



Child Care Affordability Program – Child Care Provider Information Sheet

Please have your Child Care Provider complete this form and return it to you for packet completion

Child Care Provider Responsible for Completion	
1. Parent Name:	
2. Child(ren's) Name(s):	
3. Date child is expected to begin your program (care cannot be billed until an award is received and the child physically attends care):	

Provider Information	
1. Business Name:	2. Provider hours of operation (example 7am-5pm):
3. Before/after school hours of operation (example: 7am-8am/3pm-5pm):	
4. Name of Contact Person:	5. Phone Number:
6. Address:	
7. Email Address:	
8. Provider Type: (select below)	
<input type="checkbox"/> Licensed	License Number/CCAP Billing Number:
<input type="checkbox"/> License Exempt Provider	*Background check paperwork may take up to 45 days to process* *Additional paperwork will be sent for completion*
<ul style="list-style-type: none"> • Must be 18 years old and may not reside at the same address as the child(ren); and • Can only watch a maximum of two (2) children • Must be a Maine resident for 6 months 	
Check one:	
In <u>Providers</u> Home: <input type="checkbox"/> Unrelated <input type="checkbox"/> Related (must indicate relationship to child) _____	
In <u>Child's</u> Home: <input type="checkbox"/> Unrelated <input type="checkbox"/> Related (must indicate relationship to child) _____	
School Age Program/Recreational <input type="checkbox"/>	

By signing below you acknowledge that the **Child Care Affordability Program does not pay retroactively** and the parent is responsible for all payments until you receive an award letter. If you are a new provider to the Child Care Affordability Program you will be receiving additional paperwork that needs to be completed.

Providers Name (Print): _____ Preferred Language: _____

Provider's Signature: _____ Date: _____

***Typed signature not accepted**