



Passamaquoddy Tribe- Indian Township Indian Township Child Care - CCDF/CCDBG

Phone:207-796-6110

Fax:207-796-0822

PROVIDER'S STATEMENT



I, _____ am providing child care services for the children of _____.
_____ has unlimited access to their children while in my care.

(Parent's name)

Please check one of the following statements:

_____ I am a licensed child care provider (_____)

Name of Licensing Agency

_____ I am a unlicensed child care provider, I am over 18 years old (____ / ____ / ____) and not of the same household.

_____ I am related to this family, and I am unlicensed child care provider. I do not live in the same household and I am over 18 years old. Relationship to children: _____

IF YOU ARE UNLICENSED PLEASE SUBMIT A LIST OF EVERYONE LIVING IN YOUR HOUSEHOLD (on second page)

I understand that partial to full payment of these services may be paid for by the ITCC Child Care Program under the Child Care Assistance Sliding Fee Program. It is the child care provider's responsibility to notify ITCC Child Care Program of any changes of address, telephone number or cancellation of you child care services to the family listed above.

I also understand that it is my responsibility to complete each weekly child care form thoroughly (accurate dates/time, hours, name, current address) with the appropriate signatures. The parent(s) for whom I am providing services will also sign the weekly Child Care form for verification of dates/times and hours submitted. I understand that I need to submit the completed child care hours according to the approval letter provided to me by the Child Care Program.

If I am a licensed provider, I have attached a copy of my Policy/Parent handbook, Contract, provider agreement and agree to follow the policy for all families in my care. If my Child Care Policy/handbook states that I charge for absent days, I must record the number of days that the child(ren) are not in my care, but, for which I charge on the weekly childcare form.

There are a maximum number of childcare hours allowed which is agreed upon between the agency and the client. These authorized hours are stated in the approval letter, which is sent to the parent(s) and provider. The parent(s) are responsible for ANY AND ALL UNAUTHORIZED HOURS TO THE PROVIDER.

I understand that by signing my name on the claim and accepting payment for services, I am indicating that the information provided on the claim is true to the best of my knowledge. I am aware of the importance of being accurate and responsible for the information provided.

Any questions relating to the Child Care Assistance Basic Sliding Fee Program can be directed to the Child Care Program Coordinator.

Signature of Child Care Provider

Date

Address

City

State

ZIP

Provider's Email Address

Provider's home phone number

By signing this form, I understand the responsibilities relating to both my child care provider and myself. I am also giving my permission to the Child Care Program to discuss my child care assistance with my child care provider.

Signature of Parent

Date

(This form expires one year from the date of signatures)

Unlicensed Providers only, please list all the names of ALL children and adults in your home:

Full name	Relationship	Date of Birth
Full name	Relationship	Date of Birth
Full name	Relationship	Date of Birth
Full name	Relationship	Date of Birth
Full name	Relationship	Date of Birth
Full name	Relationship	Date of Birth

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