AmeriCorps Childcare Program - Provider Checklist



An AmeriCorps Member has selected you as their childcare provider for their term of service. Please note: all childcare providers must meet the state childcare provider requirements and regulations to be eligible for payment. Please refer to the <u>AmeriCorps Childcare Provider State Guide</u>. Failing to complete or provide the information below will delay the childcare benefit application process. If there are any pre-requisites required to become an approved provider, you must first meet those requirements before approval can take place.

To confirm that you have a complete application, please make sure you satisfy the checklist below: Check mark next to each item as you collect them ☑

| | eriCorps Childcare Provider Application. |
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| A co | opy of your current childcare license, or if your program is exempt from state licensing |
| regu | ılations: |
| will | se submit a copy of your exemption notice. If your state does not issue an exemption notice we need a letter on letterhead explaining the policy for which the program is exempt from using. |
| If you | ou don't hold a childcare license you must first confirm that the state where you reside approve as a childcare provider to participate and receive payment. The link to the Childcare Provider e Guide is at the top of this page for your convenience. |
| | ligible - Unlicensed Childcare Providers should submit: |
| | A copy of your non-expired driver's license or valid state Identification Card. The address must match application paperwork or proof of address will be required. |
| W-9 | Form. The address on the W-9 form should be the mailing address where payments and tax |
| | imentation can be mailed. |
| | Privacy Act Notice: This page of the form requests your SSN Number to send you a payment that must also be reported |
| | the Internal Revenue Service using your SSN. This request is voluntary, but not |
| | providing your SSN may affect your ability to be approved as a childcare provider to receive AmeriCorps Childcare |
| | benefit payments. It is requested pursuant to 42 U.S.C. Chapter 129 - National and Community Service, 42 U.S.C. Chapter 66 - Domestic Volunteer Services, and |
| | Executive Order 9397, as amended. |
| A ra | nte sheet confirming your charges and/or billing policies (required from all |
| licer | nsed/licensed exempt provider). This is in addition to the rate chart completed on the provide |
| appl | <i>lication</i> . This can be from a program flyer, parent handbook, registration paperwork, etc. |
| | eriCorps Payment Authorization Form. If you prefer to opt out from electronic deposit |
| | ments please send us the form with an X over the banking information. All payments made vi |
| | eks will be mailed to the address on the W9 form. |

Please note: At the time your application packet is reviewed, additional documentation may be requested to further verify your eligibility to participate. If you have questions or concerns please refer to our AmeriCorps Childcare Program Fact Sheet / Frequently Asked Questions at https://americorpschildcare.com/index.cfm?tab1. You may also contact GAP Solutions, Inc. Monday - Friday (excluding federal holidays) from 9:00 am to 6:00 pm EST at the toll-free telephone number 1-855-886-0687.

You may return any of this documentation preferably via our secure online portal. But you can also fax or mail documents to:

Fax: 1-888-979-8216

Mail: AmeriCorps Childcare Program, 205 Van Buren St. Suite 205, Herndon, VA 20170

E-mail: support@americorpschildcare.com

Disclaimer: Uploading the documents via the online application and Faxing are the two safest methods of sending documents over to our office. If you decide to email any of your documents, please ensure to encrypt your email before sending. Please make sure not to send us the password within the encrypted email. It is advised that you send a separate email with the password.