

CHILD CARE AND DEVELOPMENT FUND (CCDF)/ON MY WAY PRE-K (OMW) PROVIDER INFORMATION

State Form 57222 (R3 / 7-24) FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: Your provider must complete this information in its entirety and sign the form.

Applicant/Co-Applicant. Please upload this document to your online application or submit this document to assist in prompt completion of your child care/OMW vouchers. If you wish to make a provider change, you must submit this form to the eligibility office by noon on Thursday, to be effective the following week or payment for care may become your responsibility. Your provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. If you have any questions, please contact your local eligibility office.

Name of applicant A							Applicant phone number				Applicant email address							
Name of program							Lice				icense / registration / exemption number Provid			r's current Paths to QUALITY (PTQ) Level				
Address where care is provided (number and street, city, state, and ZIP code)								Program Cour				Program T			elephone number			
What date will the child begin care? (month, day, year) /							Is this a provider					child who is	reauthorizing th	neir case?	Yes No			
Type of provider Licensed Home Licensed Center Registered Ministry License Exempt Home License Exempt Facility Providing Care in Child's Home Public, Private or Charter School																		
Hours of operation (i.e. 7 AM to 6 PM) Days of operation (Check all that apply.) Monday Tuesday Wednesday Thursday Friday Saturday Sunday																		
Name of CCDF Child(ren) and Last)	(I	Date of Birth (month/day/year)			Charge for Current Age		H -Half Da F- Full Da	ay ay (If chil			S	School-Age (Before and After School)		and	School-Age Other (Charge for School Breaks, evening or week-end care)			
FOR SCHOOL AGE CHILDREN ONLY (Please include a school calendar for ALL School Aged children.)																		
Date school year begins (mo/day/	e school year	year ends (mo/day/yr) Does scho				and ago child need break			Is this form On My Way Pre-K wraparound or break care? Will chi			d attend this same CCDF Summer Begin-End date for summer?			mer Begin-End date (mo/day/yr)			
FOR ON MY WAY PRE-K CHILDREN ONLY																		
Name of OMW Child (First and Last)	te of Birth th/day/year				H -Half L F- Full L	. ,	W Pre-K Begin Date (month/day/year)			nd Date /year) st Sat. in .		If family determined eligible for Limited Eligibility providers receive						
																\$147.82/week		
																\$147.82/week		
If you are a public, private or charter school, does the OMW child listed above need break care vouchers (care at another provider when your school is not in session)? Yes No If yes, a school schedule must be provided																		
Are you related to any the child(ren) listed above? Yes No If Yes, please list relationship.																		
PROVIDER AFFIRMATION Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in these programs																		
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 www.childcarefinder.in.gov . 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)		