



CHILD CARE PROVIDER VERIFICATION

PROVIDER NAME AND PHYSICAL ADDRESS:

Name: A Brighter Future Learning Center LLC
 Address: 11 Kimball Drive, Suite 103
Hooksett, NH 03106
 Telephone: 603-782-8388

PARENT NAME AND PHYSICAL ADDRESS

Name: _____
 Address: _____

 Telephone: _____

CHILD CARE PROVIDER RESOURCE IDENTIFICATION NUMBER

1	0	3	8	9	5	
---	---	---	---	---	---	--

IS THE CHILD CARE PROVIDER LICENSED WITH CHILD CARE LICENSING? YES NO

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

1. Indicate the total number of children for whom you provide child care (DO NOT include your own children). _____
2. How many of the children that you counted above are related to you (i.e. niece, nephew, grandchildren etc.)? _____

INDIVIDUAL DATA: Child(ren) Information

Child's Full Name (First) (Last)	Date of Birth (mm/dd/yyyy)	Relationship to Provider	Child Care Link Date* (mm/dd/yyyy)
		None	
		None	
		None	
		None	

* Date that care began or the child care application/redetermination date, whichever is most recent.

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 understand that a license is required when care is given in a private home for more than three children, unrelated to the provider at any given time, in addition to my own children.

I understand that I cannot be reimbursed for child care scholarship if I reside in the same home as the child that I am caring for and/or if the child has a biological, step or adoptive relationship to me.

I understand that the Department may release child care information to the above-named provider by the Department of Health and Human Services.

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

Parent/Guardian's Signature: _____ Date: _____

Child Care Provider's Signature:  _____ Date: _____



Instructions for Child Care Provider Verification

PURPOSE:

The Child Care Provider Verification form is used to establish a link between the child care provider and the child eligible for child care scholarship.

INSTRUCTIONS:

The child care provider and parent must complete a separate form for each family eligible for child care scholarship. The information on the form must be complete and legible. Changes in provider information must be reported to the District Office no later than **ten (10) calendar days** following the change or within **two (2) calendar days** when the location changes where child care services are provided.

FORM COMPLETION:

Provider's Name and Address: Enter the first and last name, business name if applicable, physical address and a telephone number where the provider can be reached or where a message can be left.

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.

Child Care Provider Resource Identification Number: Enter the child care provider Resource Identification Number. Enter your number from left to right leaving unused spaces blank at the end.

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.

If 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. If the child is not related to the provider, indicate not applicable (N/A).

Child Care Providers Must:

- Be 18 years or older to provide child care and;
- Not be a parent of the child or have a biological, step or adoptive relationship and;
- Not be living in the child's household.

Individual Data – Child Information: 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 relationship of the child to the provider and the month/day/year when the child care link began **or** the child care application/redetermination date whichever is most recent. (**Link** means: The processes of having the Department connect the child with the provider.)

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.

Check the certification box indicating the information provided on the form is true and correct and check the certification box that indicates that you have read and understood the instructions provided.

Signature: The parent/guardian must sign and date this form. 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 indicate the Resource Identification Number of the site that the child is attending. If you are enrolling for the first time, leave the Resource Identification Number blank.

RETENTION

This form is mailed to the Centralized Scanning Unit and retained by the Bureau of Family Assistance.