

Instructions: This application form must be completed in its entirety by the child care provider and certified by the AmeriCorps member prior to submission to GAP Solutions, Inc.; failure to complete any section may delay the processing of your application. Please write N/A (non-applicable) in the space provided should the question not apply to you.

A Provider Checklist is available for you at <http://www.americorpschildcare.com>. The checklist outlines all of the required supporting documentation needed to accompany your application when it is submitted.

AMERICORPS MEMBER INFORMATION			
AmeriCorps Member's Name:			
CHILD CARE PROVIDER INFORMATION			
Child Care Provider's Name:			
Phone Number: (____)-____-_____	Fax Number: (____)-____-_____	Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	
Email Address:			
Home Street Address:	City:	State:	Zip Code:
Address where care is being provided:	City:	State:	Zip Code:
Providing care in the child(ren)'s home? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Providers cannot reside with the AmeriCorps member.</i>	Hours of Operation Check all that apply and fill in the hours: <input type="checkbox"/> Monday ____ am to ____ pm <input type="checkbox"/> Tuesday ____ am to ____ pm <input type="checkbox"/> Wednesday ____ am to ____ pm <input type="checkbox"/> Thursday ____ am to ____ pm <input type="checkbox"/> Friday ____ am to ____ pm <input type="checkbox"/> Saturday ____ am to ____ pm <input type="checkbox"/> Sunday ____ am to ____ pm		
In which county is care provided?			
Ages Served:	Total # of children in your care:		
<u>Regulatory Status:</u> <input type="checkbox"/> Licensed / Regulated License # _____ Expiration Date: ____/____/____ <input type="checkbox"/> Exempt			
<u>License Type:</u> <input type="checkbox"/> Center <input type="checkbox"/> Group Day Care Home <input type="checkbox"/> Family Day Care Home <input type="checkbox"/> Unlicensed			

CHILD CARE INFORMATION

Date Care Began: _____ / _____ / _____	End Date of Care (if applicable): _____ / _____ / _____
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Children to be cared for through the AmeriCorps Child Care Program -

Name of Child	AGE	Gender (M/F)	Child's relationship to provider (if applicable)

SCHEDULE OF CARE

Child's Name	Fill in the boxes below with the hours your child will need care <i>Example: 8 am – 6 pm</i>						
	Sun	Mon	Tues	Wed	Thu	Fri	Sat

RATE INFORMATION

In the table below, list your rates. If any do not apply to you, please write N/A.

Age Range	Hourly	Part Day	Full Day	Part Week	Full Week	Part Time Month	Full Time Month
Infants							
Toddler							
Preschool							
School Age							

Licensed/Registered Providers:
 Required- Please submit an additional rate sheet with all applicable charges and billing policies. This can be from a parent handbook, registration paperwork, program flyer/pamphlet, etc.

CHILD CARE PROVIDER CONFIRMATION

Please **initial** each box to verify that you have read and understand the policies listed below:

As a child care provider I understand that:	
	Providers must continue to meet all minimum requirements set by the state and agree to comply with all AmeriCorps Child Care policies necessary for reimbursement.
	Providers must be 18 or older, and cannot reside with the member.
	Providers will notify the AmeriCorps Child Care Program immediately when a child stops attending.
	Providers will submit monthly attendance sheets to receive payments; upon receipt of a completed attendance sheet, payment will be disbursed within 10 business days.
	The AmeriCorps Child Care Program will not pay additional fees for registration, late fees, transportation, meals/snacks, field trips, or any other miscellaneous fees.
	The AmeriCorps Child Care Program will pay only licensed and regulated providers for up to five sick/no-care days per month; these days must be marked on the attendance to be included for payments (using “A” for absent or “H” for holiday).
	Members and Providers should make mutually agreeable payment arrangements for any necessary upfront payments or charges not covered by AmeriCorps Child Care benefit.
	Payments will be either mailed or deposited (if enrolled in Electronic Deposit). If a check is mailed to you, it will be sent to the address listed on the Form W9.
	Providers will not charge a higher fee for children of AmeriCorps members for the same services. Providers overcharging AmeriCorps members will be required to pay back for overpayments thus, resulting in the cancelation of future payments from AmeriCorps Child Care.
	The AmeriCorps Child Care Program cannot pay me more than the maximum rate(s) as established by the Child Care and Development Fund (CCDF) for my state. All charges above what the benefit amount covers must be collected from the AmeriCorps Member.
	AmeriCorps members may not claim the AmeriCorps child care benefit while also receiving a child care benefit from another source.

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 the AmeriCorps Child Care Program as a child care provider and that I may be required to re-pay any money paid if in violation of the above mentioned policies and misrepresentation of information may result in legal action.

 Child Care Provider (please print)

 Child Care Provider’s Signature

 Date

If licensed or registered, this must be signed by Owner or Authorized Agent of Owner

AMERICORPS MEMBER CONFIRMATION

Please **initial** each box to verify that you have read and understand the policies listed below:

I certify that:	
	I have read and understand the above child care policies and I approve the child care provider listed on this form to provide care for my child(ren).
	I understand that the child care benefits for which I am approved for are based on my income, family size, age of child(ren), the county/region care is provided, and the license type of the provider I select. If there are any changes to my situation, I must report all changes to the AmeriCorps Child Care Program immediately.
	I certify that the provider I have chosen does not reside with me.
	I agree to complete required attendance sheets on a timely basis to ensure that my child care provider receives timely payments.
	I understand that all payments will be sent to my child care provider.
	I agree to make mutually agreeable payment arrangements with my provider for any necessary up-front payments or charges/fees not covered by the AmeriCorps Child Care Program.
	The AmeriCorps Child Care Program will not pay for the same period of care for the same child to multiple providers.
	I agree to submit proof of my continued eligibility for this program when requested by the AmeriCorps Child Care Program coordinators.
	I understand that the provider listed on the application must meet all state requirements to provide child care services and that the AmeriCorps Child Care Program is under no obligation to begin reimbursements before the provider has been approved.

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 the AmeriCorps Child Care Program and that I may be required to re-pay any money paid on my behalf and misrepresentation of information may result in legal action.

_____ AmeriCorps Member (please print) _____ AmeriCorps Member Signature _____ Date