



## ON MY WAY (OMW) PROVIDER INFORMATION

State Form 56897 (R / 4-21)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

**INSTRUCTIONS:** The provider must complete all information and sign the form.

**PLEASE NOTE:** Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

Name of parent / guardian		Date completed (month, day, year)		Is this a provider change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of caregiver			Social Security Number of caregiver (last four digits only)		
Name of business (if applicable)			Employer Identification Number (EIN) of business (if applicable)		
Address where care is provided (number and street, city, state, and ZIP code)					
Type of OMW provider <input type="checkbox"/> Licensed Home <input type="checkbox"/> Licensed Center <input type="checkbox"/> Registered Ministry <input type="checkbox"/> License Exempt Facility <input type="checkbox"/> Public, private or charter school <input type="checkbox"/> Other: _____					
License / registration / exemption number			Provider's current Paths to Quality (PTQ) level		
Program hours (i.e. 7 AM to 6 PM)		Days of operation (Check all that apply.) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
<b>Name of Child (First and Last)</b>	<b>Date of Birth (month, day, year)</b>	<b>OMW Pre-K Regular or Limited Eligibility?</b>	<b>Current OMW Pre-K Weekly Charge **</b>	<b>OMW Pre-K Beginning Date (month, day, year)</b>	<b>OMW Pre-K Ending Date (month, day, year)</b>
		<input type="checkbox"/> Regular <input type="checkbox"/> Limited			
		<input type="checkbox"/> Regular <input type="checkbox"/> Limited			
		<input type="checkbox"/> Regular <input type="checkbox"/> Limited			

\*\* Please enter \$147.82 ONLY for Limited Eligibility weekly charge. Provider weekly charge for Regular OMW must reflect your weekly rate charged ALL families.

Are you related to the child(ren) listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain.
If you are a public, private, or charter school, does the child need break care vouchers (care at another provider when your school is not in session)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, a school schedule <u>must</u> be provided.	

<b>PROVIDER AFFIRMATION</b>		
I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program available on <a href="http://www.childcarefinder.in.gov">www.childcarefinder.in.gov</a> . I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.		
Signature of provider	Printed name of provider	Date (month, day, year)