

Parent's Name:

C4K Family ID:

Si quiere recibir este material en español sírvase llamar al 1-888-214-5437.



# Parent-Provider Agreement Form

This form tells us about the child care arrangement.

**Step 1:** This form must be completed by the parent **and** the child care provider.

- **Parent** – Complete Section 1, 3 and 5.
- **Child Care Provider** – Complete Section 2, 3 and 4.

**Step 2:** Make sure all sections have been filled in and the information is correct. Answer all Yes or No questions by checking the right box. Once you have filled out and checked this form, make sure the parent and provider sign and date.

**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 (IRS) 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 fill out an IRS W-9 form. If you have already submitted a W-9 form to us, you do not need to fill out 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 at [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:** Submit the filled out form to: **Care 4 Kids, 1344 Silas Deane Highway, Rocky Hill, CT 06067** or fax it to **1-877-868-0871**.

## SECTION 1: PARENT INFORMATION (To be completed by Parent)

Parent's Name: \_\_\_\_\_ C4K Family ID: \_\_\_\_\_  
*Last Name, First Name, Middle Initial*

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

Telephone Number: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Reason for submitting this form:  Part of my Application or Redetermination  Reporting changes or new provider

## SECTION 2: CHILD CARE PROVIDER INFORMATION (To be completed by Provider)

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

- Unlicensed Individual (relative or in-home provider)
- Licensed Family Day Care Home
- Licensed Child Care Center
- Exempt Center-Based Program
- Licensed Group Day Care Home
- Summer Camp/Program  Licensed  Exempt
- Other (specify) \_\_\_\_\_

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

- National Assoc. for the Education of Young Children (NAEYC)
- Council on Accreditation (COA)
- New England Assoc. of Schools and Colleges (NEASC)
- National Assoc. for Family Child Care (NAFCC)
- Other (specify) \_\_\_\_\_

## SECTION 2A: LICENSED CHILD CARE PROVIDERS, EXEMPT CENTER-BASED AND SUMMER CAMP PROGRAMS (To be completed by Provider)

**PROVIDER NAME**

Center Name: \_\_\_\_\_ Licensed Home: \_\_\_\_\_  
*(Last) (First)*

Address where care is provided: \_\_\_\_\_  
*Street City State Zip Code*

Social Security/Fed. Tax ID No.: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ C4K Provider ID: \_\_\_\_\_ License Number: \_\_\_\_\_  
*Family Home Providers Only*

Please list the address you would like notices to be mailed if different from the address where care is provided:

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Parent's Name:

C4K Family ID:

**SECTION 2B: UNLICENSED RELATIVES AND IN-HOME CHILD CARE PROVIDERS**

**(To be completed by Provider)**

You must be a close relative to provide child care in your home. Close relative means the child is your grandchild, great grandchild, sibling, niece, nephew, great niece, great nephew, first cousin or second cousin. If you are not a close relative, you must have a license from the Office of Early Childhood Division of Licensing to provide child care in your home.

Provider Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*Last Name, First Name, Middle Initial*

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ C4K Provider ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

I understand I must complete the pre-service training requirement prior to becoming eligible for payment. For more information, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).

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 have another job?  Yes  No

Name, Address, and Telephone Number of your other job: \_\_\_\_\_

**Use this table to show the hours and days you normally work your other job (circle AM or PM).**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM

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: (\_\_\_\_) \_\_\_\_\_

Is this a cell phone?  Yes  No

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 child neglect in Connecticut or any other state?  Yes  No

Were you ever arrested or do you have an arrest warrant or criminal charge pending against you?  Yes  No

What crime were you charged with? When and where? \_\_\_\_\_

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

- Abandonment, injury or risk of injury to a minor
- Cruelty to persons or animals, stalking, obscenity, public indecency, 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 child abuse/neglect and criminal background checks.**

Parent's Name: \_\_\_\_\_

C4K Family ID: \_\_\_\_\_

**SECTION 3: CHILDREN IN CARE (To be completed together by Parent and Provider)**

Complete for each child needing Care 4 Kids assistance. If there are more than 3 children in your care, make a copy of this page or download and print another copy of this page from the Care 4 Kids website at [www.ctcare4kids.com](http://www.ctcare4kids.com).

**CHILD 1**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Date care started: \_\_\_\_\_ How much is the parent charged per week? \$ \_\_\_\_\_

Relative and In-Home Providers: Are you related to this child?  Yes  No If related, specify your relationship below:

Grandparent/Great Grandparent  Aunt/Uncle  Sibling  Niece/Nephew  1<sup>st</sup> Cousin/2<sup>nd</sup> Cousin  Other: \_\_\_\_\_

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

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ 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**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Date care started: \_\_\_\_\_ How much is the parent charged per week? \$ \_\_\_\_\_

Relative and In-Home Providers: Are you related to this child?  Yes  No If related, specify your relationship below:

Grandparent/Great Grandparent  Aunt/Uncle  Sibling  Niece/Nephew  1<sup>st</sup> Cousin/2<sup>nd</sup> Cousin  Other: \_\_\_\_\_

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

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ 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 3**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Date care started: \_\_\_\_\_ How much is the parent charged per week? \$ \_\_\_\_\_

Relative and In-Home Providers: Are you related to this child?  Yes  No If related, specify your relationship below:

Grandparent/Great Grandparent  Aunt/Uncle  Sibling  Niece/Nephew  1<sup>st</sup> Cousin/2<sup>nd</sup> Cousin  Other: \_\_\_\_\_

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

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ 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 Provider)****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 within 10 days.
- 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 the Office of Early Childhood and 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 employ me. I am an independent contractor and will receive a 1099 tax form for monies received from Care 4 Kids.
- 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 report changes in a timely manner that affect 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 are issued to me when payment is approved and monthly thereafter. I will have **120 days** to submit the completed invoice in order to be paid.
- 9) To be eligible for payments, I will cooperate with the State of Connecticut and its designees in program audits and fraud prevention activities, including any site visits that may be conducted to my home, child care site or place of employment.
- 10) I understand I must complete the pre-service training requirement prior to becoming eligible for payment.
- 11) 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): \_\_\_\_\_

LAST NAME

FIRST NAME

M.I.

Provider Signature: \_\_\_\_\_

DATE

**SECTION 5: PARENT CERTIFICATION (To be completed by 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 report changes in a timely manner that affect 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): \_\_\_\_\_

LAST NAME

FIRST NAME

M.I.

Parent Signature: \_\_\_\_\_

DATE