

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Office of Child and Family Services  
2 Anthony Avenue 11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7999; Toll Free: (877) 680-5866  
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Welcome to the Department of Health and Human Services Child Care Affordability Program. This program helps pay for child care for income eligible families, who are employed or attending an approved educational program.

**Included in this packet for your records:**

- Billing week schedule
- Child Care Market Rates
- Online Billing Instructions
- Maine Roads to Quality Registry Director of Record Access (DoRA) Instruction Guide
- YIKES Guide
- Health and Safety Monitoring Checklist
- Authorization of Release (Private information regarding family cases cannot be disclosed without ROI on record)

**To be completed and returned to CCAP:**

- Completed Provider Agreement (page 1 and 2)
- State of Maine New Vendor Form
- Provide a copy of a blank sign in and out sheet (if you wish to use CCAP's, please indicate)
- Background check for all staff/adults in household. Once completed the Criminal Background Check Eligibility Letter from OCFS must be returned to CCAP
- Register for MRTQ
- Transportation Form (if applicable)
- In-Home Child Care Provider Agreement (if applicable)

Documents can be returned by mail, email, or fax to:

Email: [CCAP.DHHS@maine.gov](mailto:CCAP.DHHS@maine.gov)

Fax: (207) 287-6308

Mail: DHHS-OCFS, Child Care Affordability Program

2 Anthony Ave, 11 State House Station

Augusta, ME 04333-0011

**Once you are an approved provider you must:**

- Sign up for an online billing account (instructions included)
- All staff complete the Health and Safety Training within 90 days
- All staff complete Mandated reporter training within 30 days

Funding for this program is limited. If a parent or guardian is eligible for Affordability but funding is not available, their name will be placed on a waiting list until funding becomes available.

If you have any questions, please contact Ashley Batchelder, CCAP Specialist, at [ashley.batchelder@maine.gov](mailto:ashley.batchelder@maine.gov) or (207)799-7981

To access the Child Care Affordability Program website, please visit:

<https://www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care>

Program Integrity Training: Training for Child Care Providers on policy, procedures, and systems is available on our website:

<https://www.maine.gov/dhhs/ocfs/provider-resources/child-care-subsidy-information-for-providers>

**CHILD CARE AFFORDABILITY PROGRAM  
LICENSE-EXEMPT NON-RELATIVE CHILD CARE PROVIDER AGREEMENT**

To be qualified to receive reimbursement from the Child Care Affordability Program, Child Care Providers must either be: (a) a Child Care Provider licensed by the Department, (b) a Child Care Provider licensed under New Hampshire DHHS Child Care Licensing Unit, or (c) a License-Exempt Child Care Provider Qualified by the Department under rule.

To qualify as a License-Exempt Child Care Provider (refers to a child care provider who is not licensed to provide child care services), providers must be one of the following:

1. An **In-home Child Care Provider** means a License-Exempt Child Care Provider who is eighteen (18) years of age or older, a Maine resident, and provides Child Care Services to no more than two (2) Children in the Child's home.
2. A **License-Exempt Child Care Provider** means a Child Care Provider who is not required to be licensed to provide Child Care Services for no more than two (2) Children, eighteen (18) years of age or older, a Maine resident, and does not reside in the same household.
3. A **Recreational Program** means a License-Exempt non-residential provider of Child Care Services as defined by Child Care Licensing rules.

**THE CHILD CARE PROVIDER MUST AGREE TO ALL OF THE FOLLOWING:**

1. Providers must provide child care services as specified in accordance with the State's Child Care Affordability Program Rules.
2. Until a parental award has been issued the parent is responsible for all payments to the childcare provider. CCAP will only reimburse for dates listed in the award letter.
3. The Department of Health and Human Services reserves the right to conduct unannounced on-site or desk audit reviews of child care providers who are receiving Child Care Affordability.
4. Background Checks and Fingerprinting
  - a. Every 5 years Licensed and License-Exempt Child Care Provider (excluding Relative Child Care Providers) are required to complete a criminal background check for all current and prospective staff members, all adults residing in the location where Child Care Services are being provided, any individuals whose activities involve the care or supervision of Children or who have unsupervised access to Children, and the Child Care Provider him/herself as required by federal law (45 C.F.R. § 98.43).
  - b. The provider, owner, director, and all direct care staff must have a background check letter of eligibility on file and available to inspectors.
  - c. A copy of the background check eligibility letters must be supplied to the Child Care Affordability Program before parental awards can be issued. For Recreational Programs the Owner/Director eligibility letters must be Provided to CCAP and staff letters must be available upon request.
    - I. Using your computer web browser, go to <https://www.identogo.com/>, scroll down to either "Find the nearest Identogo center" to search by zip code or "Search for services by state" to search by state. Select "Digital fingerprinting".

- II. If you do not have access to the internet, you may call toll-free at (855)-667-7422 to schedule an appointment. If you call, you will be asked to provide information instead of completing these steps yourself.
  - III. Click “Schedule a New Appointment” and choose the language you wish to use for scheduling (English or Spanish).
  - IV. Choose the proper employing or licensing agency (DHHS Child Care) as your Agency Name and click “go”.
  - V. Choose the proper Applicant Type (Licensed Facility, Family Child Care, or License Exempt Provider) and click “go”.
  - VI. Select your reason for fingerprinting, OCA, or other identifying numbers required by your employing or licensing agency clicking “go” after each.
  - VII. Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map, or enter a zip code to get a list of locations in a specific area. Press “go”.
  - VIII. Click on the words, “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
  - IX. Complete the demographic information page. Required fields are indicated by a red asterisk (\*). When complete, click “Send Information”.
  - X. Confirm the information. Follow the on-screen directions to make any changes necessary. Once you see the data is correct, click “Send Information”.
  - XI. Print your confirmation page.
  - XII. Bring approved identification documents with you to the appointment. These approved document options are identified on your confirmation of your appointment.
  - XIII. Arrive at the facility at your appointed date and time.
  - XIV. The Enrollment Officer at the site will check your ID, verify your information, verify payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
  - XV. You will receive a signed receipt at the end of your fingerprinting session which can be provided to your agency for proof of fingerprinting, if needed.
  - XVI. Provide CCAP with a copy of your eligibility letter.
5. To Transport children a request to Transport must be submitted to the Child Care Affordability Program. If the provider is approved, they will receive a Transportation Approval letter to keep on file at the child care site.
  6. Required Trainings
    - a. Providers must enroll in the Maine Roads to Quality registry and Quality for ME, Quality Rating, and Improvement.
    - b. All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Star-One (1) quality rating from Maine Roads to Quality (MRTQ) and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41).

- c. Please visit Maine Roads to Quality PDN at <https://mrtq.org/> to access the free on-demand 6-hour Health and Safety Orientation training or the annual Health and Safety Training.
  - d. All Provider must have completed Pediatric first aid and cardiopulmonary resuscitation (CPR) training.
  - e. For child care provider training and/or technical assistance, Inclusion Warm Line, or assistance with expulsion and suspension prevention please call (844) 209-5964 or visit [mrtq.warmline@maine.edu](mailto:mrtq.warmline@maine.edu)
  - f. All child care personnel are required to be mandated reporters; meaning all child care personnel are required to report any suspected incident of child abuse or neglect and shall complete at least once every 4 years mandated reporter training approved by the department. Training can be found at: <https://www.maine.gov/dhhs/ocfs/mandated-reporters.shtml> and must be completed within 30 days of hire.
7. Providers are required to report to a designated State, Territory, or Tribal entity any serious injuries or deaths of children occurring in a child care setting.
  8. Providers must immediately notify the Department of Health and Human Services in the case of any contagious disease or potential public health threat.
  9. Should any serious injuries or death occur, the incident must be reported to the Child Care Affordability Program Manager at 1-877-680-5866 or 624-7999.
  10. Providers must accept all referrals from the Department of Health and Human Services without discrimination regarding race, color, national origin, ancestry, age, sex, religion, or special needs status.
  11. Specific to License-Exempt Recreational Programs only: Maximum group size for School Age children is 50. Child Care Staff Ratio 1:15
12. Parent Fee Collection
- a. Collect the weekly parent fee as specified in the Child Care Affordability Program award letter.
  - b. A provider is not eligible to begin receiving reimbursement until direct child care has started.
  - c. The parent fee must be collected on all weeks that CCAP is billed
  - d. Charge a total rate that does not exceed the rate charged to the child care provider's other parents for equivalent child care services.
  - e. Maintain a cash receipt journal of all fees collected from parents who are receiving Child Care Affordability Program and provide receipts to these parents for parent fees paid.
  - f. Refund any overpayments to the parent within thirty (30) days.
  - g. Parent fees cannot be waived.
13. Reimbursement
- a. To be processed, the Department of Health and Human Services' reimbursement billing form must be completed, signed, and returned by either mail, email, online, or fax biweekly according to the billing schedule issued by the Department of Health and Human Services. The provider may submit bills for the previous two- weeks no earlier than Friday at 5:00 p.m. The provider must submit bills for the previous two-weeks no later than Wednesday at 12:00 p.m.
  - b. Providers can not submit bills and corrections older than sixty (60) days.
  - c. The child care provider must maintain a system for recording the days and the number of hours the child(ren) are in the child care provider's care. This system must also record unexcused

absences and absences for reasonable cause for excused hours for each child on the attendance record. Parents will be required to sign these attendance records or a unique ID system to indicate their agreement to the number of hours of care provided weekly. Daily attendance records must be retained for a minimum of three (3) years. **A Provider is not eligible to begin receiving reimbursement until direct child care has started.**

- d. Total enrollment hours will be awarded in one (1) hour increments and cannot exceed fifty (50) hours per Child, per week. Exceptions are approved by the Department on a case-by-case basis.
- e. To maintain continuity of Child Care Services, in a twelve (12) month period (January to January), the Department will pay the Child Care Provider for State holidays, up to forty (40) training hours, and up to two (2) weeks (Saturday through Friday) of Child Care Provider vacation time as required by federal law (45 C.F.R. §98.45). The Child Care Provider may not charge CCAP families for additional vacation time beyond two (2) weeks.

- 14. The Department of Health and Human Services reserves the right to conduct unannounced on-site or desk audit reviews of child care providers who are receiving the Child Care Affordability Program.
- 15. In-Home Child Care Providers, by federal law you may be considered an employee of the parent with requirements that you are paid minimum wage, as well as being subject to withholding tax and may be subject to requirements of Fair Labor Standards Act.
- 16. Responsible to correct and reconcile intentional and non-intentional administrative errors made by the provider or the Department.

#### 17. Reporting

- a. When a Child Care Provider reports to the Department that a Child had more than twenty hours (20) Unacceptable Absences in a month, the Parent will be sent a letter explaining the policy pertaining to Unacceptable Absences. When a Child is absent from the program beyond two (2) consecutive weeks for the same Reasonable Cause, the Child Care Provider must obtain prior written approval from the Department to continue Child Care Affordability Payments.
  - i. **Unacceptable Absence** means a lack of attendance by a Child at the Child Care Service for more than two (2) calendar days per month without Reasonable Cause or previous approval from the Department.
  - ii. **Reasonable Cause** means Department-Approved reasons for a Child's absence from a Child Care Provider's program which may include, without limitation: Federal/State holidays; Parental vacation days; inclement weather defined by a snow day when local schools are closed; illness of the Child or other immediate Family member; appointments; transportation issues that affect the Parent's ability to transport the Child to care; Family visitations: Family emergencies, including, but not limited to, surgery, medical treatments, or accidents; or catastrophic events affecting the Family, including but not limited to fires, storms, or accidents.
  - iii. During Summer vacations, children not in care due to parent visitation agreements will need to have their CCAP put "on hold" status.
- b. Immediately notify the CCAP if a parent terminates child care services before the end date authorized on the Child Care Affordability award letter or contract. Indicate if the previous 2 weeks of parent fees have been paid in full.
- c. Notify the Department of Health and Human Services and parents, at least twelve (12) calendar days in advance of terminating services.

- d. Children will be considered school age if they become five (5) years of age on or prior to October 15<sup>th</sup>, unless the Department is notified the Child will not be attending school the school age rate will be applied to billing;
- e. For school age children full-time care will apply to school vacations. Part time, half time, quarter time care, will be based on the parent's work and child's school schedule.

#### 18. Recordkeeping

- a. Retain all Child Care Affordability award letters used to complete the reimbursement billing form for a minimum of three (3) years.
- b. Allow the Department of Health and Human Services to have access to all records (including, but not limited to, cash receipts, journals, and attendance records).
- c. Upon request, provide documentation that the Children receiving Child Care Affordability are age-appropriately immunized and meet the latest recommendation for childhood immunizations in Maine, as recommended by the Department's Center for Disease Control (CDC). A ninety (90) calendar day grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement. Children who receive care in his/her own home may be exempted from the immunization requirement
- d. Maintain confidentiality of all records and other information concerning parents and/or children, with the exception of authorized disclosures to staff of the Department of Health and Human Services or other authorized State or Federal. agency staff in accordance with law

#### 19. Rates

- a. Child Care Affordability contract rate(s) are in effect for the duration of this Agreement. When the parent reports a change in circumstances affecting a change in the parent fee and/or Child Care Affordability payment, the change shall become effective following redetermination of eligibility and the execution of a new Child Care Affordability award.
- b. The Child Care Affordability parent rate(s) shall not be higher than the rate(s) charged to private parents for the same program type. If the child care provider has a policy of requiring a one-time deposit, registration fee, or application fee for all parents, the parent will be responsible for these fees.
- c. Once enrolled, the only fee a parent receiving the Child Care Affordability Program is required to pay is the parent fee, except those noted in the Child Care Affordability rules.
- d. Child Care Affordability Program can continue up to age twelve (12) years old or who turns thirteen (13) during the award period and can include a child between the age of thirteen (13) and eighteen (18) who has been determined by a professional to be a child with a disability.
- e. For the purpose of enrollment and billing for infants, toddlers, and preschoolers, full time is thirty (30) hours or more per week; part time is more than twenty (20), but less than thirty (30) hours per week; half-time is more than ten (10), but less than twenty (20) hours per week; and quarter time is more than one (1), but less than ten (10) hours per week. Billing shall coincide with these hours (see table below).
- f. For the purpose of enrollment and billing for school age children, full time is thirty (30) hours or more per week; part time is more than eleven (11), but less than thirty (30) hours per week; half-time is more than six (6), but less than eleven (11) hours per week; and quarter-time is more than one (1), but less than six (6) hours per week. Billing shall coincide with these hours (see table below).

	Full Time	Part Time	Half Time	Quarter Time
Infant (6 weeks until their first birthday)	30-50 Hours	20-29 Hours	10-19 Hours	1-9 Hours
Toddler (Age 1 until their 3 <sup>rd</sup> birthday)	30-50 Hours	20-29 Hours	10-19 Hours	1-9 Hours
Preschool (Age 3 until enrolled in FT Kindergarten)	30-50 Hours	20-29 Hours	10-19 Hours	1-9 Hours
School Aged (Age 5 until their 13 <sup>th</sup> birthday)	30-50 Hours	11-29 Hours	6-10 Hours	1-5 Hours

20. Department Responsibilities

- a. When the Child Care Provider’s billing form is free of errors and submitted to the Department within the time frame stipulated in this Provider Agreement, the Department will pay the Child Care Provider within fifteen (15) calendar days of receipt.
- b. Furnish the Child Care provider a copy of Notification of Termination issued to the parent or use of alternative form of notification when sensitive information should not be shared with the Child Care Provider.

21. Site Visits

- a. Allow site visits by Department of Health and Human Services staff. Site visits may include random unannounced visits and planned visits.
- b. Encourage parent and child visitation to the program, prior to acceptance.
- c. Encourage parent involvement, allow unlimited parental access, and give parents information about the child’s program activities.

**LICENSED-EXEMPT NON-RELATIVE CHILD CARE PROVIDER  
HEALTH AND SAFETY MONITORING**

**Please be aware you will be expected to comply with all the following:**

<b>Requirement:</b>	
<b>CHILD GUIDANCE</b> <input type="checkbox"/> Positive methods of child guidance observed/described.	<u>Positive methods of child guidance observed/described:</u> The provider must be able to describe how they respond to challenging behaviors in ways that are non-punitive and that do not involve physical discipline (spanking).
<b>SUPERVISION</b> <input type="checkbox"/> Children are adequately supervised.	<u>Children are adequately supervised:</u> Ensure all children are always supervised by the provider, to include at a minimum, inside supervision, which can be sight or sound, and outdoor supervision (including swimming), which must be by sight and close enough to intervene.
<b>CONDITION OF PREMISES</b> <input type="checkbox"/> Evidence of routine maintenance and cleaning. <input type="checkbox"/> Swimming pool adequately safeguarded.	<u>Evidence of routine maintenance and cleaning:</u> The site must be free of hazards that could cause injury to a child such as missing well cover, bare electrical wires, or broken glass. The areas for food preparation must be free of dried food or mold.  <u>Swimming pool adequately safeguarded:</u> Swimming pool must be inaccessible to children when not in use.
<b>FIRST AID</b> <input type="checkbox"/> First aid supplies and manuals available. <input type="checkbox"/> First aid/CPR certified. Expires: _____	<u>First aid supplies and manual available:</u> There must be adequate first aid supplies available to treat common injuries and illnesses and a reference manual that describes response to common injuries.  <u>CPR/First Aid current:</u> The Licensed-Exempt Provider caring for the child must have current Pediatric first-aid and cardiopulmonary resuscitation (CPR). In Recreation programs all staff must have current Pediatric first-aid and cardiopulmonary resuscitation (CPR).
<b>FIRE SAFETY/EMERGENCY PREPAREDNESS</b> <input type="checkbox"/> Working smoke detectors and easily accessible fire extinguisher. <input type="checkbox"/> Two or more unblocked exits. <input type="checkbox"/> Emergency preparedness plans in place. <input type="checkbox"/> Working phone located in Provider's home.	<u>Working smoke detectors and fire extinguisher:</u> There must be working smoke detectors in all areas occupied by children, and at least one working fire extinguisher readily available.  <u>Two or more unblocked exits:</u> In addition to the main entrance to the site, there must be another usable exit.  <u>Emergency preparedness plans in place:</u> The provider must have an accessible site-specific emergency plan (YIKES or equivalent).
<b>DANGERS/TOXINS</b> <input type="checkbox"/> Dangers and toxins inaccessible. <input type="checkbox"/> Medicines are not expired, permission documented and inaccessible to children.	<u>Dangers and toxins inaccessible:</u> The site must be free of materials and conditions that could cause serious injury to an unsupervised child. This includes pesticides, prescription medications, volatile chemicals, and aggressive animals.



<input type="checkbox"/> Firearms and ammunition locked separately.	<p><u>Medicines are not expired, permission documented:</u> Any over-the-counter medication must be current. Prescription medication may only be administered with written authorization from the parent/guardian and must be documented.</p> <p><u>Firearms and ammunition locked separately:</u> All firearms should be locked and unloaded, with ammunition locked separately and out of the reach of children. Verification by viewing of storage is necessary.</p>
<p><b>OUTSIDE PLAY</b></p> <input type="checkbox"/> Outdoor areas are free from hazardous conditions. <input type="checkbox"/> Fencing or other appropriate barriers in place.	<p><u>Outdoor area is free from hazardous conditions:</u> The play area must be free of broken or damaged equipment, insect nests, and poisonous plants.</p> <p><u>Fencing or other appropriate barriers in place:</u> There must be a barrier adequate to restrict child access if the site is near a street, body of water, or other danger.</p>
<p><b>HEALTH/SAFETY</b></p> <input type="checkbox"/> Hand washing and diapering requirements followed. <input type="checkbox"/> Nutritious meals/snacks available. <input type="checkbox"/> Safe sleep practices implemented. <input type="checkbox"/> All choking/swallowing hazards are out of reach. <input type="checkbox"/> Safe transportation practices. <input type="checkbox"/> Transportation approval letter reviewed.	<p><u>Hand washing and diapering requirements followed:</u> Adults and children must wash their hands with soap and warm running water before and after toileting, food preparation, and diapering. Properly dispose of hazardous materials and bio-contaminants.</p> <p><u>Nutritious meals/snacks available:</u> The provider must have a supply of nutritious foods and snacks available for the number of children in care.</p> <p><u>Safe sleep practices implemented:</u> Children are placed on their backs for sleeping. Cribs and/or play yards are free of objects that could cause suffocation or strangulation.</p> <p><u>All choking/swallowing hazards are out of reach:</u> Any objects smaller than one- and one-half inch in diameter are not within reach of children.</p> <p><u>Safe transportation practices:</u> Providers that have been approved by the Child Care Affordability Program to transport children must use appropriate restraints (car seats or seat belts, based on the size of the child) if transportation is provided. <a href="http://www.mainelegislature.org/legis/statutes/29-a/title29-asec2081.html">http://www.mainelegislature.org/legis/statutes/29-a/title29-asec2081.html</a>.  Transporting on buses does not require appropriate restraints for children age 4 and older. Providers must also hold a valid driver's license and refrain from smoking in the motor vehicle with any child(ren) under the age of sixteen (16), as required by Maine State Law. The Transportation Approval letter from CCAP needs to be provided during the inspection for all staff who transport.</p>

<p><b>CHILD RECORDS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Immunization history available on-site.</li> <li><input type="checkbox"/> Written authorization for emergency treatment.</li> </ul>	<p><u>Immunization history available on-site:</u> The provider must show a copy of an immunization record for all children.</p> <p><u>Written authorization for emergency care/medications:</u> The provider must show a signed release allowing emergency medical care for all children, and a signed release for any medications being administered. Note any allergies and treatment required (if needed).</p>
<p><b>REPORTING CHILD ABUSE AND NEGLECT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Providers understand mandatory reporting requirements.</li> <li><input type="checkbox"/> Mandated Reporter training completed.</li> <li><input type="checkbox"/> Mandated reporting number is available. Child Protective Services #1-800-452-1999</li> <li><input type="checkbox"/> Deaths, serious injuries, contagious diseases reported to DHHS.</li> </ul>	<p><u>Mandated reporter training:</u> The provider and anyone providing direct care for children must have completed mandated reporter training, and the Mandated Reporter hotline number must be available on site. In accordance with Maine State Law this training must be updated every four (4) years.</p> <p><u>Deaths, serious injuries, contagious diseases reported to DHHS:</u> Report to CCAP @ 624-7999 or 1-877-680-5866 or <a href="mailto:CCAP.DHHS@maine.gov">CCAP.DHHS@maine.gov</a></p>
<p><b>BACKGROUND CHECKS/FINGERPRINTING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ALL current and prospective staff members, household members age 18 and older, any Child Care Affordability Program (CCAP) license-exempt child care provider, and any other individuals whose activities involve the care and supervision of children or who have unsupervised access to children while in the care of a provider.</li> </ul>	<p>A copy of the letter of eligibility that will be provided to the individual by the Office of Child &amp; Family Services (OCFS) will be verified during the on-site inspection.</p>



**Department of Health and Human Services  
Office of Child and Family Services  
Child Care Affordability Program  
Licensed-Exempt Child Care Provider Agreement**

The Department of Health and Human Services may verify that the child care provider is complying with all the above statements. Providers found to be noncompliant will have thirty (30) days to come into compliance. Noncompliance continuing after the thirty (30) days may result in termination from participation in the Child Care Affordability Program

**Provider Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Language:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Social Security / EIN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Billing Number:** \_\_\_\_\_  
(Current provider only)

**Type of Child Care Provider (Circle):**

**In-Home Child Care Provider (In Parent's Home)**

**License-Exempt Child Care Provider**

**Recreational Program- Hours of operations during the school year?  
\_\_\_\_\_ Summer?**

**Have you ever had a revocation sanction by Child Care Licensing?**  No  Yes

**If yes, please provide the Date of Revocation** \_\_\_\_\_ **and License number** \_\_\_\_\_

**Please list the rate that you charge for the span of hours.**

**All rates must be entered for form to be complete.**

	Full-time Rate	Part-time Rate	Half-time Rate	Quarter-time Rate
<b>Infant (6 weeks to &lt; 13 mo.)</b>	<b>30+ hours per week</b>	<b>20-29 hours per week</b>	<b>10-19 hours per week</b>	<b>1-9 hours per week</b>
<b>Toddler Rate (13 mo. to 36 mo.)</b>	<b>30+ hours per week</b>	<b>20-29 hours per week</b>	<b>10-19 hours per week</b>	<b>1-9 hours per week</b>
<b>Preschool Rate (36 mo. to enrolled in FT Kindergarten)</b>	<b>30+ hours per week</b>	<b>20-29 hours per week</b>	<b>10-19 hours per week</b>	<b>1-9 hours per week</b>
<b>School Age Rate (enrolled in school)</b>	<b>30+ hours per week</b>	<b>11-29 hours per week</b>	<b>6-10 hours per week</b>	<b>1-5 hours per week</b>

**Do you charge a registration fee?**  Yes  No

## Effective Dates of the Child Care Provider Agreement

Child Care Affordability Program rates are not effective until the rate(s) are approved by the Department of Health and Human Services and rates can only be modified annually or upon completion of this Agreement. This Agreement is not effective until signed by both parties.

This Agreement shall be in effect from \_\_\_\_\_ to **07/02/27** at which time a new Agreement must be signed if service provision is to continue. The Agreement may be terminated by either party upon twelve (12) days written notice or suspended immediately in the case of emergency action by the Department of Health and Human Services.

I understand that I am entering into this Agreement as an independent contractor and may, in no way, be considered an employee of the State or Federal Government. I further agree to hold harmless the State and Federal governments for any damages to person(s) or property, which may arise out of the delivery of services under this Agreement.

I give my permission for the Department of Health and Human Services to access information from the Department of Health and Human Services and the Department of Motor Vehicles which pertain to my ability to care for Children.

I understand the policies contained in this Agreement, and I agree to comply fully with them. Further, I certify that the rate(s) listed are approved according to the Child Care Affordability policy. I understand that upon a further review of rate information by the Department of Health and Human Services, justification must be provided to support the rate(s), or the rate(s) will be adjusted accordingly.

### ***SIGNATURE REQUIRED: Please sign, date and return***

**I certify under penalty of perjury that to the best of my knowledge the above information is true. I understand that this information will be provided to the Department of Health and Human Services for use in administration of this program. I authorize the agency to verify this information by whatever means necessary.**

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**Signature of Child Care Provider**

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**Date**

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**Signature of Department of Health and Human Services  
Staff**

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**Date**

### ► **Return completed form to:**

**Child Care Affordability Program**

**2 Anthony Avenue**

**11 State House Station**

**Augusta, ME 04333-0011**

**EMAIL [CCAP.DHHS@Maine.gov](mailto:CCAP.DHHS@Maine.gov)**

**Or FAX 207-287-6308**



# State of Maine Substitute W-9 & Vendor Authorization Form

**RETURN TO:**  
by mail  
to the agency who requested the form or sent it to you, or the agency you're doing business with.  
(i.e., DHHS/Labor/ DEP/Education/etc)

PURPOSE: To establish or update an account with the State of Maine's accounting system.  
Complete this form if: 1) You will receive payment from the State of Maine, and/or 2) You are a vendor who provides services or goods to the State of Maine.

**This form replaces the IRS W-9 form per the IRS W-9 language: "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9."**

FILL OUT FORM COMPLETELY - ALL AREAS WITH \* ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

### TYPE OF REQUEST\*: (Must select one.)

- New Request   
  New Location/Additional Entry   
  Change   
  Legal Name   
  Phone #   
  Contact Info   
  Payment Address  
 DBA Name   
  Care Of   
  Email Only   
  Ordering Address

### TAXPAYER ID NUMBER\* (TIN) (Provide ONE only)

Social Security # (person) or a Federal Employer ID # (business)    TIN

TIN Type * choose ONE	Organization Type *	Classification * choose ONE
<input type="radio"/> Social Security No. →	<input type="radio"/> Individual →	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> State Employee <input type="checkbox"/> Estate <input type="checkbox"/> Nonresident Alien
<input type="radio"/> Employer ID No. →	<input type="radio"/> Company →	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Other Non-Profit Org <input type="checkbox"/> Other Gov't <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> Other <input type="checkbox"/> Foreign (W8 required)

### LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)

Legal Name\*     Alias/DBA

### Other Info

Vendor Customer Number (if known) VC#/VS#     Account/Client/Provider Number (if known)

### Payment Address\*

My  Billing Address  Admin. Address is the same.

Address  C/O   
 City/State/Zip     Phone

### Contact\*

Name     Phone     Ext   
 Email      Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

### Procurement/Physical Address\*

My  Billing Address  Admin. Address is the same.

Address  C/O   
 City/State/Zip     Phone

### Contact\*

Name     Phone     Ext   
 Email

### Authorized Signature, Title & Current Date\*

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U. S. citizen or other U. S. person (defined by the IRS). Ref: www.irs.gov

OFFICE USE ONLY

Information on State Agency Submitting Vendor Form

OFFICE USE ONLY

State Agency & SHS #

Agency Contact Person Name & Title

Contact's Phone #

STATE OF MAINE  
NEW VENDOR & VENDOR UPDATE FORM  
INSTRUCTIONS

1. TYPE OF REQUEST

- a. Is it **NEW**?
- b. Adding location? (a sub/child entry to another existing.)
- c. **CHANGES** to existing? Checkmark a type.

2. FEDERAL TAXPAYER ID NUMBER

❖ **NOTE: Provide only ONE or the other do NOT give us both. If one is not provided the form is NOT processed.**

- Your social security number if you are an individual and being paid as such.

**OR**

- Your EIN if you're a company and being paid as such.

**NOTE: follow ACROSS the paper – do not cross over between the types.**

3. SOCIAL SECURITY NUMBER

- a. TIN TYPE - Social Security Number – if you gave SSN above.
- b. ORGANIZATION TYPE – Individual
- c. CLASSIFICATION – choose one (individual/sole prop/st employee/estate/non-res alien)

4. EMPLOYER ID NUMBER

- a. TIN TYPE- if you gave EIN above.
- b. ORGANIZATION TYPE – Company
- c. CLASSIFICATION – choose one

(corporation/partnership/trust/estate/other non-prof org/other gov't/fed gov't/st gov't/other/foreign)

5. LEGAL NAME

- a. LEGAL NAME: Person's first & last name if an SSN is provided above. OR Company's name if an EIN is provided above.
- b. ALIIS/DBA: alias or also known as OR the DBA = doing business as is entered here.

6. OTHER INFO (add in addition to TIN - NOT instead of)

- a. Vendor Code a number that was assigned by the State of Maine's accounting system Advantage. Usually a VC or VS number. (if known)
- b. Account/Client/Provider Number may have been assigned by DHHS/LABOR or an NPI. (if known)

7. PAYMENT ADDRESS

- a. Address = Street **OR** post office box address (**NOT both**)
- b. C/O = Care Of or attention to (ATTN) goes in this space.
- c. City, State, & Zip
- d. Phone = the phone number of the legal name above.

❖ My BILLING and/or Admin Address is the same. (Advantage has 4 types of addresses: Payment/Procurement/Billing/Administrator)

8. CONTACT

- a. Contact name for above address that we can contact in reference to payments.
- b. Contact phone number & extension for above address.
- c. Contact's Email for above address.
- d. Email notification of Direct Deposit/EFT (requires Direct Deposit/EFT form to be completed.)

9. PHYSICAL / PROCUREMENT ADDRESS ~ follow #7's a-d above in reference to contracts.

10. CONTACT ~ follow #8's a-d above in reference to contracts.

❖ **NOTE: addresses may be different between payment & procurement/physical**

11. AUTHORIZED SIGNATURE, TITLE & DATE

a person authorized to make changes for individual (self if form is for self) or company.

**State of Maine Substitute W-9 & Vendor Authorization Form**

**ATTENTION:** To be used by the State of Maine's accounting system. Complete this form if you are a new vendor or if you are updating your information. This form replaces the W-9 form previously used. This request form is to be used for all new vendors. It is required for all vendors to be paid via Direct Deposit/EFT. This form is required for all vendors to be paid via Direct Deposit/EFT.

**1. TYPE OF REQUEST:** (Just select one.)

New Request  New Location/Additional Entry  Change  Legal Name  Payer #  Contact Info  Payment Address

**2. FEDERAL TAXPAYER ID NUMBER - TIN:** (Provide ONE only) Social Security (if you are an individual) TIN

**3. TIN TYPE:** (Choose one)

Social Security No.  Individual  State Employee  Estate  Nonresident Alien

**4. EMPLOYER ID No.:** (Choose one)

Company  Corporation  Partnership  Trust  Estate  Other Non-Profit Org

Other Gov't  Federal Gov't  State Gov't  Other  Foreign (498 required)

**5. LEGAL NAME:** (Must provide: Legal name used with IRS due to the ID number, last name if last name is EIN-Numberless)

Legal Name (a) Alias/DBA (b)

**6. Other Info:** Vendor Client/Provider ID known VC/VS# Account/Client/Provider Number (if known)

**7. Payment Address:** My  Billing Address  Admin Address is the same.

Address: (a) C/O (b)

City/State/Zip (c) Phone (d)

**8. Contact:** Name (a) Phone (b) Ext

Email (c) Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

**9. Procurement/Physical Address:** My  Billing Address  Admin Address is the same.

Address: (a) C/O (b)

City/State/Zip (c) Phone (d)

**10. Contact:** Name (a) Phone (b) Ext

Email (c)

**11. Authorized Signature, Title & Current Date:**

Use this form as a backup. I certify that: 1) The number shown on this form is my correct taxpayer identification number, and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all income, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 2) I am a U.S. citizen or other U.S. person (defined by the IRS) for tax purposes.

OFFICE USE ONLY: Name Agency & SSN# Agency Contact Person Name & Title Contact Phone #

OFFICE USE ONLY: INFORMATION ON STATE AGENCY SUBMITTING VENDOR FORMS

ME 9078 1/14/11

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Child and Family Services  
Child Care Subsidy Program  
11 State House Station  
2 Anthony Avenue  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7999; Fax: (207) 287-6308  
TTY: Dial 711 (Maine Relay)  
TTY Users: Dial 711 (Maine Relay)

## **Approved CCAP Provider Online Billing**

In efforts to reduce the cost of postage and paper, CCAP encourages the use of online billing. Please read the instructions listed below for use of online billing accounts. Online billing ensures that your billing information has been received on time.

Visit: <https://gateway.maine.gov/DHHS/ccsp/Account/ProviderLogin.aspx>

- Click on the link that says, “Click here to apply for new Provider Account.”

When the page opens, enter the following information:

- The License/Provider ID #, which is 6 digits long
  - If you don't know your License/Provider ID #, request the information by email at [ccap.dhhs@maine.gov](mailto:ccap.dhhs@maine.gov)
  - If you have received paper billing, it can be found in the upper right-hand corner of the page.
- Enter the new user's first and last name.
  - The user is the person who is entering billing information for the Child Care Provider. This person might be the owner, manager, accountant, or book keeper of the Child Care Center, Facility or Home.
- Enter the new user's email address.
- Verify the Business Physical Address
- Verify the Business Mailing Address
  - If the wrong physical address and/or mailing address is entered, the appropriate billing information will not show up.
- Read the Release Statement and place a checkmark in the box to acknowledge that you've read and understand the Release Statement.
- Click SUBMIT!

A CCAP Eligibility Specialist will need to approve your online billing account. If this hasn't happened within 24 hours of sign up, please email [ccap.dhhs@maine.gov](mailto:ccap.dhhs@maine.gov)

## Quick Reference Guide to Provider Billing

Provider billing is submitted after care is complete, but no sooner than Friday at 5:00 p.m. following the bi-weekly billing schedule. For billing to be processed that week it must be submitted by noon on Wednesday. For billing to be paid it must be submitted within 60 days of the established deadline. Once it is submitted free of errors the Department will pay the childcare provider within fifteen days of receipt. The below information is a quick reference guide to billing. For complete information refer to your Provider Agreement and Child Care Affordability Program Rules.

### Column Explanation

**Parent Fee Current Y/N** - Parent portion paid to the provider by the parent.

**Regular Hours** – Total physical hours the child attended for the week between 6:00a.m.- 6:00 p.m. Monday-Friday.

**Excused Hours** – Absences that you know about and must be noted on the form. **Reasonable Cause** means Department-Approved reasons for a Child’s absence from a Child Care Provider’s program which may include, without limitation: Federal/State holidays; Parental vacation days; inclement weather defined by a snow day when local schools are closed; illness of the Child or other immediate Family member; appointments; transportation issues that affect the Parent’s ability to transport the Child to care; Family visitations: Family emergencies, including, but not limited to, surgery, medical treatments, or accidents; or catastrophic events affecting the Family, including but not limited to fires, storms, or accidents.

When a Child is absent from the program beyond two (2) consecutive weeks for the same Reasonable Cause, the Child Care Provider must obtain prior written approval from the Department to continue Child Care Subsidy Payment.

During Summer vacations, children not in care due to parent visitation agreement, will need to have their CCPP put “on hold” status.

**Excused Days** - skip

**Un-excused Hours** - Unacceptable Absence means a lack of attendance by a Child at the Child Care Service for more than two (2) calendar days per month without Reasonable Cause or previous approval from the Department.

**Provider Vacation** To maintain continuity of Child Care Services, in a twelve (12) month period (January to January), the Department will pay the Child Care Provider for: state holidays and up to fifty (50) hours of Child Care Provider vacation time as required by federal law (45 C.F.R. §98.45)

\* **Tip:** Many providers take vacation the same week that a holiday falls on ex: July 4<sup>th</sup> week and Christmas week. CCAP will get a billing form using 40 hours of vacation time. The provider may bill 8 hours for the holiday during that vacation week as excused. Full time care is



30 hours. An additional 22 hours of vacation time would equal full time pay for the week for a provider. This leaves the provider enough time for a 2<sup>nd</sup> paid vacation during the Christmas break.

**Provider Training** To maintain continuity of Child Care Services, in a twelve (12) month period (January to January) the Department will pay the Child Care Provider for: up to forty (40) training hours.

**Unexcused Days** – skip

**Off Hours** – Care between the hours of 6:00 p.m. and 6:00 a.m. and on weekends. An additional payment of 35% of the providers base rate for the hours used will be paid)

**Total Hours- total hours of care for the week – Add up**

**Unacceptable Absence** means a lack of attendance by a Child at the Child Care Service for more than two (2) calendar days per month without Reasonable Cause or previous approval from the Department

**Week 2 Billing Period: 9/25/2021 - 10/1/2021**

Child	Age Group	Parent Fee Current Y/N	Regular Hours	Excused Hours	Excused Days	Un-excused Hours	Provider Vacation	Provider Training	Un-excused Days	Off Hours	Total Hours
	Toddler										
	Infant										
	Preschooler										

Infant means a child six (6) weeks through twelve (12) months of age

Toddler is a child thirteen (13) months through thirty-six (36) months of age

Preschooler is a child more than 36 months of age but not yet enrolled in kindergarten

School age is a child enrolled in kindergarten

	Full Time	Part Time	Half Time	Quarter Time
Infant/Toddler/Preschool	30 + hours per week	20-29 hours per week	10-19 hours per week	1-9 hours per week
School Age	30 + hours per week	11-29 hours per week	6-10 hours per week	1-5 hours per week

**Child Care Affordability Program  
Billing Week Schedule, December 2023 through January 2025**

CCAP follows a Bi-weekly Billing Schedule. The forms are submitted after the care is complete, but no sooner than Friday at 5:00 p.m. following the schedule listed below. Any bills submitted early will be rejected. For billing to be processed it must be received without error by noon on Wednesday. When the Child Care Provider's billing form is free of errors and submitted to the Department within the time frame stipulated, the Department will pay the Child Care Provider within twenty-one (21) calendar days of receipt. The Department will not pay a Child Care Provider who does not submit a bill within sixty (60) calendar days of the Department established submission deadline.

The State of Maine observes the following list of holidays. Offices may be closed, and billing delayed, during these weeks. New Year's Day, Martin Luther King, Jr. Day, President's Day, Patriot's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Indigenous Peoples Day, Veterans Day, Thanksgiving Day and the day following, and Christmas.

For additional information about billing and payment, please refer to your Provider Agreement

<b>Bi-Weekly Billing Cycle</b>	<b>Dates to Submit Billing for it to be processed.</b>
<b>12/2-12/15</b>	<b>Fri 12/15 after 5 p.m. until Wed 12/20 by noon</b>
<b>12/16-12/29</b>	<b>Fri 12/29 after 5 p.m. until Wed. 01/03/24 by noon</b>
<b>12/30 – 01/12/24</b>	<b>Fri 01/12 after 5 p.m. until Wed. 01/017 by noon</b>
<b>01/13 – 01/26</b>	<b>Fri 01/26 after 5 p.m. until Wed. 01/31 by noon</b>
<b>01/27 – 2/9</b>	<b>Fri. 02/09 after 5 p.m. until Wed. 02/14 by noon</b>
<b>02/10 – 02/23</b>	<b>Fri. 02/23 after 5 p.m. until Wed. 02/28 by noon</b>
<b>02/24 – 03/08</b>	<b>Fri. 03/08 after 5 p.m. until Wed. 03/13 by noon</b>
<b>03/09 – 03/22</b>	<b>Fri. 03/22 after 5 p.m. until Wed. 03/27 by noon</b>
<b>03/23 – 04/05</b>	<b>Fri. 04/05 after 5 p.m. until Wed. 04/10 by noon</b>
<b>04/06 – 04/19</b>	<b>Fri. 04/19 after 5 p.m. until Wed. 04/24 by noon</b>
<b>04/20 – 05/03</b>	<b>Fri. 05/03 after 5 p.m. until Wed. 05/08 by noon</b>
<b>05/04 – 05/17</b>	<b>Fri. 05/17 after 5 p.m. until Wed. 05/22 by noon</b>
<b>05/18 – 05/31</b>	<b>Fri. 05/31 after 5 p.m. until Wed. 06/05 by noon</b>
<b>06/01 – 06/14</b>	<b>Fri. 06/14 after 5 p.m. until Wed. 06/15 by noon</b>
<b>06/15 – 06/28</b>	<b>Fri. 06/28 after 5 p.m. until Wed. 07/03 by noon</b>
<b>06/29 – 07/12</b>	<b>Fri. 7/12 after 5 p.m. until Wed. 07/17 by noon</b>
<b>07/13 – 07/26</b>	<b>Fri. 07/26 after 5 p.m. until Wed. 07/31 by noon</b>
<b>07/27 – 08/09</b>	<b>Fri. 08/09 after 5 p.m until Wed. 08/14 by noon</b>
<b>08/10 – 8/23</b>	<b>Fri. 08/23 after 5 p.m. until Wed. 08/28 by noon</b>
<b>08/24 – 09/06</b>	<b>Fri. 09/06 after 5 p.m. until Wed. 09/11 by noon</b>
<b>09/07 – 09/20</b>	<b>Fri. 09/20 after 5 p.m. until Wed. 09/25 by noon</b>
<b>09/21 – 10/04</b>	<b>Fri. 10/04 after 5 p.m. until Wed. 10/09 by noon</b>
<b>10/05 – 10/18</b>	<b>Fri. 10/08 after 5 p.m. until Wed 10/23 by noon</b>
<b>10/19 – 11/01</b>	<b>Fri. 11/01 after 5 p.m. until Wed. 11/06 by noon</b>
<b>11/02 – 11/15</b>	<b>Fri. 11/15 after 5 p.m. until Wed. 11/20 by noon</b>
<b>11/16 – 11/29</b>	<b>Fri. 11/29 after 5 p.m. until Wed. 12/04 by noon</b>
<b>11/30 – 12/13</b>	<b>Fri. 12/13 after 5 p.m. until Wed. 12/18 by noon</b>
<b>12/14 – 12/27</b>	<b>Fri. 12/27 after 5 p.m. until Wed. 01/01/25 by noon</b>
<b>12/28 – 01/10/25</b>	<b>Fri. 01/10 after 5 p.m. until Wed. 01/15 by noon</b>
<b>01/11 – 01/24</b>	<b>Fri. 01/24 after 5 p.m. until Wed. 01/29 by noon</b>

**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES JULY 3, 2021**

County	Licensed Child Care Center				Licensed Family Child Care Maximum Rate				License-Exempt Child Care Maximum Rate			
	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time
<b>ANDROSCOGGIN</b>												
Infants	\$215.00	\$161.25	\$107.50	\$53.75	\$170.00	\$127.50	\$85.00	\$42.50	\$119.00	\$89.25	\$59.50	\$29.75
Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00
Preschool	\$165.00	\$123.75	\$82.50	\$41.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$155.00	\$116.25	\$77.50	\$38.75	\$135.00	\$101.25	\$67.50	\$33.75	\$94.50	\$70.88	\$47.25	\$23.63
<b>AROOSTOOK</b>												
Infants	\$185.00	\$138.75	\$92.50	\$46.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
Toddlers	\$154.00	\$115.50	\$77.00	\$38.50	\$130.00	\$97.50	\$65.00	\$32.50	\$91.00	\$68.25	\$45.50	\$22.75
Preschool	\$148.00	\$111.00	\$74.00	\$37.00	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88
School Age	\$140.00	\$105.00	\$70.00	\$35.00	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88
<b>CUMBERLAND</b>												
Infants	\$303.00	\$227.25	\$151.50	\$75.75	\$225.00	\$168.75	\$112.50	\$56.25	\$157.50	\$118.13	\$78.75	\$39.38
Toddlers	\$279.00	\$209.25	\$139.50	\$69.75	\$200.00	\$150.00	\$100.00	\$50.00	\$140.00	\$105.00	\$70.00	\$35.00
Preschool	\$263.08	\$197.31	\$131.54	\$65.77	\$225.00	\$168.75	\$112.50	\$56.25	\$157.50	\$118.13	\$78.75	\$39.38
School Age	\$180.00	\$135.00	\$90.00	\$45.00	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
<b>FRANKLIN</b>												
Infants	\$205.00	\$153.75	\$102.50	\$51.25	\$193.75	\$145.31	\$96.88	\$48.44	\$135.63	\$101.72	\$67.82	\$33.91
Toddlers	\$196.00	\$147.00	\$98.00	\$49.00	\$172.50	\$129.38	\$86.25	\$43.13	\$120.75	\$90.56	\$60.38	\$30.19
Preschool	\$181.67	\$136.25	\$90.84	\$45.42	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$125.00	\$93.75	\$62.50	\$31.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
<b>HANCOCK</b>												
Infants	\$227.00	\$170.25	\$113.50	\$56.75	\$157.25	\$117.94	\$78.63	\$39.31	\$110.08	\$82.56	\$55.04	\$27.52
Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
Preschool	\$197.00	\$147.75	\$98.50	\$49.25	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
School Age	\$149.00	\$111.75	\$74.50	\$37.25	\$145.00	\$108.75	\$72.50	\$36.25	\$101.50	\$76.13	\$50.75	\$25.38
<b>KENNEBEC</b>												
Infants	\$220.00	\$165.00	\$110.00	\$55.00	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
Preschool	\$267.00	\$200.25	\$133.50	\$66.75	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$145.00	\$108.75	\$72.50	\$36.25	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88

**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES July 3, 2021**

County	Licensed Child Care Center				Licensed Family Child Care Maximum Rate				License-Exempt Child Care Maximum Rate			
	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time
<b>KNOX</b>												
Infants	\$219.00	\$164.25	\$109.50	\$54.75	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00
Preschool	\$209.00	\$156.75	\$104.50	\$52.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$220.00	\$165.00	\$110.00	\$55.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
<b>LINCOLN</b>												
Infants	\$210.00	\$157.50	\$105.00	\$52.50	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Preschool	\$200.00	\$150.00	\$100.00	\$50.00	\$180.00	\$135.00	\$90.00	\$45.00	\$126.00	\$94.50	\$63.00	\$31.50
School Age	\$178.75	\$134.06	\$89.38	\$44.69	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
<b>OXFORD</b>												
Infants	\$205.00	\$153.75	\$102.50	\$51.25	\$193.75	\$145.31	\$96.88	\$48.44	\$135.63	\$101.72	\$67.82	\$33.91
Toddlers	\$196.00	\$147.00	\$98.00	\$49.00	\$172.50	\$129.38	\$86.25	\$43.13	\$120.75	\$90.56	\$60.38	\$30.19
Preschool	\$181.67	\$136.25	\$90.84	\$45.42	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$125.00	\$93.75	\$62.50	\$31.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
<b>PENOBSCOT</b>												
Infants	\$255.00	\$191.25	\$127.50	\$63.75	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Toddlers	\$230.00	\$172.50	\$115.00	\$57.50	\$180.00	\$135.00	\$90.00	\$45.00	\$126.00	\$94.50	\$63.00	\$31.50
Preschool	\$205.00	\$153.75	\$102.50	\$51.25	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
School Age	\$200.00	\$150.00	\$100.00	\$50.00	\$165.00	\$123.75	\$82.50	\$41.25	\$115.50	\$86.63	\$57.75	\$28.88
<b>PISCATAQUIS</b>												
Infants	\$185.00	\$138.75	\$92.50	\$46.25	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$154.00	\$115.50	\$77.00	\$38.50	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
Preschool	\$148.00	\$111.00	\$74.00	\$37.00	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$140.00	\$105.00	\$70.00	\$35.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
<b>SAGADAHOC</b>												
Infants	\$210.00	\$157.50	\$105.00	\$52.50	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Preschool	\$200.00	\$150.00	\$100.00	\$50.00	\$180.00	\$135.00	\$90.00	\$45.00	\$126.00	\$94.50	\$63.00	\$31.50
School Age	\$178.75	\$134.06	\$89.38	\$44.69	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25

## MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES July 3, 2021

County	Licensed Child Care Center				Licensed Family Child Care Maximum Rate				License-Exempt Child Care Maximum Rate			
	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time
<b>SOMERSET</b>												
Infants	\$185.00	\$138.75	\$92.50	\$46.25	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$154.00	\$115.50	\$77.00	\$38.50	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
Preschool	\$148.00	\$111.00	\$74.00	\$37.00	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$140.00	\$105.00	\$70.00	\$35.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
<b>WALDO</b>												
Infants	\$219.00	\$164.25	\$109.50	\$54.75	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00
Preschool	\$209.00	\$156.75	\$104.50	\$52.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$220.00	\$165.00	\$110.00	\$55.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
<b>WASHINGTON</b>												
Infants	\$227.00	\$170.25	\$113.50	\$56.75	\$157.25	\$117.94	\$78.63	\$39.31	\$110.08	\$82.56	\$55.04	\$27.52
Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
Preschool	\$197.00	\$147.75	\$98.50	\$49.25	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
School Age	\$149.00	\$111.75	\$74.50	\$37.25	\$145.00	\$108.75	\$72.50	\$36.25	\$101.50	\$76.13	\$50.75	\$25.38
<b>YORK</b>												
Infants	\$270.00	\$202.50	\$135.00	\$67.50	\$210.00	\$157.50	\$105.00	\$52.50	\$147.00	\$110.25	\$73.50	\$36.75
Toddlers	\$255.00	\$191.25	\$127.50	\$63.75	\$200.00	\$150.00	\$100.00	\$50.00	\$140.00	\$105.00	\$70.00	\$35.00
Preschool	\$240.00	\$180.00	\$120.00	\$60.00	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
School Age	\$204.00	\$153.00	\$102.00	\$51.00	\$165.00	\$123.75	\$82.50	\$41.25	\$115.50	\$86.63	\$57.75	\$28.88

Infant means a child six (6) weeks through twelve (12) months of age

Toddler is a child thirteen (13) months through thirty-six (36) months of age

Preschooler is a child more than 36 months of age but not yet enrolled in Kindergarten

School age is a child enrolled in Kindergarten

	Full Time	Part Time	Half Time	Quarter Time
Infant/Toddler/Preschool	30 + hours per week	20-29 hours per week	10-19 hours per week	0-9 hours per week
School Age	30 + hours per week	11-29 hours per week	6-10 hours per week	0-5 hours per week

**TIME IN/OUT SHEET**

**Name of Child Care Provider/Facility:** \_\_\_\_\_

The Child Care Provider must maintain a system for recording the days and the number of hours the Child(ren) are in the Child Care Provider’s care.

**Parents are required to sign** these attendance records to indicate their agreement to the number of hours of care provided weekly.

CCAP may request copies of your time in/out sheet, please maintain these records.

**Please keep for your record keeping.**

**Date:**

Day	Child’s Name	Time Dropped Off	Time Picked Up	Total Hours of Care for the Day	Parent’s Signature	Reason for Absences
*Saturday						
*Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

**Date:**

Day	Child’s Name	Time Dropped Off	Time Picked Up	Total Hours of Care for the Day	Parent’s Signature	Reason for Absences
*Saturday						
*Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

\*Off Hour Care is Saturday, Sunday and between 6 p.m. to 6 a.m. Monday through Friday



## Welcome to *Rising Stars for ME!*

Maine's has a new child care quality rating and improvement system (QRIS), called *Rising Stars for ME*. *Rising Stars for ME* is designed to increase awareness of the importance of quality early childhood and out-of-school time experiences.



*Rising Stars for ME* is important because we all care and want what is best for Maine's children. Studies have shown that children in quality early care programs have better developed language skills, motor skills, and reasoning ability when they get to school.

Because you are a Child Care Affordability Program Provider (CCAP) provider<sup>1</sup>, you were automatically enrolled with *Rising Stars for ME* as of March 27, 2023!

Providers that meet all of the requirements for CCAP are rated at a Star 1. The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS) has provided you with a certificate that you can share with families.

You can read more about *Rising Stars for ME* on the OCFS website at:  
<https://www.maine.gov/dhhs/ocfs/support-for-families/child-care/qrisc>.

What is the difference between the Maine Roads to Quality Registry and *Rising Stars for ME*?

	
<p><i>Rising Stars for ME</i> is a system for the PROGRAM.</p>	<p>The MRTQ Registry is a system for INDIVIDUALS.</p>
<p><i>Rising Stars for ME</i> uses program data on specific Standards to give PROGRAMS a rating from 1 to 5 Stars.</p>	<p>The MRTQ Registry uses education, training, and experience to assign INDIVIDUALS to a Level on their chosen <a href="#">Career Lattice</a>.</p>
<p>Enrollment with <i>Rising Stars for ME</i> must be renewed every two years.</p>	<p>Registry membership should be updated regularly, but never expires.</p>

Logging in to your *Rising Stars for ME* profile

Providers can log in to [www.RisingStarsforME.org](http://www.RisingStarsforME.org) profile to print additional copies of your certificate. You will want to hold on to a copy to show licensing.

<sup>1</sup> CCAP providers who are grandparents, great-grandparents, aunts, uncles, or siblings are considered relatives and are not required to participate with *Rising Stars for ME*.



Is participation with *Rising Stars for ME* required?

Yes. All non-relative license-exempt providers receiving Child Care Affordability Program (CCAP) funds must participate with *Rising Stars for ME*. Those programs are automatically assigned to Star 1.

What are the eligibility requirements?

- a. All direct care Child Care Staff Members and Directors have current Department approved certification in Infant, Child, and Adult CPR and first aid;
- b. Read and signed documentation/contract to participate with the CCAP;
- c. All direct care Child Care Staff Members and Directors completed initial six (6) hour, Department-approved, Health and Safety Basics online training and completes two (2) hour renewal each year thereafter.

A Program's Star Rating start and end date aligns with a Program's child care License or a CCAP License-Exempt Provider Agreement. A Program must renew their Star Rating certificate at the time of their CCAP License-Exempt Provider Agreement is updated.

Interested in becoming licensed?

We're here to support you! Here are some links to get you started on the process:

- Maine Child Care Licensing: <https://www.maine.gov/dhhs/ocfs/provider-resources/child-care-licensing/becoming-a-childcare-provider>
- Maine Roads to Quality Professional Development Network for training and technical assistance: <https://mrtq.org>
- Opening a Child Care in Maine: Resources and Support: <https://ccids.umaine.edu/resources/opening-child-care-in-maine-resources-support/>

Contact information:

*Rising Stars for ME*

- By phone at 1-888-900-0055
- By email [risingstarsforme@maine.edu](mailto:risingstarsforme@maine.edu)

The Department of Health and Human (DHHS), Office of Child and Family Services (OCFS), Services Child Care Affordability Program

- By phone at 1-877-680-5866 or 207-624-7999
- By email [CCAP.DHHS@maine.gov](mailto:CCAP.DHHS@maine.gov)
- By fax 207-287-6308

Maine Roads to Quality Professional Development Network

- By phone at 1-888-900-0055
- By email [mrtq.contact@maine.edu](mailto:mrtq.contact@maine.edu)



## Information for Recreational Program Directors

A requirement to receive Child Care Affordability Program funds is that all providers must register with Maine Roads to Quality (MRTQ) and complete the department-approved Health and Safety Training.

For you as the Director to be able to see the status of your staff, you need to establish Director of Record Access (DoRA) through MRTQ.

To access the DoRA application and instructions, visit [mrtq-registry.org](http://mrtq-registry.org) and log into your MRTQ Registry Account. You can access the application on your account under "My Employment" -> "DoRA Application."



Where the application asks, "Please enter the DHHS license number of the program," you will use your CCAP resource number. This resource number will be provided to you by your Financial Resources Specialist and may also be referred to as your billing number. Be sure to complete the process by initialing and submitting the DoRA application.

### Director of Record Access (DoRA)

Once you have submitted the DoRA Application, MRTQ will verify that you are the Director as listed with the Recreation Department. In some cases, if MRTQ is not able to verify that you are the Director, we will contact you for further documentation. Additional staff may be granted DoRA with the Director's approval.

All staff with Directors of Record Access must be full active members of the MRTQ Registry and have set up a username and password to access your personal Registry record. If you are not yet a member of the Registry, please complete the MRTQ Registry application process prior to submitting a request for Director of Record Access.

Please contact the MRTQ Registry ([mrtq.registry@maine.edu](mailto:mrtq.registry@maine.edu)) for additional information.

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Child and Family Services  
Child Care Affordability  
Program 11 State House  
Station  
2 Anthony Avenue  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7999; Fax: (207) 287-6308  
TTY: Dial 711 (Maine Relay)

## Transportation of Children

**If you would like to transport children**, it is required by the Child Care Affordability Program that a Department of Motor Vehicle Check is completed. Please fill out the following information:

Name
Maiden Name
D.O.B.
Address

The following findings would disqualify you from being able to transport children. A conviction for an OUI or Driving to Endanger within the last three (3) years, More than one (1) operating under the influence (OUI) conviction, with the latest conviction in the last five (5) years; Three (3) or more convictions in the last five (5) years for speeding in excess of twenty (20) miles per hour over the speed limit by the Child Care Provider. A suspended driver's license at the time of application by the Child Care Provider.

If approved, you would receive a transport approval letter that would need to be kept on file for site reviews. DMV checks must be completed with each Provider Agreement renewal.

<b>Signature:</b>
<b>Date:</b>

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Child and Family Services  
11 State House Station  
2 Anthony Avenue  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Toll Free: (877) 680-5866  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-6308

**If you are providing care in the parents' home this form MUST be completed and returned.**

Dear Provider,

The Department must inform the In-home Child Care Provider that by federal law, they may be considered an employee of the parent.

**Agreements with In-home Child Care Providers:**

During the initial application process with the In-home Child Care Provider, the Department must inform the In-home Child Care Provider that by federal law, they may be considered an employee of the Parent, be paid minimum wage, and subject to withholding taxes. The In-home Child Care Provider is classified as a domestic service worker under the Fair Labor Standards Act (FLSA) and, as such, may be subject to the requirements of the FLSA. The In-home Child Care Provider will sign a Provider Agreement Form indicating that he or she has received this information.

During the initial application process with the Parent, the Department must inform the Parent in writing that as the employer of the In-home Child Care Provider:

- The parent(s) are responsible for compliance with the requirements of the FLSA,
- The assessed Parent fee may be insufficient to constitute compliance,
- To comply with State and Federal Labor laws the parent(s) may be responsible for the balance of any payment for In-home care that may exceed the Market Rate.

The Department will require a signed receipt from the Parent that the Parent has received and understands this information. Payment for In-Home Care will be at the same rate as the Market Rate for Legal, Exempt Child Care Providers.

Both parent, and provider must sign below acknowledging receipt of this form. Return to the Child Care Affordability office.

To access the Child Care Affordability Program website, see:

<https://www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care>

Parent Signature and Date: \_\_\_\_\_

Provider Signature and Date: \_\_\_\_\_

Service Location: \_\_\_\_\_



## Authorization to Release Information

**We are committed to the privacy of your information.  
Please read this form carefully.**

**Which DHHS office(s) should help you?** Please check.

<input type="checkbox"/> Office of MaineCare Services	<input type="checkbox"/> Substance Abuse and Mental Health Services
<input type="checkbox"/> Office for Family Independence and Medical Review Team	<input type="checkbox"/> Office of Child and Family Services
<input type="checkbox"/> Maine Center for Disease Control and Prevention	<input type="checkbox"/> Office of Aging and Disability Services
<input type="checkbox"/> Dorothea Dix Psychiatric Center	<input type="checkbox"/> Office of Administrative Hearings
<input type="checkbox"/> Riverview Psychiatric Center	<input type="checkbox"/> Other: _____

**Is the DHHS office releasing information from its records?**  **Or obtaining records from a provider?**

**Whose information is being released?** Please print clearly.

Individual's Name	Date of Birth	Social Security #
Home Address	Town/City	State Zip Code
Telephone ( ) -	Email address @	

**What information should DHHS release or obtain?** Please check all that apply.

<p><b><u>General permission:</u></b></p> <p><input type="checkbox"/> All health information</p> <p><input type="checkbox"/> Claims or encounter data (information about visits to health care providers)</p> <p><input type="checkbox"/> Billing, payment, income, banking, tax, asset, or data needed to see if you qualify for DHHS program benefits</p> <p><input type="checkbox"/> Limit to the following date(s) or type(s) of information: (for example "Lab test dated June 2, 2017" or "Claims from 2015-2017")</p> <p>_____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b><u>Special permission: Drug/Alcohol Referral or Services</u></b></p> <p><input type="checkbox"/> Include <b>all</b> drug/alcohol information in the release</p> <p><input type="checkbox"/> Include only the <b>specific</b> drug/alcohol records checked:</p> <p><input type="checkbox"/> Diagnosis and treatment</p> <p><input type="checkbox"/> Clinical notes and discharge summaries</p> <p><input type="checkbox"/> Drug/Alcohol history or summary</p> <p><input type="checkbox"/> Payment or claims information</p> <p><input type="checkbox"/> Living situation and social supports</p> <p><input type="checkbox"/> Medication, dosages or supplies</p> <p><input type="checkbox"/> Lab results</p> <p><input type="checkbox"/> Other: _____</p>
<p><b><u>Special permission: Mental/Behavioral Health Services</u></b></p> <p><input type="checkbox"/> Include this information in the release</p> <p><input type="checkbox"/> I want to review my mental health/behavioral health record before release. I understand that the review will be supervised.</p> <p><b>Please note:</b> Maine law allows us to share this information with other health care providers and health plans to coordinate your care (to help take care of you) so long as we make a reasonable effort to notify you of the release.</p>	<p><b><u>Special permission: HIV/AIDS Status/Test Results</u></b></p> <p><input type="checkbox"/> Include this information in the release</p> <p><b>Please note:</b> Maine law requires us to tell you of possible effects of releasing HIV/AIDS information. For example, you may receive more complete care if you release this information, but you could experience discrimination if your data is misused. <b>DHHS</b> will protect your HIV data, and all your information, as the law requires.</p>

**Are you asking DHHS to send or receive your information by EMAIL?**  Yes.

Although DHHS has privacy and security protections for my information, I understand that email and the internet have risks that DHHS cannot control. It is possible that my emailed information could be read by a third party. I ACCEPT THOSE RISKS and still ask DHHS to send my information by email. <b>INITIAL HERE</b> _____
--

**Where should your information be sent by email? Please print the email address clearly:**

**What is the purpose of the release?** Please check or write a response.

- To coordinate, assess, or manage my care     For a legal matter, including to provide testimony  
 A personal request     To see if I qualify for benefits or insurance     Other \_\_\_\_\_

**Please print below the name and contact information of the provider(s) you wish the Department to obtain records from (including testimony) or provide records to:**

Name _____ Address _____ City, State, Zip Code _____ Phone _____ Fax No. _____	Name _____ Address _____ City, State, Zip Code _____ Phone _____ Fax No. _____
--	--

I understand and agree that:

- “Information” may be in written, spoken and/or electronic format.
- This form will expire **one year** from the date below unless I revoke (take back) my permission sooner.
- To take back my permission, I will fill out the Revocation Form found at <http://www.maine.gov/dhhs/privacy/index.shtml> and send it to the office where I receive services. It will not apply to the information that DHHS already released with my permission.
- If I take back my permission or refuse to release some or all of my information, my choice could lead to an improper diagnosis or treatment, or denial of insurance coverage.
- I permit the people and/or offices listed on this form to speak to each other for the purpose(s) on this form.
- Health information from other providers (such as doctors, hospitals, and counselors) in my DHHS file is included in this release.
- Unless I am applying for benefits, DHHS will not base my treatment, payment for services, or benefits on whether I sign this form.
- DHHS offices will keep my information confidential as required by law. If I choose to share my information with others who are not required by law to keep it private, it may no longer be protected by federal confidentiality laws.
- If alcohol or drug treatment or program (substance use disorder) records are included in this release, DHHS will include a notice saying that such information may not be re-released or shared without my written permission.

I am signing this form voluntarily. I have the right to a signed copy of this form if I request one.

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Personal Representative’s authority to sign:** \_\_\_\_\_