## South Carolina Department of Social Services SC Voucher Program CLIENT CONNECTION CARD

then notify you and your provider in writing of the start date, fee amount and the provider's billing rate.

Rlease complete this form in black or blue ink. Have your provider sign this card and return it. Control Center staff will

Provider FEIN/SSN: Provider Selected: 20012211 Parent's Name: (First and Last) Parent's SSN: Child's Name (First and Last) Requested Start Date Type of Care Needed List only the child(ren) that have been (Note: This date may not coincide (Circle One) approved for SC Voucher Program services. with the approved transfer date.) Full-Time Half-Time Both Start Date: Full-Time Half-Time Start Date: Both Full-Time Half-Time Both Start Date: Full-Time Half-Time Both Start Date: **Full-Time** Half-Time Both Start Date: Full-Time \_ Half-Time Start Date: Both If any of the children attend school, what school district do they attend? (County and district number) Parent's Signature: Date Signed: Parent's Phone Number: Provider's Signature: Date Signed: Provider's Phone Number:

**FOLD HERE** 

## SOME THINGS TO THINK ABOUT WHEN SELECTING A CHILD CARE PROVIDER

- Has enough adults to care for all children.
- Allows you to visit at any time and communicates with you regularly.
- Provides a clean and safe environment.
- Provides a variety of age appropriate activities and materials.
- Provides a schedule that allows for nap, and both inside and outside activities.
- Positive interaction between adults and children.
- Listens and is responsive to your needs/concerns.
- Uses positive discipline.
- Child is happy and enjoys going there daily.

DO NOT STAPLE