



## Summer 2009 Parent-Provider Agreement Form- Due July 10, 2009

**This form tells us about the child care arrangement.  
This is what you need to do:**

- Step 1:** This form must be completed by the parent **and** the child care provider. Make sure to enter the parent's name at the top of each page. If the parent has a Care 4 Kids **Family ID**, also enter the ID number.
- **Parents** – Complete Section 1 and Section 5. Make sure you review all the information on the form before you sign it.
  - **Child Care Providers** – Complete Sections 2, 3 and 4. (Section 3 contains room for listing two children. If you care for more than two children, please use the extra space provided on page 5. If you do not need to use page 5, please discard it.)
  - If you are an unlicensed individual, also complete Section 2B.
  - If you are a day care or camp program licensed by the Department of Public Health or a school program or municipal program exempt from licensing, also complete Section 2A.
- Step 2:** Review the completed form with the parent. Make sure all sections have been filled in and the information is correct. Answer all Yes or No questions by checking the appropriate box. Once you have reviewed the form, the **Provider** must sign and date Section 4. The **Parent** must sign and date Section 5.

**Incomplete forms may not be accepted and will delay processing.**

- Step 3:** The law requires us to report all payments to the Internal Revenue Service for income tax purposes. If you are a new child care provider with Care 4 Kids, you must provide us with your Social Security number or FEIN and complete an IRS W-9 form. If you have already submitted a W-9 form to us, you do not need to complete a new form unless the information has changed. Care 4 Kids does not withhold income taxes. Providers are responsible for paying taxes to the IRS and the State of Connecticut.

To get forms by mail, call 1-888-214-5437 or download the forms from our website: [www.ctcare4kids.com](http://www.ctcare4kids.com)

For information about filing income taxes, call or view information on-line at <http://www.irs.gov>

- Step 4:** Mail the completed form to **Care 4 Kids, 1344 Silas Deane Hwy, Rocky Hill, CT 06067-1339**

### ► Section 1: Parent Identification Information

Parent's Name \_\_\_\_\_ C4K Family ID \_\_\_\_\_  
*Last Name, First Name, Middle Initial (PRINT)*

Parent's Address \_\_\_\_\_ City, State, Zip-Code \_\_\_\_\_

**What is the reason for submitting this form?** Please check all boxes that apply.

- New Provider    Application/Redetermination    Change in Schedule/Charges    New Address    Other

### Section 2: Child Care Provider Information

**What type of day care provider are you?**

**Are you accredited by any of the following (check if yes)**

- |   |   |
|---|---|
| <input type="checkbox"/> Licensed Day Care Center   | <input type="checkbox"/> Council on Accreditation                                 |
| <input type="checkbox"/> Licensed Group Day Care Home   | <input type="checkbox"/> National After School Association                        |
| <input type="checkbox"/> Licensed Family Day Care Home  | <input type="checkbox"/> National Association for the Education of Young Children |
| <input type="checkbox"/> Licensed Summer Camp   | <input type="checkbox"/> National Association for Family Child Care               |
| <input type="checkbox"/> Town Summer Camp Exempt From Licensing   |   |
| <input type="checkbox"/> School Administered Program Exempt From Licensing<br>(proof of the exemption will be required) | <input type="checkbox"/> Other ( <i>specify</i> ) _____                           |
| <input type="checkbox"/> Unlicensed Individual (relative or in-home provider)   |   |
| <input type="checkbox"/> Other ( <i>specify</i> ) _____   |   |

Parent's Name: \_\_\_\_\_ C4K Family ID: \_\_\_\_\_

**► Section 2A: Licensed Child Care Providers, Schools and Camp Programs**

Provider Name \_\_\_\_\_ Social Security or Federal Tax ID Number: \_\_\_\_\_

Home or Business Address \_\_\_\_\_ City, State, Zip-code \_\_\_\_\_

Your Telephone Number \_\_\_\_\_ C4K Provider ID \_\_\_\_\_ DPH License # \_\_\_\_\_

Please list the address you would like notices and checks to be mailed if different from the business address:

Notices/Invoices \_\_\_\_\_ City, State, Zip-code \_\_\_\_\_

Checks/Payments \_\_\_\_\_ City, State, Zip-code \_\_\_\_\_

**► Section 2B: Relative and In-Home Child Care Providers (You Must Answer All Questions)**

Provider Name \_\_\_\_\_ Social Security or Federal Tax ID Number: \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip-code \_\_\_\_\_

Your Telephone Number \_\_\_\_\_ C4K Provider ID \_\_\_\_\_

What is your Date of Birth? \_\_\_\_\_ Sex:  Male  Female

What is the maximum number of children in your care at the same time on any day, including your own children? \_\_\_\_\_

How many of the children are under the age of 2, including your own children? \_\_\_\_\_

Are you self-employed or do you have another job?  Yes  No

Name, Address & Telephone Number of Your Employer: \_\_\_\_\_

**Use this table to show us the hours and days you normally work for your employer (circle AM or PM)**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

**Note:** You must be a close relative of the parent or the child to provide child care in your home. A close relative means a grandparent, sibling, aunt or uncle, cousin or second cousin. If you are not a close relative, care must be given in the child's home according to state law.

Where do you provide care for the children listed in this agreement form?  Child's Home  Provider's Home  Other

Is there a working telephone at this address?  Yes  No Telephone number and area code: \_\_\_\_\_

Is this a cell phone?  Yes  No If yes, name of person who owns the cell phone: \_\_\_\_\_

***If you use a cell phone, the cell phone must be in your name or part of a family share plan with multiple phone lines***

Is there a working smoke detector?  Yes  No Do you have immediate access to a fire extinguisher?  Yes  No

Are you under investigation for child abuse or child neglect or do you have a record of child abuse or neglect in Connecticut or in any other state?  Yes  No

Are you under arrest or do you have an outstanding arrest warrant or criminal charge pending against you?  Yes  No

Have you ever been convicted of any of the crimes listed in the table below?  Yes  No

- Abandonment, injury or risk of injury to a minor
- Cruelty to persons, stalking, obscenity, public indecency or reckless endangerment, arson, robbery, burglary, home invasion
- Use of force against another person, including murder, assault, manslaughter, kidnapping, unlawful restraint
- Crimes involving a weapon, explosives or a firearm
- Sex crimes, including sexual assault, rape, prostitution, child pornography and other related sex crimes
- Sale, manufacture or possession of narcotics or other illegal drugs or controlled substances

**Note: All Unlicensed providers are subject to background checks through the Department of Children and Families and the Department of Public Safety.**

**► Section 3: Children In Care (Complete for each child needing Care 4 Kids assistance)**

**CHILD 1** - Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Summer Care: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Weekly Charge \$: \_\_\_\_\_

Will Child 1 stay with this provider in the fall and will the before/after school hours of care remain the same?  YES  NO

**Licensed Providers:** Do you receive funding from any other source for this child? Check all that apply:

- School Readiness  State Head Start  Federal Head Start  DSS CDC  DSS BAS

**Relative or In-Home Providers:** Are you related to this child or the parent(s)?  Yes  No If YES, how? \_\_\_\_\_

**CHILD'S CARE SCHEDULE: Fill in the time the child is in your care (Circle AM or PM)**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Is the schedule the same each week?  Yes  No If no, explain how the schedule varies: \_\_\_\_\_

**CHILD 2** - Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Summer Care: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Weekly Charge \$: \_\_\_\_\_

Will Child 2 stay with this provider in the fall and will the before/after school hours of care remain the same?  YES  NO

**Licensed Providers:** Do you receive funding from any other source for this child? Check all that apply:

- School Readiness  State Head Start  Federal Head Start  DSS CDC  DSS BAS

**Relative or In-Home Providers:** Are you related to this child or the parent(s)?  Yes  No If YES, how? \_\_\_\_\_

**CHILD'S CARE SCHEDULE: Fill in the time the child is in your care (Circle AM or PM)**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Is the schedule the same each week?  Yes  No If no, explain how the schedule varies: \_\_\_\_\_

**► Section 4: Provider Certification: (To be Completed by the Child Care Provider)**

**To the best of my knowledge, I certify that:**

- 1) I am the individual or program that is providing care to the children listed on this form. I am at least 18 years of age and capable of providing safe and competent child care services. I do not have a disability, impairment or health problem that would prevent me from caring for the children.
- 2) Care will be given at the location specified on the form. I am responsible for reporting changes in the hours of care, the amount I charge for services, if the child stops attending care and changes in the location where care is given. I must also inform Care 4 Kids of any changes in my criminal or child abuse/neglect history. Changes must be reported by telephone or in writing by the date the first billing invoice is submitted to Care 4 Kids following the change.
- 3) For each child in my care, I have the name of the child's primary care physician and health insurance provider and proof that each child is up to date with his or her immunizations and health screening exams.
- 4) I understand and agree that Care 4 Kids may verify information listed on this form independently without prior authorization, including criminal and child abuse/neglect background checks.
- 5) I understand that this agreement is between the parent and the provider. It is not a contract with Care 4 Kids or the State of Connecticut. Neither Care 4 Kids nor the State of Connecticut employs me.
- 6) Care 4 Kids may not cover my total charges. The parent is responsible for any costs that are not paid by Care 4 Kids.
- 7) I may be required to repay benefits that were paid to me in error. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent or provide false information to Care 4 Kids or if I do not timely report changes affecting payments or my eligibility for this program. I may be liable for all penalties associated with crimes, including but not limited to larceny by defrauding a public community, conspiracy to commit larceny by defrauding a public community, vendor fraud, forgery, false statement and other relevant crimes pursuant to Title 53a of the Connecticut General Statutes.
- 8) I must submit a completed invoice to receive payment. Invoices will be sent to me when payment is approved and monthly thereafter. I will have **120 days** to return the completed invoice in order to be paid.
- 9) To be eligible for payments, I will cooperate with the Department of Social Services and its designees in program audits and fraud prevention activities, including any site visits that may be conducted to your home or the child care site.
- 10) I have read and understand the information contained in this form and certify that all of the information I have provided is true and correct to the best of my knowledge.

**Provider Name (please print)** \_\_\_\_\_

**Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness' Signature (If the provider signs with an "X")** \_\_\_\_\_

**► Section 5: Parent Certification: (To be Completed by the Parent)**

**I certify that:**

- 1) I have selected the provider identified above to care for my children while I work or attend an approved activity.
- 2) I will report any changes in child care arrangements, income, activity, people living in my home, or my residential address to Care 4 Kids within 10 days of a change.
- 3) I am responsible to pay the provider any costs not covered by Care 4 Kids.
- 4) I understand and agree that Care 4 Kids may contact the provider listed above and the provider may contact Care 4 Kids concerning my eligibility and payment amounts.
- 5) I may be required to repay benefits that were paid in error on my behalf. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent or provide false information to Care 4 Kids or if I do not timely report changes affecting payments or my eligibility for this program. I may be liable for all penalties associated with crimes including but not limited to larceny by defrauding a public community, conspiracy to commit larceny by defrauding a public community, vendor fraud, forgery, false statement and other relevant crimes pursuant to Title 53a of the Connecticut General Statutes.

**Parent Name (please print)** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**► Section 3 Supplement For Additional Children In Care**

**Use This Page If The Family Has More Than Two Children In Your Care**

**CHILD 3** - Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Summer Care: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Weekly Charge \$: \_\_\_\_\_

Will Child 3 stay with this provider in the fall and will the before/after school hours of care remain the same?  YES  NO

**Licensed Providers:** Do you receive funding from any other source for this child? Check all that apply:

- School Readiness  State Head Start  Federal Head Start  DSS CDC  DSS BAS

**Relative or In-Home Providers:** Are you related to this child or the parent(s)?  Yes  No If YES, how? \_\_\_\_\_

**CHILD'S CARE SCHEDULE: Fill in the time the child is in your care (Circle AM or PM)**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Is the schedule the same each week?  Yes  No If no, explain how the schedule varies: \_\_\_\_\_

**CHILD 4** - Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Summer Care: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Weekly Charge \$: \_\_\_\_\_

Will Child 4 stay with this provider in the fall and will the before/after school hours of care remain the same?  YES  NO

**Licensed Providers:** Do you receive funding from any other source for this child? Check all that apply:

- School Readiness  State Head Start  Federal Head Start  DSS CDC  DSS BAS

**Relative or In-Home Providers:** Are you related to this child or the parent(s)?  Yes  No If YES, how? \_\_\_\_\_

**CHILD'S CARE SCHEDULE: Fill in the time the child is in your care (Circle AM or PM)**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Is the schedule the same each week?  Yes  No If no, explain how the schedule varies: \_\_\_\_\_