



Minnesota Child Care Assistance Programs

Licensed Provider Registration and Acknowledgement

The Child Care Assistance Program (CCAP) requires that a child care provider be registered with the county in which the family receiving child care lives to be authorized to receive child care assistance payments. If you want to be authorized in more than one county, you must register with each county.

AGENCY NAME		AGENCY PHONE NUMBER	
AGENCY ADDRESS			
CITY		STATE	ZIP CODE

Instructions: To register, you must fill out, sign and date this registration form and return it and the forms listed below to the county agency listed above. If you do not wish to be authorized or have questions about this process, please contact the agency.

- **Child Care Provider Responsibilities and Rights (DHS-4079)**
Read this form and keep it for your information.
- **Notice of Privacy Practices for Child Care Providers (DHS-3985)**
Read this form and keep it for your information.
- **Your written payment policies**
Submit it to us with this registration.
- **W-9-Request for Taxpayer Information**
Complete and return this form if you are being authorized for the first time or are being authorized following a period of time when you were not authorized. If you are currently authorized in any Minnesota county, you are not required to complete this form unless your information has changed.

Authorization Process: After you have completed and returned these forms, we will review them and tell you by mail whether you have been authorized. You cannot be paid for care you provide until both you and the family who has chosen you as their provider have been authorized to receive child care assistance payments. Once both you and the family have been authorized, we will send a Service Authorization. The authorization lists how much child care is approved for the family, the most that we would pay, and how payments will be made.

If you are not authorized as a child care assistance provider, a parent may appeal the denial. If he/she appeals, we will tell you by mail. You have the right to appeal a denial to district court.

Please provide the following information:

TYPE OF FACILITY/PROVIDER <input type="checkbox"/> Licensed family home <input type="checkbox"/> Licensed child care center	WHAT IS YOUR TOTAL LICENSED CAPACITY?	NAME OF LICENSE HOLDER
CHILD CARE SITE NAME (Business name)	LICENSE NUMBER	NAME OF STATE OR TRIBE THAT ISSUED THE LICENSE
WHAT AGES ARE YOU LICENSED TO CARE FOR?	WHAT IS YOUR LICENSED CAPACITY PER AGE GROUP?	

- Are you **currently authorized** by CCAP in any Minnesota county? Yes No
If yes, which county(ies) _____
- Have you **ever been authorized** by CCAP before? Yes No
If yes, in which county(ies) _____
- Have you **ever been refused** CCAP authorization in any county? Yes No
If yes, in which county(ies) _____
- Have you ever had a CCAP authorization **revoked** in any county? Yes No
If yes, in which county(ies) _____

5. Child care site information:

Site address (address where care is provided)	COUNTY	
STREET ADDRESS	APT./SUITE NUMBER	PO BOX
CITY	STATE	ZIP CODE
PERSON WHO CAN SIGN FORMS	EMAIL ADDRESS	PHONE NUMBER

Payment address (where payments should be mailed, if different than site address)	COUNTY	
STREET ADDRESS	APT./SUITE NUMBER	PO BOX
CITY	STATE	ZIP CODE
PERSON WHO CAN SIGN FORMS	EMAIL ADDRESS	PHONE NUMBER

6. Contact information: (Contact information for someone who can answer registration and billing questions)

Site contact	NAME (first, middle initial, last)	JOB TITLE
PHONE NUMBER Ext.	FAX NUMBER	EMAIL ADDRESS

Payment contact	NAME (first, middle initial, last)	JOB TITLE
PHONE NUMBER Ext.	FAX NUMBER	EMAIL ADDRESS

If you or anyone who provides child care speaks a language other than English as a primary language, please indicate which language(s): _____

7. **Provider rates and policies:** (Enter your standard rates in the following chart).

Start date of current rate(s) _____

	Infant	Toddler	Pre-school	Kindergarten	School age
Hourly rate					
Daily rate					
Weekly rate					

Note: Child care assistance may pay child care costs only up to the maximum rate allowed by law. The family is responsible for all child care costs that exceed the amount allowed by law.

a. I want payment on a (check one) 2-week or 4-week billing cycle

b. I want my payment be made by:

Check or Electronic Funds Transfer (EFT-direct deposited into your bank account).

Note: You must submit an EFT request form for this option.

8a. **Accreditations and Credentials.** Child care assistance can pay 15 percent above the maximum rate, up to the provider charge, if the provider is accredited by certain organizations or holds certain credentials.

Family child care providers: Each adult on your license must have one of the credentials listed to receive 15 percent above the maximum rate. If you have one of the credentials listed, check the box and **submit verification** to the county. The verification must show expiration dates when applicable. If you do not have one of the credentials listed, you cannot receive 15 percent above the maximum rate.

- Child Development Associate credential (CDA) or degree
- Diploma in child development from a Minnesota state technical college
- Bachelor's degree or post-baccalaureate degree in early childhood education from an accredited college or university
- Accreditation by the National Association for Family Child Care
- Competency Based Training and Assessment Program Certificate

Child care centers: If you are accredited by one of the organizations below, check the box and **submit verification** to the county. The verification must show expiration dates when applicable. If you are not accredited by one of the organizations listed, you cannot receive 15 percent above the maximum rate.

- Accredited Professional Preschool Learning Environment (APPLE)
- American Montessori Society (AMS) School Accreditation
- Association of Christian Schools International (ACSI) REACH Accreditation
- Association of Montessori International – USA (AMI) Montessori School Recognition
- Council on Accreditation (COA) - Early Childhood Education (ECE) Program Accreditation
- Council on Accreditation (COA) - After School (ASP) & Youth Development Program (YDP) Accreditation
- National Accreditation Commission for Early Care and Education Programs (NAC) Accreditation
- National Association for the Education of Young Children (NAEYC) Accreditation
- National Early Childhood Program Accreditation Commission Inc. (NECPA) Accreditation
- Minnesota Afterschool Accreditation Program (MAAP)
- Head Start Performance Excellence and Quality Recognition Program

8b. **Parent Aware Rating.** Effective March 3, 2014, highly-rated providers participating in Parent Aware are eligible for a higher CCAP rate. Providers with a three-star rating will be paid up to 15 percent above the maximum rate, not to exceed the provider charge. Providers with a four-star rating will be paid up to 20 percent above the maximum rate, not to exceed the provider charge. Providers with a three or four star rating will be automatically authorized to receive a higher maximum payment. For more information about Parent Aware, visit <http://www.parentawareratings.org> or call 888-291-9811.

9. **Registration fees.** CCAP will pay no more than two registration fees per child in a 12-month period. If CCAP already has paid two registration fees for a child to other providers, the family is responsible for the registration fee. Check the boxes that apply:

a. I charge a registraton fee that is not part of my standard rate? Yes No

b. The registration fee is a one-time fee for enrollment? Yes No

If yes, the fee is \$ _____ per child or per family.

If no, the fee is \$ _____ per child or per family.

Time period covered by the fee _____

10. **Other payment polices:** Attach your written payment policies regarding child absences and notice of termination.

a. I require payment for absent days? Yes No

b. I require payment for holidays? Yes No

If yes, please list: _____

c. I require a termination notice when care is ending? Yes No

If yes, how many days notice do you require? _____

General acknowledgement for all providers

I understand that by signing and dating below, I acknowledge reading and understanding the following statements.

- Charging CCAP families more than non-CCAP families for like services or wrongfully obtaining child care assistance will be investigated and may be charged as a crime.
- Parents must be given unlimited access to their children and to the provider(s) who provide child care for their children during all hours the children are in the provider's care.
- I must notify the county when a child or children have been absent for more than seven days in a row, when child care has ended, and when I believe that child care will be ending.
- I must notify the county immediately of changes to the information included on this form.

Authorization to share information for fraud investigation and audits

I give permission to authorized investigators and third parties to share information about me during the course of investigations regarding fraud, fraud prevention and misrepresentation, and conducting Federal or state audits. Third parties who can share information about me with investigators include but are not limited to financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other government agencies and other as they apply. I also understand that my permission to share information about me remains in effect for six months after my child care registration ends.

By signing and dating below:

- I have received a copy of the Child Care Provider Responsibilities and Rights including the penalty warning (DHS-4079), and Notice of Privacy Practices (DHS-3985) for my records. I have read, and understand this information. If I have questions about this information, I will ask a worker to explain to me.
- I agree to the sharing of information as stated in the fraud investigation authorization information above.
- I declare that the information I have provided on this form is true and correct.

Remember: Returning this completed form begins the authorization process. Authorization as a CCAP provider does not guarantee CCAP payment for all child care you provide. You must receive a service authorization before CCAP can pay you for child care provided.

- As a provider, I am mandated to report any maltreatment of minors [Minnesota Statute, section 626.556] to the social services agency in my county of residence.
- When the county knows a provider or child care arrangement is unsafe, the county may deny CCAP payments to the provider regardless of termination notice requirements or payment.
- I must keep daily attendance records for six years for all children receiving child care assistance and must make those records available immediately to the county upon request. The attendance records must include the times that the child arrived and departed. The times must be entered by the person dropping off or picking up the child to the extent possible.
- If I accept payments from a source other than the family for a family's child care costs that are not paid by CCAP, I must maintain family specific documentation of payment source, amount, type of expenses and time period covered.

PROVIDER'S SIGNATURE	DATE
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Attachments:

- Child Care Provider Responsibilities and Rights (DHS-4079)
- Notice of Privacy Practices for Child Care Providers (DHS-3985)
- W-9 form

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg liis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1-0001 (3-13)

ADA5 (12-12)

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.



WRIGHT COUNTY HUMAN SERVICES AGENCY

Administrative & Fiscal/Technology – 1004 Commercial Drive, Buffalo, MN 55313-1736
Social Services & Public Health – 1004 Commercial Drive, Buffalo, MN 55313-1736
Financial Services & Child Support – 10 2nd Street NW, Room 300, Buffalo, MN 55313-1191

Jami Goodrum Schwartz
Director

Social Services	763-682-7400
Public Health	763-682-7456
Financial/Child Support	763-682-7414
Toll Free	800-362-3667
Social Services FAX	763-682-7701
Financial Services FAX	763-682-8920
Web Site	www.co.wright.mn.us

Notice to Pay Legal Non-Licensed Background Check Fee

To: Wright County Legal Non-Licensed Child Care Providers

From: Wright County Human Services Financial Units

The 2003 Legislature established that counties must perform a background study on all legal non-licensed child care providers and may charge a fee for completing background studies on legally non-licensed child care providers. Wright County has elected to charge \$100.00.

Attached please find a background study form to be completed by you and a form to list all persons over the age of 13 in your household. After completing these forms, please attach a check or money order to the forms and return to the following address:

Wright County Human Services
10 2nd Street NW, Room 300
Buffalo, MN 55313-1191

These forms need to be returned WITHIN 10 DAYS. If you choose to pay cash for the fee, you will need to bring the cash to our office. Your forms will not be processed without the \$100.00.

- * Due to the number of background studies being processed by the Sheriff's Department, it may take several months to complete and get the results of the study.
- * Background studies that pass/clear, do not necessarily guarantee payment to the provider. Please speak to the Financial Worker regarding this.



Child Care Provider Responsibilities and Rights

Your responsibilities

All CCAP providers:

- You must complete and return all forms promptly to the county.
- You must notify the county immediately of any changes to the information submitted on your registration form.
- You must keep attendance records for Child Care Assistance Program (CCAP) children for six years and make them available to the county immediately upon request. The attendance records must include the times that the child arrived and departed. The times must be entered by the person dropping off or picking up the child to the extent possible.
- You must keep records of family copayments that are waived by you or paid to you by a third party.
- You must complete a new W-9 form each year.
- You must be authorized as a CCAP provider and receive a service authorization for a family before payment can be made for care you provide.
- You cannot charge CCAP families more than non-CCAP families for like services.
- Wrongfully obtaining child care assistance will be investigated and may lead to your disqualification from caring for CCAP children and may be charged as a crime.
- You must give parents unlimited access to their children and to the provider who cares for their children during all hours the children are in care.
- You must notify the county when a child or children have been absent for more than seven days in a row, when child care has ended, and when you believe that child care will be ending.
- You must report any maltreatment of minors as required in Minnesota Statutes, section 626.556.

Additional responsibilities for legal non-licensed providers:

- You must be in compliance with state and local health ordinances and building and fire codes applicable to the premises where child care is provided.
- You must be eligible to provide legal non-licensed care under Minnesota Statutes, section 245A.03.

- Legal non-licensed family child care providers and their household members 13 years of age or older must undergo a background study to determine if anyone meets a factor listed in Minnesota Statutes, section 119B.125, subdivision 2, that prevents authorization of a legal non-licensed family child care provider.
- You must complete a First Aid and CPR course and provide current documentation. If you register for authorization as a CCAP provider in the future, additional training is required.
- You must obtain immunization records for each child in care within 90 days of the child starting care and update the records with information from the family.
- You must complete the registration process, including the background study, every two years. You also must complete the registration process when a household member reaches the age of 13; when there are any changes in your situation; and when you have not provided care for a CCAP family for more than two years and want to start providing CCAP care again.
- Legal non-licensed family child care providers are considered the primary care provider at the listed site. They are responsible for all care provided at that site and must be present during the hours care is provided.

Penalty warning

If you become a child care provider for a family receiving child care assistance, you must follow these rules. Do not give false information or hide information:

- To become or to continue to be a child care provider for a family receiving child care assistance
- To get or to continue to get payment from the child care assistance program
- To help someone else to get or to continue to get child care assistance payments that they are not eligible to get.

The State may bar a person who breaks any of these rules from being paid as a child care provider for a family receiving child care assistance. The bar lasts one year for the first fraud, two years for the second fraud, and is permanent for the third fraud. The maximum penalty is a fine of \$100,000 or a jail term of 20 years or both.

Your rights

Your right to privacy

Your private information, including your health information, is protected by state and federal laws. The county has given you a "Notice of Privacy Practices" information sheet. Please read it carefully. This sheet explains:

- Your privacy rights;
- How we may use the health and other private information;
- Who we can share this information with, and
- How you can get access to this information.

How we use information

Our public assistance staff and other agencies the law allows will use the information to see if you can be authorized as a provider for a family receiving child care assistance. We will also use it to make payments for care provided by you. The "Notice of Privacy Practices" that was sent with the authorization packet explains who we can share this information with. If you stop caring for children from families receiving child care assistance, we will keep your information until federal, state and county rules let us destroy it.

Your right to see information

You may review all of the information we get about you, except for information that is legally classified as "confidential." (Confidential information is information such as certain psychological or medical evaluations, records which agencies use to prosecute a crime, etc. Agencies cannot share it with the person it affects.) You have the right to disagree with information that you think is wrong. For more information about your data privacy rights, ask the county.

Your right to appeal

If you are charged with an overpayment, you may appeal the overpayment to a state human services judge. You must appeal within 30 days from the date you received the notice of overpayment by sending a letter saying you do not agree with the overpayment. You can send this letter to the county agency or directly to the State Appeals Office at the Minnesota Department of Human Services, P.O. Box 64941, St. Paul, MN 55164-0941. (If you show good cause for not appealing within 30 days, the agency can accept your appeal for up to 90 days from the date you receive the notice).

If you are unhappy with any other action taken, you may appeal to district court.

Your right to notice from the county

In most cases, the county must give you at least a 15-day written notice of the following events:

- Termination of a family's child care assistance
- Termination of child care assistance payments to you because the family has decided to stop using you as its provider
- Reduction in a family's authorized hours of care
- Increase in a family's copayment fee
- A determination that you have an overpayment
- Any determination that you are ineligible to provide care under the Child Care Assistance Program (CCAP).

The county may deny CCAP payments to a provider immediately without complying with the 15-day notice requirement in cases where:

- The State of Minnesota has issued a temporary immediate suspension of the provider's child care license, or
- There is an imminent risk of harm to the health, safety, or rights of a child in the care of a provider not licensed by Minnesota.

Your right to notice from a parent

A parent must give you at least a 15-day notice of the intent to end care except in cases where:

- A provider's Minnesota child care license has been temporarily immediately suspended or
- There is an imminent risk of harm to the health, safety, or rights of a child in the care of a provider not licensed by Minnesota.

In these cases, a parent may end care immediately without complying with the 15-day notice requirement.

Your right to file a complaint

If you feel the county or the Minnesota Department of Human Services treated you differently in the handling of your public assistance application or benefits because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability, including physical access to government buildings, you may file a complaint with your county agency or any of the following agencies:

Minnesota Department of Human Services
Equal Opportunity and Access
PO Box 64997
St. Paul, MN 55164-0997
651-431-3040 (Voice)
866-786-3945 (TTY)

Minnesota Department of Human Rights

Freeman Building
625 Robert Street North
St. Paul, MN 55155
800-657-3704 (Voice)
651-296-1283 (TTY)

U.S. Department of Health and
Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (Voice)
312-353-5693 (TTY)

Attention. If you want free help translating this information, call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງໂທໂທລະທາດາມເລກໂທລະ
1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa kana bilbili
1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, позвоните по следующему телефону 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac
lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số 1-888-554-8759.

1B3-0001 (10-09)

ADA5 (3-12)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at 800-627-3529. For Speech-to-Speech, call 877-627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

MONTHLY CHILD CARE ASSISTANCE ATTENDANCE RECORD

Parent/Guardian Name _____ Child's Name _____
 Provider Name _____ Provider ID # _____ CCA Case # _____

DHS Child Care Assistance requires all providers to keep accurate records of time in and out, including names **printedlegibly** by the Parent/Guardian dropping off and picking up the child at the childcare center or with a driver delivering children to and from the childcare facility. A separate form is required for each child. If child is not in attendance, leave that date blank. If the child is not signed in and out payment may be withheld and/or recouped. Attendance records must be submitted upon request.

Month	Year	Printed Name of Person Dropping Off	Time Out	Printed Name of Person Picking Up
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Child's Name _____

Date	Time In	Printed Name of Person Dropping off	Time Out	Printed Name of person picking up
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 Internal Revenue Service (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 below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor [*]
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Minnesota Department of Human Services

Changes in state law that may affect Child Care Assistance Program providers and families

Child Care Assistance Program (CCAP)

Why am I getting this notice?

You are getting this notice because you are a family receiving child care assistance, or you are a child care provider who cares for children of families on the Child Care Assistance Program.

What are the changes and when do they start?

Starting March 5, 2012:

1. The Child Care Assistance Program cannot make child care payments to someone who lives in the same home as the child.

If you are a family on the program and your child care provider lives with you, you must choose a new provider before March 5, 2012.

2. Payments cannot be made for child care in the child's home unless approved by the Child Care Assistance Program.

Payments for child care in the child's home can only be made if:

- The child's parents work or go to school out of the home,
- and
- Child care out of the home is not available;
- or
- A child being cared for has an illness or disability that would make it hard for the family to take the child to a child care home or center.

If you are a family getting child care assistance and your child care is in your home, you must change your child care. If you think you meet the conditions to have child care in your home, call your worker.

Starting April 16, 2012:

Child care payments for one day cannot be more than the daily rate. Child care payments for one week cannot be more than the weekly rate.

If you are a child care provider who cares for a child more than 10 hours in a day or more than 50 hours in a week, your child care assistance payments may go down. If you are a family with a child in care for more than 10 hours in a day or more than 50 hours in a week, you may owe your provider more money.

Starting September 3, 2012:

Higher payments for child care at night or on weekends will end.

If you are a child care provider who cares for a child nights or weekends, your child care assistance payments may go down. If you are a family with a child in care nights or weekends, you may owe your provider more money.

Starting September 3, 2012:

Payments for activity fees end.

If you are a child care provider who charges activity fees, your child care assistance payments may go down. If you are a family and your provider charges activity fees, you may owe your provider more money.

Starting January 1, 2013:

1. The Child Care Assistance Program will not make absent day payments to legal nonlicensed (LNL) family child care providers. The Child Care Assistance Program will only pay for 10 absent days a year per child at a licensed provider or a license exempt center. There are no exceptions to the 10 day limit.

If you are a legal nonlicensed family provider, the Child Care Assistance Program will no longer pay for days a child is absent. If you are a licensed family provider or a center, the program will only pay for up to 10 absent days per child per year. If you are a family with a child in care and your child is absent, you may owe your provider more money.

2. The Child Care Assistance Program will not make payments to a child care center if more than half the children at the center are children of the center's workers or live with center workers.

If you are a child care center that hires the parents of children you care for, you must be sure that no more than half of the children you care for have a parent or household member working for you. If you are a family with a child in care and you work for the child care center your child attends you may need to choose a different child care center.

What if I have questions?

If you are a family who gets child care assistance, call your Child Care Assistance Program worker. If you are a child care provider who cares for children of families that get assistance, call the family's Child Care Assistance Program worker or a worker the county has told you to call.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

1B2-0001 (10-09)

This information is available in alternative formats to individuals with disabilities by calling (651) 431-4671. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.



Notice of Privacy Practices for Child Care Providers

(Effective Date: February 2011.)

This notice tells how medical and other private information about you may be used and disclosed and how you can get this information. Please review it carefully.

Why do we ask for this information?

- To tell you apart from other people with the same or similar name
- To decide whether you or someone in your household can be authorized as a child care provider for a family receiving child care assistance
- To make payments for care provided by you
- To make reports, do research, do audits, and evaluate your programs
- To investigate reports of people who may lie about the help they need or the care they provide.

Do you have to answer the questions we ask?

You must tell us your rates, payment policies for child absences and holidays, required registration and activity fees, required number of notice days before care ends, and license status before payment can be made for care you provide. If you are a legal non-licensed provider, you also must tell us your name, age, and address before payment can be made for care you provide. You do not have to give us the other information we ask for.

We need this information to tell if you or someone in your household can be authorized as a provider for a family receiving child care assistance. Without the information, we may not be able to authorize you or anyone in your household as a provider for a family receiving child care assistance. We also may not be able to make payments for care provided by you or someone in your household. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your

information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care
- Guardians, conservators or persons with power of attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy medical or other private information we have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not

agree with. We will attach your explanation any time information is shared with another agency.

- You have the right to ask us in writing to share health information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to get a record of some of the people or organizations with whom we have shared your information. This record was started on April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your medical and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at:
[http://edocs.dhs.state.mn.us/lfserver/
Public/DHS-3979-ENG](http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3979-ENG)

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either to the county agency, the organization or to the federal civil rights office at:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice) or
toll free (800) 368-1019 or (866) 282-0659
(312) 353-5693 (TTY)
(312) 886-1807 (Fax)

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above or to:

Minnesota Department of Human Services
Attn: Privacy Official
PO Box 64998
St. Paul, MN 55164-0998

Direct Deposit for the Minnesota Child Care Assistance Program

Taking care of children is an important job. Being paid for doing your job is also important. Getting paid for your work for the Child Care Assistance Program (CCAP) has become easier, thanks to **Electronic Fund Transfer (EFT)**.

What is EFT?

The state now offers direct deposit of your CCAP payments automatically into your bank account. This is called Electronic Fund Transfer or EFT. In most cases, you'll receive your money faster by using EFT. You won't have to wait for a check to arrive in the mail.

Why should I use EFT?

EFT is safe, reliable, and easy-to-use. With EFT, you won't have to rush to the bank to make a deposit or worry about lost or stolen checks. With EFT, you'll get your money safely and more quickly.

EFT not only saves you time and effort, it also saves tax dollars. It costs the state less money than printing and mailing paper checks.

How will I know how much money has been deposited into my account?

With EFT, you will no longer be mailed paper checks. You will be mailed a remittance advice that details what you've been paid each billing cycle. The remittance advice lists children in your care, voucher numbers and the amount paid for each child.

How will my privacy be protected?

You actually may have more privacy with EFT. There is a lot of personal information listed on a check. With EFT, the information passes electronically from the state to your bank. The information sent is protected by encryption – an electronic scrambling of data and other security procedures to ensure that your information stays private.

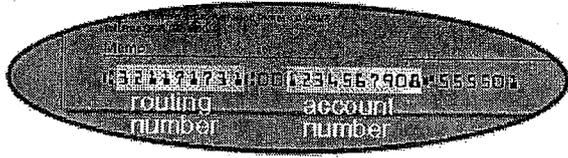
How often will I be paid?

In the coming months you will be able to choose to bill the county in either a two-week or four-week billing cycle. The choice is yours! Contact the county listed below to find out more.

How do I sign-up?

Signing-up for EFT is easy. Just fill-out the authorization form above and return it to the county listed below. Be sure to include a voided check, if you want your direct deposit to go into your checking account. If you want your direct deposit to go into your savings account, include a letter from your bank that includes your routing number and the account number. It's that simple.

Account Holder Name		
LAST NAME	FIRST NAME	MIDDLE INITIAL
Account Information		
NAME OF BANK/CREDIT UNION		ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings



Routing Number (nine digits)

<input type="text"/>								
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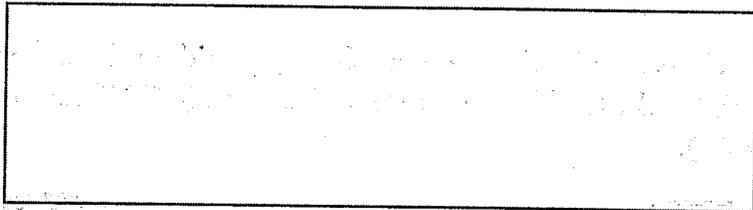
Account Number (up to 17 digits)

<input type="text"/>																
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I authorize the Minnesota Department of Human Services (DHS) to make deposits to the account listed above. DHS may make deposits to this account until I cancel this authorization and DHS has had time to act on it. If funds are mistakenly deposited into my account, I authorize DHS to deduct the amount of error from my account or from my future payments.

ACCOUNT HOLDER SIGNATURE	DATE
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Where do I return this form?



This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.
 ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ປຼຶດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພັນກິງານຊ່ວຍຍວຽກຂອງທ່ານຫຼືໂທຣ໌ ຫາຕາມເລກໂທຣ໌ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in laga kaalmeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

Minnesota's Child Care Resource and Referral Network

Anoka County Community Action Program

Blaine 612-783-4884

Arrowhead Child Care Resource & Referral

(Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, and St. Louis Counties)

Duluth 218-726-2273

Other Areas 800-450-0450

CAP Agency, Inc., Child Care Resource and Referral

(Carver and Scott Counties)

Shakopee 612-496-2125

Child Care Choices, Inc.

(Benton, Sherburne, Stearns, and Wright Counties)

St. Cloud 320-251-5081

Other Areas 800-288-8549

Child Care Resource and Referral, Inc.

(Dodge, Fillmore, Goodhue, Houston, Olmsted, Rice, Wabasha, and Winona Counties)

Rochester 507-287-2020

Other Areas 800-462-1660

Subcontractors

SCOPE Resource Center, Inc., Owatonna

Steele County 507-455-2560

Parenting Resource Center, Inc.

(Freeborn and Mower Counties)

Austin 507-437-8330

Community Action Council, CCRR, Lakeville

Dakota County 612-985-4040

Early Childhood Resource Center

(Hennepin County)

South Minneapolis 612-721-0265

Greater Minneapolis Day Care Association

(Hennepin County)

Child Care Information Network 612-341-2066

Region 4 CCR&R

Clay – Wilkin Opportunity Council

(Becker, Clay, Douglas, Grant, Ottertail, Pope, Stevens, Traverse, and Wilkin Counties)

Moorhead 218-299-7026

Outside Moorhead 800-452-3646

Leech Lake Child Care Resource and Referral

(Leech Lake Reservation)

Cass Lake 218-335-6831

Other Areas 800-331-3465

Mahube CCR&R

(Beltrami, Clearwater, Hubbard, Lake of the Woods, and Mahnomen Counties)

Baudette 218-634-3132

Detroit Lakes 218-847-1385

Park Rapids 218-732-7204

Other Areas 800-450-1385

Prairie Five Community Action Council, Inc.

(Big Stone, Chippewa, Lac Qui Parle, Swift, and Yellow Medicine Counties)

Montevideo 320-269-8727

Other Areas 800-292-5437

Region 5 Child Care Resource and Referral

(Cass, Crow Wing, Morrison, Todd, and Wadena Counties)

Wadena 218-631-7691

Other Areas 800-422-7395

Child Care Choices, Inc.

(Kandiyohi, McLeod, Meeker, and Renville Counties)

Willmar 320-214-0030
Other Areas 800-221-1421

Region 7E Child Care Resource and Referral

(Chicago, Isanti, Kanabec, Mille Lacs, and Pine Counties)

Pine City 320-629-5146
Other Areas 800-633-7284 ext.176

Region 9 Child Care Resource and Referral

(Blue Earth, Brown, Faribault, LeSueur, Martin, Nicollet, Sibley, Waseca, and Watonwan Counties)

Mankato 507-389-1716
Other Areas 800-373-2782

Resources for Child Caring, St. Paul

Ramsey County 651-641-0305

Southwestern Minnesota Opportunity Council, Inc.

(Murray, Nobles, Pipestone, and Rock Counties)

Worthington 507-376-4195

Tri Valley Opportunity Council, Inc.

(Kittson, Marshall, Norman, Pennington, Folk, Red Lake, & Roseau Counties)

Grand Forks, ND 701-772-7923
Other Areas 800-543-7382

Washington County Community Services, Stillwater

Washington County 651-430-6488

Western Community Action, Inc.

(Cottonwood, Jackson, Lincoln, Lyon, and Redwood Counties)

Marshall 507-537-1416
Other Areas 800-658-2448





Immunization (Shots)

By law, licensed child care providers and programs that care for children in school require that your child's shots are current. Child care providers must keep immunization records for each child in their care. A child care provider can refuse to admit your child if he or she has not received the required shots for diphtheria, polio, measles, mumps, hepatitis and other diseases that can cause serious illness or, in some cases, death. See **Other Opportunities for Children and Families** section of this booklet for more information about immunizations.

Legal nonlicensed child care providers are not required to keep immunization records. If your child is in legal nonlicensed care, it can be difficult to know if the other children in your provider's care have had shots against serious diseases.

Complaints

If you believe that a provider is caring for children in a way that is not healthy or safe, you may file a complaint. You may also ask if any complaints have been made by anyone else about providers. Parents are encouraged to check the history of providers before selecting one. Complaints are handled by different agencies depending on the type of care:

Licensed centers: call Minnesota Department of Human Services at 651-296-3971

Licensed family care: contact your county licenser or child care office

Registered nonlicensed providers: contact your county child care office

Other Opportunities for Children and Families

Immunization (Shots)

As a parent, you can protect your children by making sure they get all their shots. Immunizations, especially those given between birth and 2 years old, prevent diseases that can cause serious health problems and may even result in death. For information on how and where to get free or low-cost shots, call the Minnesota Immunization Hotline at 800-657-3970.

Early Childhood Screening

All public school districts in Minnesota screen children before they enter kindergarten to discover health and development concerns. Included in the screening are vision, hearing, height and weight, speech, language, motor and thinking skills, and social and emotional skills. The child's immunization record is also reviewed. Referrals may be made to a specific program to benefit the child and the parent. For more information on Early Childhood Screening, call your local school district, or 651-582-8426.

Information on MEC² Billing and Payment Issuance for Providers

What is MEC²?

MEC² is a web-based, statewide childcare assistance information system. All the counties across the State of Minnesota will be using MEC² to administer the Child Care Assistance Program. MEC² will manage all the information regarding providers and families for the Child Care Assistance Program. The system will assist county workers in the following:

- Registration of all of Providers who serve CCAP families.
- Determining Family Eligibility.
- Creating Service Authorizations for all eligible children.
- Generating Vouchers for Payment.
- Processing the payments to providers.

How will this new process be different?

- Provider payments will now be issued by the State of Minnesota.
- Each Provider will chose whether they wish to receive a billing form every two weeks or every four weeks. **Note:** Initially, MEC² will default to bi-weekly billing cycles.
- Providers will be able to have their payments deposited directly into their bank accounts, which will simplify and speed up the payment process. Current Minnesota law requires all vendors receiving payment through the State, to use EFT/Direct Deposit if they receive more than four payments in a year, or more than \$10,000. **Note:** Initially MEC² will issue you a paper check.
- Parents will pay a biweekly co-payment rather than a monthly co-payment. This will ease the financial burden for families and create a more consistent income for providers.

What should I expect?

- All current service authorizations will be ended and new service authorizations will be issued on MEC².
- The service authorization will have on it the new **biweekly co-payment** amount and the county's maximum rate for the type of care that is being authorized.
- The service authorization will generate a voucher every two weeks. The vouchers will be mailed to the provider and will include instructions.
- When payment is deposited directly into your bank account a remittance showing the payment detail will be mailed to you. You should expect the remittance to take a few days to get to you after the deposit is made, since is it is coming via the postal system.

What will I need to do?

- Complete and return all information requested of you by the county. This will include your choice of payment cycles and EFT/Direct Deposit information and other information that may be needed, such as a W-9.
- When you receive your service authorizations review them carefully.
- When you start to receive vouchers, read the instructions carefully before filing them out. Then fill out and sign the voucher. (Note: If required by your county the parent may need to sign the voucher also).
- Return the voucher to the county.

