

**CHILD CARE PROVIDER VERIFICATION**

Child Care Provider's Name and Physical Address:

Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone #: \_\_\_\_\_  
 or  
 Message #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Parent's Name and Physical Address:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Is the Child Care Provider Licensed with Child Care Licensing?      Yes  No

**IF THE PROVIDER IS NOT LICENSED PLEASE ANSWER THE NEXT TWO QUESTIONS:**

- Indicate the total number of children for whom you provide child care, other than your own? \_\_\_\_\_
- How many of these children are related to you? \_\_\_\_\_

**INDIVIDUAL DATA**

CHILD'S FULL NAME		DATE OF BIRTH (mm/dd/yy)	DATE CARE BEGAN (mm/dd/yy)	# DAYS PER WEEK CARE PROVIDED	# HOURS PER WEEK CARE PROVIDED	TOTAL COST PER WEEK (Actual Charge)
(First)	(Last)					

Child Care is provided in:  Child's Home       Provider's Home       Child Care Center

The Department of Health and Human Services does not endorse any child care providers. Selection of a provider is the decision of the parent and the Department assumes no liability for safety, protection, or quality of care.

**I certify that the information provided is true and correct.**  
**I certify that I have read and understood the instructions provided.**

**I understand that the Department may release child care payment information to the above-named provider, for the purpose of verifying child care scholarship payment by the Department of Health & Human Services.**

\_\_\_\_\_  
 Parent's/Guardian Signature

\_\_\_\_\_  
 Parent's Social Security Number (Optional)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Child Care Provider's Signature

\_\_\_\_\_  
 Child Care Provider's Resource ID Number (if known)

\_\_\_\_\_  
 Date

**Give or mail a copy to the District Office or NHEP site. Keep a copy of this form for your records**

## **INSTRUCTIONS FOR CHILD CARE PROVIDER VERIFICATION**

Please complete a separate form for each child care provider you use. The information on the form must be complete and legible. Changes in provider information must be reported to the District Office no later than **10 days** following the change.

### **PROVIDER'S NAME AND ADDRESS**

Enter the first and last names, business name if applicable, physical address, and a telephone number where the provider can be reached or where a message can be left and email address if applicable.

### **PARENT'S NAME AND ADDRESS**

Enter the first and last name of the parent/guardian, physical address, telephone number where the parent/guardian can be reached, or where a message can be left and email address, if applicable.

### **LICENSE STATUS**

Check the box marked "Yes" or the box marked "No" to indicate whether or not the child care provider is licensed by DHHS Child Care Licensing Unit.

A license is required when care is given in a private home for more than 3 children at any given time; in addition to the provider's own children. For information on licensing, contact the Child Care Licensing Unit at 129 Pleasant Street, Concord NH 03301

### **WHEN THE PROVIDER IS NOT LICENSED**

Indicate the total number of children that the provider cares for and the total number of those children that are **related** to the provider.

### **CHILD CARE PROVIDERS MUST:**

- Be 16 years or older to provide child care **and**
- Not be a parent of the child **and**
- Not be living in the child's household

### **INDIVIDUAL DATA**

For each child in the family receiving child care from this provider, indicate the child's first and last name, the month/day/year when the child was born, the month/day/year when the care began, the number of days per week that care is provided, the number of hours per week that care is provided, and the total cost of the child care per week. The amount you charge should be decided without regard to the amount that DHHS will reimburse you.

### **WHERE CHILD CARE IS PROVIDED**

Indicate where the child care takes place by checking the box marked "Child's Home," the box marked "Provider's Home," or the box marked "Child Care Center."

### **SIGNATURE**

The parent/guardian must sign and date this form and may choose to provide his/her Social Security Number. Per federal law, the parent's social security number cannot be required as a condition of receiving child care scholarship. By signing this form, it is understood that child care payment information may be released to the provider. The provider must also sign and date this form and provide his/her Resource ID number. If you are enrolling for the first time, leave the Resource ID number blank.

### **DISTRIBUTION**

The parent/guardian or provider gives or mails the **original** to the District Office, or to the NHEP site if the parent/guardian is receiving child care scholarship in order to participate in NHEP activities.

**PLEASE** keep a copy for your records.