



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.

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.

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 employee that they submitted an application for child care subsidy from the Department of Veterans Affairs, please complete this form and return it to the parent.

PART I - PARENT INFORMATION

1. NAME OF PARENT/LEGAL GUARDIAN WITH CHILD IN THE PROVIDER'S CARE
2. FEDERAL AGENCY OF PARENT
Department of Veterans Affairs

PART II - PROVIDER INFORMATION

1. TYPE OF PROVIDER (Check only one)
2. CHILD CARE SERVICES (Check only one)
3. NAME OF CHILD CARE PROVIDER
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 SOCIAL SECURITY NO.
8. PROVIDER FAX NUMBER
9. LICENSE NUMBER OF PROVIDER
10. STATE IN WHICH LICENSE IS ISSUED
11. LICENSE EXPIRATION DATE (MM/DD/YYYY)

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.

Table with 6 columns: A. NAME OF EACH CHILD IN SECTION I PARENT'S FAMILY ENROLLED, B. ENROLLMENT DATE, C. DOES THE CHILD RECEIVE ANY OTHER SUBSIDY?, D. SOURCE OF SUBSIDY, E. AMOUNT OF SUBSIDY, F. TOTAL WEEKLY FEE FOR CHILD.

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.

1. NAME OF PROVIDER
2. TITLE OF PROVIDER REPRESENTATIVE
3. SIGNATURE OF PROVIDER
4. DATE SIGNED (MM/DD/YYYY)