, SIDS, noncompliance with child-teacher ratio regulations, criminal activity, out of minimum compliance with the state, non-compliance with licensing regulations, minimum sanitation requirements, transportation violations of any kind, repeat violations of any kind, fraud of any kind (substantiated or suspected by a legal local/state/federal agency and/or CC AoA), submission of false information, unresolved complaints made by parents, failure to report changes in a timely manner, unreasonable/exorbitant child care rates for market in question, etc. (Violations or complaints not listed here specifically are also taken into consideration.)

☐ Provider/Program(s) placed on a probationary status will remain on probation for no less than one year. Families will be able to attend the facility and receive fee assistance but will be approved on a case-by-case basis. Provider/program(s) status will automatically be re-evaluated at the end of the probationary period to determine if status should be lifted or extended.

☐ Provider/Program(s) that are disqualified from all Fee Assistance programs will be suspended from receiving fee assistance for a period of no less than one year to indefinitely. Provider/Program(s) that are not disqualified indefinitely will automatically be re-evaluated at the end of the disqualification period to determine if status should be lifted or extended.

☐ The DoD reserves the right to inspect any community-based program participating in the fee assistance program at any time.

☐ Provider/Program understands that CC AoA will NOT pay the entire cost of child care for approved families participating in the Fee Assistance programs.

☐ Provider/Program understands that program or policy violations will result in having to repay money to CC AoA and/or suspension from future participation in the CC AoA Fee Assistance Programs.

Please note this section is REQUIRED in order to serve Navy/Air Force/NGA/WHS families:

☐ Provider/Program must provide proof that all staff and volunteers have an Advanced FBI Federal Fingerprint Background Check along with a Child Abuse Registry check conducted and adjudicated by their state agency. If care is home-based, provider must provide proof that all staff, volunteers and adults (18 years and older) residing in the family child care home have an Advanced FBI Federal Fingerprint Background Check along with a Child Abuse Registry Check conducted and adjudicated by their state agency. Provider/Program will be allowed a 75 day period to complete all outstanding background checks, with results returned to CC AoA. Failure to comply with all background check requirements will result in disqualification from the program.

☐ Provider/Program understands that Background Checks can include but are not limited to the following: FBI Fingerprint Criminal History, State Criminal History, State Child Abuse and Neglect Registry, State Sex Offender Registry, National Sex Offender Registry, State/County Court Records, etc.

☐ Provider/Program understands that ALL background checks submitted may be reviewed for program participation suitability as stated in the Department of Defense Instruction (DoDI).

☐ Provider/Program must maintain an accurate and current staff list to include all employees, assistants and volunteers. All changes to the staff list must be reported to CC AoA within 48 hours.

☐ Provider/Program is required to report to CC AoA any circumstances that would change the results of background checks for themselves, staff or household members within 48 hours of incident.

☐ Provider/Program understands that background checks must be completed for family child care providers, staff, and household members to participate at the time of application. Background Checks must be initiated for child care center staff and must be completed within 75 days at the time of application in order to participate.

☐ CC AoA reserves the right to review fee assistance eligibility, should an employee’s background check results deem them unsuitable, according to U.S. Navy and U.S. Air Force standards.

☐ Provider/Program will not monetarily penalize families in the event that a provider/program is determined to be ineligible to receive fee assistance as a result of a background check investigation.

I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in CHILD CARE AWARE® OF AMERICA Fee Assistance Programs.

Printed Name
(Provider/Program Owner or authorized agent of owner)

Signature

Date

Updated Jan 2017