



Minnesota Child Care Assistance Programs

Legal Nonlicensed 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 specified 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.

- **Rights and Responsibilities/Penalty Warning (DHS-4079)**
Read this form and keep it for your information.
- **Notice of Privacy Practices (DHS-3985)**
Read this form and keep it for your information.
- **Training Requirements for LNL Providers - Q & A (DHS-6419)**
Read this to learn about the training required by CCAP. You will have to provide documentation of this training to the county agency.
- **Authorization for Background Study**
Complete it and return it to us with this registration.
- **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.

Please provide the following information:

NAME (first, middle initial, last)	BIRTH DATE
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1. Are you **currently authorized** by CCAP in any Minnesota county? Yes No
If yes, which county(ies) _____
2. Have you **ever been authorized** by CCAP before? Yes No
If yes, in which county(ies) _____
3. Will your spouse ever provide child care when you are unable to do so? Yes No
4. Have you **ever been refused** CCAP authorization in any county? Yes No
If yes, in which county(ies) _____
5. Have you ever had a CCAP authorization **revoked** in any county? Yes No
If yes, in which county(ies) _____

6. **Household composition:** (Please provide the following information on all people in your household.)

Name	Birth date

Note: You are the primary provider of child care and responsible for all care provided. If you include your spouse's name, age, and signature on this form, it will allow your spouse to be authorized under your provider authorization number to provide care on a limited basis – only during the times when you are unable. Your spouse may sign a voucher form when he/she has provided the child care. **This applies only to your spouse.** Any other family or household member who will be providing care, except in an emergency, must complete a separate acknowledgement form and successfully complete the authorization process before providing care.

7. **Child care site information:**

CHILD CARE PROVIDED AT:		
<input type="checkbox"/> Child's home	<input type="checkbox"/> Provider's home	<input type="checkbox"/> Other (please specify) _____

Provider's home address (Not a P.O. Box)		COUNTY	
STREET ADDRESS			APT SUITE NUMBER
CITY		STATE	ZIP CODE
PERSON WHO CAN SIGN FORMS		EMAIL ADDRESS	PHONE NUMBER

Address where payments should be mailed (If different than site address)		COUNTY _____	
LOCATION <input type="checkbox"/> Provider's home <input type="checkbox"/> Other (please specify) _____			
STREET ADDRESS _____			APT SUITE NUMBER _____
CITY _____		STATE _____	ZIP CODE _____
PERSON WHO CAN SIGN FORMS _____		EMAIL ADDRESS _____	PHONE NUMBER _____

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

8. **Provider rates and policies:** (Enter your standard rates in the chart below).
 Start date of current rate(s) _____

	Infant	Toddler	Pre-school	Kindergarten	School age
Hourly 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.

9. **Credentials.** Child care assistance can pay 15 percent above the maximum rate, up to the provider charge, if the provider has certain early childhood development credentials.

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

10. **Training.** Child care assistance requires all legal nonlicensed providers to meet certain training requirements before they can be authorized or reauthorized. Check the applicable box.

- This is my initial authorization, and I have current First Aid and CPR training certification. (This certification cannot be expired prior to my registration date.) Attach certification/documentation.
- This is my renewal/reauthorization (generally every 2 years) and I have completed the additional eight hours of training in topics listed in the Minnesota Center for Professional Development registry. **Attach certification/documentation.**

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

- a. I require payment for holidays? Yes No
 If yes, please list: _____
- b. I require a termination notice when care is ending? Yes No
 If yes, how many days notice do you require? _____

Acknowledgement for legal nonlicensed providers

Generally, anyone providing child care must be licensed; but there are limited exceptions. Minnesota Statute, section 245A.03, subdivision 2 and Minnesota Rules, part 9502.0325, subpart 3 states the following types of child care do not have to be licensed.

1a. Child care provided by a relative to only related children and/or child care provided to children from one family that is unrelated to the provider.

“Related” means any of the following relationships by marriage, blood, or adoption: parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, child, niece, and nephew. Related also includes a legally appointed guardian. [Minnesota Rules, part 9502.0315 subpart 2]

1b. Child care provided for a cumulative total of less than 30 days in any 12-month period.

Because CCAP follows licensing law, (Minnesota Statute, section 245A.03, subdivision 2(b)) the following people cannot provide care or be paid by CCAP for any child not related to them.

2a. A person who applied for a child care license, or who was a child care license holder, and who received a license denial, fine, or sanction that has not been reversed on appeal.

2b. A provider who, as a result of the licensing process, has a disqualification that has not been set aside or a provider who has a household member who, as a result of a licensing process, has a disqualification that has not been set aside.

Please check the appropriate box(es) in the sections below.

- I affirm that I am qualified to provide unlicensed child care as a legal nonlicensed family child care home as described in item 1a. above.
- I affirm that I am qualified to provide unlicensed child care under the limited care exemption as described in item 1b. above.
- I affirm that the items described in items 2a. and 2b. above do not apply to me.
- I affirm that I am at least 18 years of age.
- I affirm that I do not share a home or residence with the CCAP family who has asked me to provide child care.
- I understand that I am considered the primary provider of care at the listed site. I am responsible for all care provided; and I must be present during the hours care is provided, unless my spouse has been authorized to provide care in my absence.
- I will review the Health and Safety information I received from the county with CCAP families.
- I will 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.
- I affirm compliance with state and local health ordinances and building and fire codes applicable to the premises where child care is provided.

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.
- 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.
- The county is required to keep a record of substantiated parental complaints concerning the health and safety of children in my care and that, upon request, information about the substantiated complaints will be released to the public as authorized under Minnesota Statutes, chapter 13.

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.

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.

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 agree to allow information on substantiated complaints concerning the health and safety of children in my care to be disclosed to the public according to Minnesota Statutes, chapter 13.
- I declare that the information I have provided on this form is true and correct.

PROVIDER'S SIGNATURE	DATE
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Attachments:

- Provider Rights and Responsibilities (DHS-4079)
- Notice of Privacy Practices (DHS-3985)
- Authorization for Background Study
- W-9 form
- Health and Safety information
- Training Requirements for LNL Providers - Questions and Answers (DHS-6419)
- Health and Safety information, including the Health and Safety Resource List (DHS-5192A)



Health and Safety Resource List

for Parents and Legal Non-Licensed Providers

This resource list is a supplement to: [DHS-5192](#) CCAP Legal Non-licensed Provider Registration and Acknowledgement and [DHS-5367](#) Parent Acknowledgement When Choosing Legal Non-licensed Provider. If you would like an electronic version of this document, please go to <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5192A-ENG>

Health

- Poison Information for the Home 1-800-222-1222 for Emergency 24 hours a day, 7 days a week. <http://www.mnpoison.org/>
- Lead Poison Carbon Monoxide (CO) Poisoning in Your Home. <http://www.health.state.mn.us> Go to search tool.
- Healthy Kids: A Guide to Minnesota's Immunization Law for Child Care Providers www.health.state.mn.us/immunize
- Infectious diseases that must be reported to the Minnesota Department of Health. <http://www.health.state.mn.us/divs/idepc/dtopics/reportable/index.html>
- Home Safety Checklist <http://www.health.state.mn.us/divs/fh/mch/fhv/documents/MDHHSC.pdf>
- Healthy Homes <http://www.health.state.mn.us/divs/eh/homes/> Points out areas of the home where health issues could exist.
- Hand Washing Information "Teaching Hand Hygiene" <http://www.health.state.mn.us/handhygiene/curricula/index.html>
- Head Lice <http://www.health.state.mn.us>

- Crib Safety Guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>
- Car Safety Seats: A Guide for Families 2012 <http://www.aap.org/healthtopics/carseatsafety.cfm>
- Your Home Child Care Emergency Plan Safety Checklist <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5299-ENG>

Nutrition

- USDA Choose My Plate program <http://www.cnpp.usda.gov/MyPlate.htm>
Look for: Consumer Brochure and Food Groups Overview

Early child development and school readiness

- Minnesota Department of Education - Find local program Information for Early Childhood Screening, Head Start, Early Childhood Family Education and School Readiness programs. Search online by county, school district or city to find early childhood programs. <https://education.state.mn.us/EarlyLearningServices/search.do>
- Help Me Grow –Early Learning Developmental Milestones <http://www.health.state.mn.us/divs/fh/mcshn/pdfdocs/wheel.pdf>
- Getting School Ready booklet from the Early Learning Foundation. Order free of charge available in several languages: Cambodian, Chinese, English, Korean, Oromo, Russian Somali, Spanish, Tagalog, Vietnamese. <http://www.earlylearning.org/resources/publications/getting-school-ready>

Safety

- Reporting Child Abuse and Neglect: A Guide for Mandated Reporters <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-2917-ENG>
- Shaken Baby Syndrome and SIDS <http://www.health.state.mn.us/divs/fh/mch/mortality/index.html>
- What Does a Safe Sleep Environment Look Like? http://www.nichd.nih.gov/publications/pubs/upload/safe_sleep_envron_sheet_2012.pdf

Where to find training

- Minnesota Child Care Resource and Referral www.mnchildcare.org or 888-291-9811. Provider training opportunities to help meet CCAP requirements are offered by Child Care Resource and Referral Agencies. Find your local agency on this website or by calling this number.
- First Aid and CPR Training Take a Class - American Red Cross Select the course category: First Aid/CPR <http://www.redcross.org/take-a-class>

Other resources

- Minnesota Department of Human Services Child Care Assistance Program Provider Guide <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-5260-ENG>
- MN County Resources for Parents <http://www.pcamn.org/map.php>
- United Way 211 MN. <https://www.unitedwaytwincities.org/> United Way 2-1-1 is a free and confidential community helpline available 24 hours a day, 7 days a week. 2-1-1 helps family's access information and resources on a variety of topics Dial 211 or 1-800-543-7709.
- Tax Help – If you get payments from CCAP, you have to pay taxes on that income. For help filing taxes or getting other financial advice, go to: <http://helpmnsave.org>
- Prevent Child Abuse Minnesota: A list of Minnesota Circle of Parents Groups http://www.pcamn.org/home/pcamn3/public/html/media/File/CircleOfParentsGroups/CircleChaptersAugust2012_2.pdf Weekly parent support meetings provide opportunities to exchange ideas, meet other parents and talk in safe and supportive surroundings. Call PCAMN at 651-523-0099 or 1-800-244-5373 or email us at pcamn@pcamn.org

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. ຖ້າທ່ານກຳລັງຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພໍລິ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂຮງຫາຕາມເລກໂທ 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.

LB2-0003 (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.



Minnesota Department of Human Services

Child Care Assistance Program

Training Requirements for Legal Nonlicensed Family Providers – Questions and Answers:

1. What is the policy for Legal Nonlicensed family providers caring for CCAP children?

Before the Child Care Assistance Program (CCAP) can pay nonlicensed family providers serving families receiving CCAP, the providers must have current First Aid and CPR training.

- Current First Aid and CPR training means that the effective date shown on a card or certificate of completion has not expired as of the date the provider registration begins.
- An individual approved to provide First Aid and CPR training must provide the training. Some First Aid and portions of CPR training may be taken online, if provided by certain organizations. Check with your county worker to see what qualifies.
- Additional Training – After one registration period, if a provider still serves children receiving CCAP, the provider must take eight hours of additional training in topics listed by the Minnesota Center for Professional Development Registry. Child Care Aware agencies coordinate and offer training that is listed in the Registry. First Aid and CPR, if taken again, can count toward the eight hour requirement but are not required to be repeated.

2. Where do providers take First Aid, CPR and other training? Is there a cost?

Several organizations provide training with approved trainers. Courses do have small costs.

- **Minnesota Center for Professional Development Registry**
<https://www.developoolmn.org>
- **Child Care Aware**, 1-888-291-9811 or www.mnchildcare.org
- **American Red Cross**, 612-871-7676 or www.redcrosstc.org (non-metro chapters listed on website)
- **Minnesota Safety Council**, 651-291-9150 or www.minnesotasafetycouncil.org
- **Local fire departments or community education offices**

3. How do providers document the First Aid, CPR and other training? Where should it be sent?

The county that is authorizing (registering) a provider will send an information packet to each provider. The provider should return the required forms and documents showing completed first aid and CPR training **or** the additional eight hours of other training. The documentation must show that First Aid and CPR training have current effective dates. For example, if a provider has a registration period beginning Jan. 1, 2014 the expiration date of the First Aid and CPR training must be after Jan. 1, 2014.

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 ntauv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໄປຮອດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, 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.

L31-001 (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.



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 បើអ្នកចង់បានជំនួយបកប្រែឯកសារនេះដោយមិនគិតថ្លៃ 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. ຖ້າທ່ານກຳລັງຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທຂາຕາມເລກໂທ 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.

LB2-0001 (10-09)

ADA4 (5-09)

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.



Child Care Assistance Program
Authorization for Release of Background Study

NAME (LAST, FIRST, FULL MIDDLE)			MAIDEN NAME		PREVIOUS MARRIED NAME	
BIRTH DATE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER (optional)		DRIVER'S LICENSE NUMBER	
CURRENT STREET ADDRESS		CITY	STATE	COUNTY	ZIP CODE	
NAME OF PROPOSED CHILD CARE PROVIDER (if different from subject above)						

I, _____, give permission to the following entities to
 (Name of subject)

share private data about me for the sole purposes described below:

- County Child Care Assistance Program Staff
- County human services agencies
- Minnesota Department of Human Services (DHS)
- Bureau of Criminal Apprehension
- Federal Bureau of Investigation (if there is reason to believe crimes were committed outside MN)
- District Courts
- Other _____

I authorize the sharing of the following types of information:

- Criminal records
- Child and adult maltreatment report records
- Juvenile court records
- FBI records
- Driving records
- Licensing records
- District court records
- Other _____

List all places of residence for the past five years:

ADDRESS	CITY	STATE	COUNTY	ZIP CODE

Authorization for Sharing of Information

Giving Permission: I give permission for the person/organization above to release the requested information to the above agency. This information is used to determine whether I or someone in my household can be authorized as a child care provider for a family receiving child care assistance.

Consequences: State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information.
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent.
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it.
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested.
- The person or agency who gets my information may be able to pass it on to others.
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

SUBJECT SIGNATURE	DATE
SIGNATURE OF PARENT OR LEGAL GUARDIAN, IF SUBJECT IS UNDER AGE 18	DATE

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)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	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.



**BACKGROUND STUDY NOTIFICATION
 CONSENT AND REQUEST FOR LAW ENFORCEMENT AND AGENCY RECORDS**

Date: _____
 To: _____

Do not complete - BCA Worker Only

COUNTY WORKER

- Unlicensed
- Licensed

- Initial
- Previously Run

Date Sent to Applicant _____

This records check is being conducted in connection with adult foster care, child foster care, or family day care licensing. The Human Services Licensing Act requires that licensing agencies conduct an applicant background study (investigation) on all members of the applicant's household, 13 years of age and older and upon others who might have unsupervised access to foster care or day care children. Records will be requested from the Minnesota Bureau of Criminal Apprehension and other law enforcement agencies. Information will also be requested from county social service agencies pertaining to report of maltreatment of children and/or adults and regarding any present or former adult or child foster care or family day care from designated county or agency. This information is required in order to complete an application for adult foster care licensing, child foster care licensing, or family day care licensing. MN Chapter 245C.04, Subd. 3. **Please respond within 10 days.** Thank you.

I hereby acknowledge notice that this study will be done and give my consent to any of the above-listed (named) agencies, offices, and departments to release any data of which I am the subject, whether such data is private or public. I understand that if I do not receive the results of this study within 15 working days, more time is needed to conduct the study. A photocopy of this form shall be accepted in place of the original. **Please complete this document and return it to the financial worker identified above.**

PLEASE PRINT - FULL NAME

Last Name	First Name	Full Middle Name	Maiden/former/previous married name(s)
Street Address (including PO Box if applicable), City, State, Zip Code			Within City Limits?
Date of Birth	Social Security Number	Driver's License Number	Gender - M / F
			Race
			County Number
Phone Number:	Home: () - -	Work: () - -	Cell: () - -

PREVIOUS ADDRESSES (past five years) *Additional Addresses - please complete 2nd form

Street Address	City	County	State	Zip	Dates	Within City limits?
Street Address	City	County	State	Zip	Dates	Within City limits?
Street Address	City	County	State	Zip	Dates	Within City limits?

Signature (Parent's Signature, if minor)

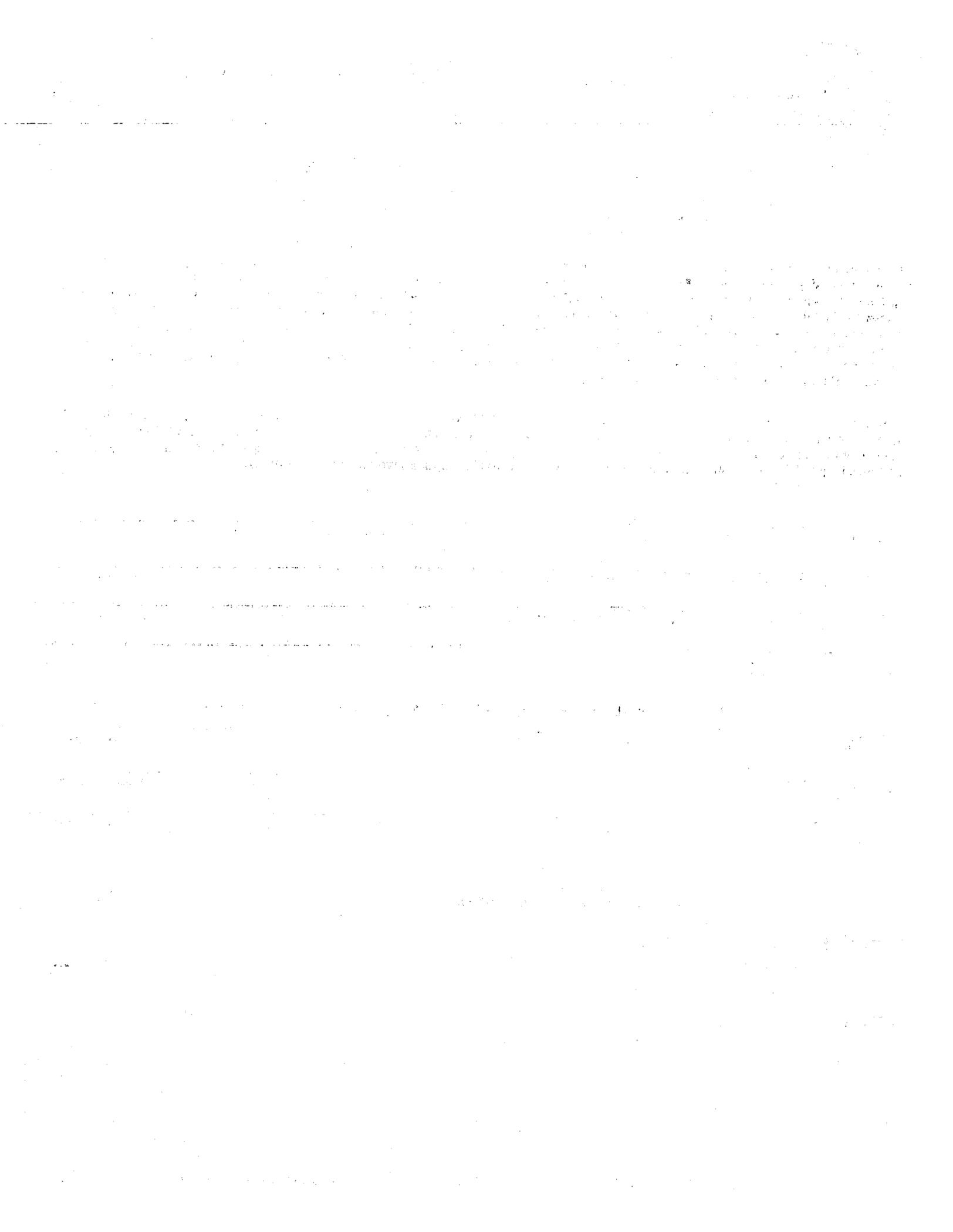
Date

Home in which care is being provided:

Provider's Name & Address: _____

***This section to be completed by agency furnishing information:** We have no information () Information attached ()

Signature		Title	
Date		Agency	
Comments:			





**BACKGROUND STUDY NOTIFICATION
CONSENT AND REQUEST FOR LAW ENFORCEMENT AND AGENCY RECORDS**

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Phone Number: Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

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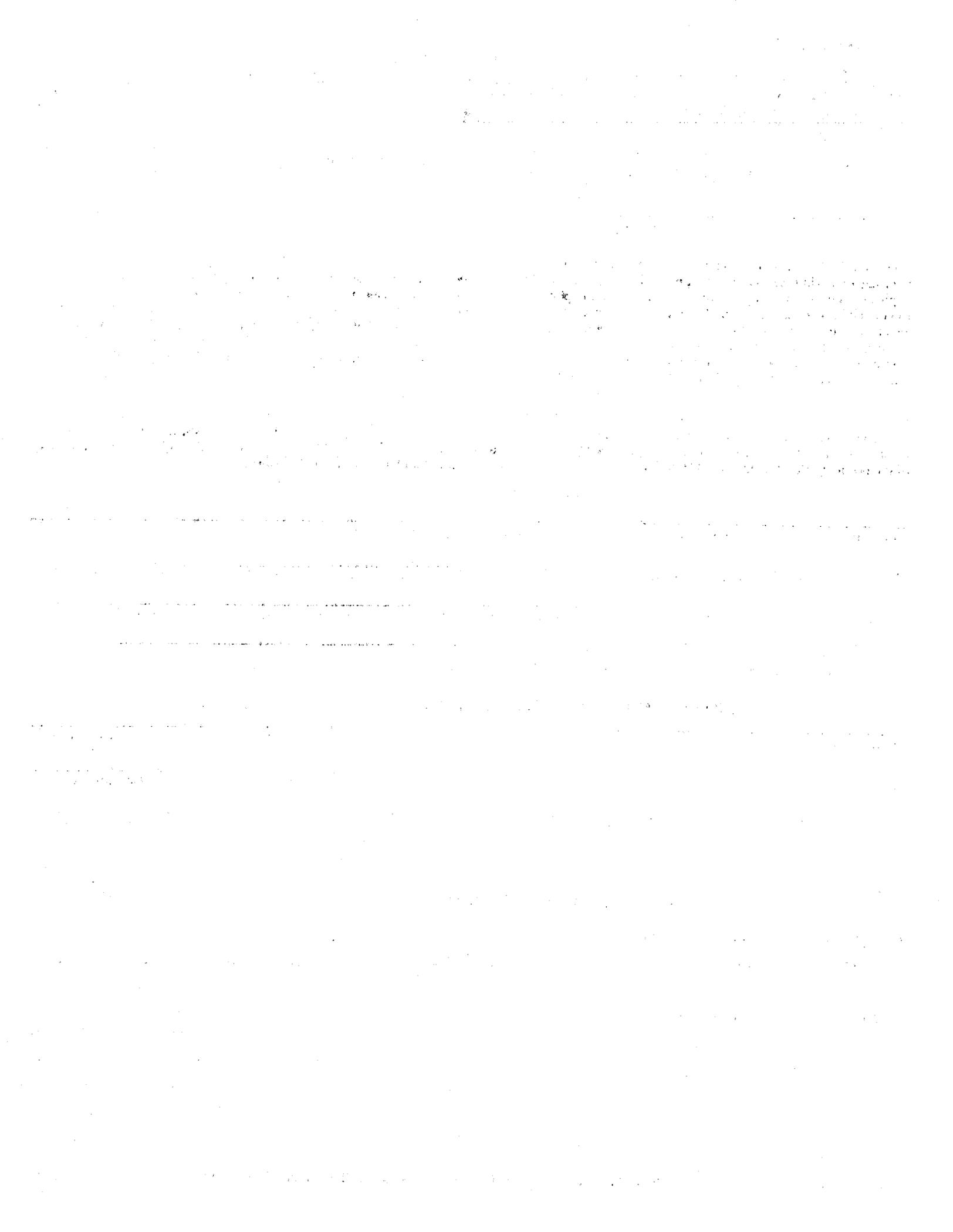
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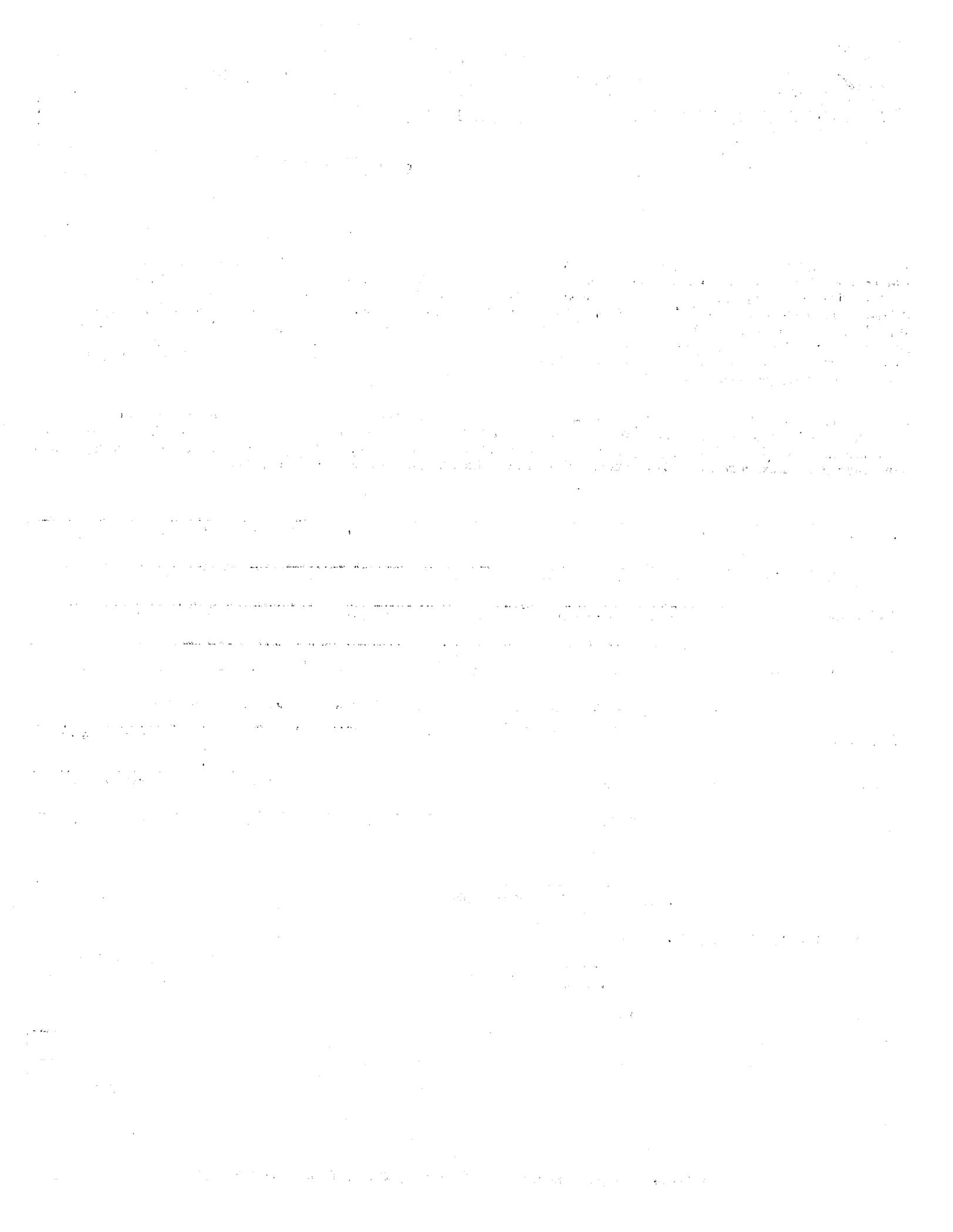
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Comments:	





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***This section to be completed by agency furnishing information:** We have no information () Information attached ()

Signature	Title
Date	Agency
Comments:	



Minnesota Department of Human Services

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/lfsrserver/
Public/DHS-3979-ENG](http://edocs.dhs.state.mn.us/lfsrserver/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



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.

ໂປດຊາບ. ຖ້າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງໂທຫາຕາມເລກໂທ 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.

Wright County Human Services 10 2 nd Street NW, Room 300 Buffalo, MN 55313-1191	Financial Worker: Email Address: Tel # :	 Minnesota Department of Human Services
Minnesota Child Care Assistance Programs (CCAP)		

You Must Complete and Mail this Form to Receive CCAP Payment

Date: _____
Due Date: _____
Family ID: _____

Please check the box after you read and understand each statement.

- 9 I have read and understand the legal non-licensed provider registration process.
- 9 I have read and understand my rights and responsibilities when choosing a provider.
- 9 I understand the difference between licensed and legal non-licensed providers and that the state and county don't inspect legal non-licensed child care. I am responsible for my provider choice and the county is not responsible for my provider's actions.
- 9 I understand that if the county knows that my provider is unsafe, or that the child care arrangement I have chosen is unsafe, they may deny approval of my provider or deny payment for services provided by my provider.
- 9 I understand that if I choose a provider to care for my children in my home, I may create an employer/employee relationship. This employer/employee relationship creates legal rights and responsibilities for me about which I need to get more information.
- 9 My provider and I have reviewed the health and safety information provided by the county.
- 9 I will give my provider an immunization record for my child(ren) within 90 days of the date that care begins. I also will give my provider the updated immunization information.
- 9 I understand that I cannot receive child care assistance until I have signed and returned this form to the County Worker.

Parent Signature

Date

Remember to complete, sign, and date this form before sending it back to the address listed at the top of this page.

REGISTRATION TO DO LEGAL NON-LICENSED CHILD CARE

Child Care Assistance Program

Provider Name: _____

Social Security Number /Tax ID Number: _____

Address: _____ Phone _____

(Street)

(City)

(Zip)

Check type of care: Child's Home Provider's Home Related to Child? Yes No

Name of Parent Receiving Child Care Payment Assistance: _____

A. I wish to provide child care for a family whose child care fees are subsidized by Wright County Human Services. I understand that I must be approved BEFORE any payments can be made to me. **If I provide child care before it is determined that I have been approved I understand that I may not be paid for the care by Wright County Human Services.** I understand that Wright County Human Services has 30 days to review this application before a decision must be made.

B. I understand that Wright County Human Services is concerned about the safety and well being of the children in their Child Care Assistance Program.

C. **I have checked TRUE to each statement that applies to me or my situation:** (Do not check all.)

TRUE

1 I plan to, or am currently, providing child care services to families related to me.

2 I plan to, or am currently, providing child care services to one family unrelated to me.

3 I am at least 18 years of age.

4 All person(s) in my home are free of communicable disease.

5 I have NEVER been under investigation for abuse/neglect, sexual assault, or violent felonies.

6 I have NEVER been convicted of abuse/neglect, sexual assault, or violent felonies.

7 NO person(s) living in my home are now, or have been, under investigation for abuse/neglect, sexual assault, or violent felonies.

8 NO person(s) living in my home are now, or have been, convicted of abuse/neglect, sexual assault, or violent felonies.

9 I have never been denied a child care license or had a child care license revoked.

If you did not check any of the last four statements above, write an explanation of your situation (you may be asked for more information).

D. If you are related to the child(ren), state how: _____

E.. I understand that Minnesota Statutes 119B.09 Subdivision 5 states: "When a county knows that a particular provider is unsafe, or that the circumstances of the child care arrangement chosen by the parent are unsafe, the county may deny a child care subsidy."

F. I understand that if I have been paid to do child care, and in the future, circumstances change so the child care arrangement becomes unsafe, I will no longer be paid by Wright County Human Services to do child care.

Signature of Legal Non-Licensed Child Care Provider

Date

Authorized by: _____

Child Care Worker

Date

Denied by: _____

Wright County Human Services

Date

Note: Individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above, are not automatically disqualified. Wright County Human Services must review each case to assess the relevance of an arrest, charge or conviction relative to the current child care situation.



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

Family Responsibility to Pay Copayment Fees

Dear Child Care Assistance Program (CCAP) Provider:

This notice is to clarify the 2003 Legislative session change requiring that CCAP recipients pay 100% of their family copayment to the provider. **The copayments cannot be waived by the provider or paid by a third party.**

Federal law (Federal Child Care and Development Block Grant, Title 42, section 9858) and Minnesota Statutes, chapters 119B.09 and 119B.12, subdivision 2, outline cost sharing measures that must be in place for families determined to be eligible for the Child Care Assistance Program, which include:

- Parents who do not pay their required share of child care expenses are violating the sliding fee payment requirements in Minnesota Statutes, section 119B.12.
- Families who fail to pay the family copayment fee are ineligible for the Child Care Assistance Program until the fees are paid or until the family reaches an agreement for payment with the provider and the county, and continues to comply with the payment agreement. Minn. R. part 2400.0040, subpart 6a.

Child care providers are responsible to collect the copayment and inform the county if the copayment was or was not received. Providers who falsely declare receipt of the family's copayment on the billing statement may have their payments stopped by the county, or the county may refuse to pay a bill submitted by the provider, according to Minnesota Statutes, section 119B.13 subdivision 6 (d).

Occasionally, there are circumstances where families may not be able to pay 100% of their copayment. When a family is unable to pay their copayment, as outlined above, a payment arrangement can be established between the provider and the parent according to Minnesota Rules, part 3400.0040, subpart 6a.



WRIGHT COUNTY HUMAN SERVICES AGENCY

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IMPORTANT CHILD CARE PROVIDER INFORMATION

Effective January 1, 2012 for currently authorized providers there are new Child Care Assistance Program provider requirements.

This notice is to tell you about training you will need to take so that you can continue to be paid by the Child Care Assistance Program. You will need to take First Aid and CPR classes BEFORE you can renew your Child Care Assistance Program Provider registration if it is due on or after January 1, 2010.

First Aid and CPR training must be completed before you request a renewal of you current registration. The training must be current and must have been provided by an individual approved to provide First Aid and CPR training.

Please see the enclosed Question and Answer document for information about training. If you do not take the required training, you will not be eligible to receive child care assistance payments after the last date of you current approved registration period that occurs on or after January 1, 2012.

You will receive a packet to renew your provider registration when it is time to be renewed. When you receive the packet, you should return the forms and provide documents showing that you have completed First Aid and CPR training.

If you have questions about this letter, please contact the county worker(s) listed on your child care assistance program service authorization(s).



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
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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.

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			
Date	Time In	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				



Minnesota Child Care Assistance Programs

Parent Acknowledgement When Choosing a Legal Nonlicensed Provider

Instructions: Read this form, sign the last page, and return the last page to your Minnesota Child Care Assistance Program (CCAP) worker. Keep the rest of this form for your records. You must sign and send a page for each Legal Nonlicensed (LNL) provider you use.

Why did I receive this?

You chose a LNL child care provider to care for your child. We cannot pay for child care from this provider until you sign and return the last page of this form. This form has information that you need to know about using a LNL child care provider.

What is a legal nonlicensed provider?

A LNL provider is a child care provider who is eligible to receive payment from CCAP, but is not a licensed child care provider.

Almost everyone who provides child care in Minnesota must be licensed. There are some exceptions. The following types of child care do not have to be licensed:

- Child care provided by a provider who is related* to the children, and/or child care provided to children from one family that is not related to the provider.
- (*Related means a spouse, a parent, a natural or adopted child or stepchild, a stepparent, a stepbrother, a stepsister, a niece, a nephew, an adoptive parent, a grandparent, a sibling, an aunt, an uncle, or a legal guardian.)
- Child care provided for less than 30 days in any 12 month period.

Because CCAP follows licensing law, (Minnesota Statute, section 245A.03, subdivision 2b) the following people cannot provide care or be paid by CCAP for any child not related to them.

- A person who applied for a child care license, or who was a child care license holder, who received a license denial, conditional license, or sanction that has not been reversed on appeal.
- A provider or household member who, as a result of the licensing process, has a disqualification that has not been set aside.

The state does not license LNL providers, but they still must meet state and local laws that protect children's health and safety. The county or state does not check

LNL providers to make sure they follow these laws. This does not mean that the care provided by the LNL provider is not safe. It means that you, as a parent, are responsible for checking the provider you want to use to make sure it is a good place for your child.

What if I am using an in-home provider?

In-home care is only approved in limited situations. If you cannot find other care options or your child has a special need, ask your worker if in-home care can be approved. A provider who cares for your child in your home usually is a LNL provider. If a LNL provider cares for your child in your home you are considered the provider's employer. As the provider's employer you have legal responsibilities. You will receive the child care assistance payment from the state. You must pay the provider the child care payment you receive from the state and your copayment, if you have one. If you use an in-home provider, the county can help you get more information about your rights and responsibilities as an employer.

How do LNL providers get approved to care for CCAP children?

The county must approve all providers before they can receive CCAP payments. A LNL provider:

- Must be at least 18 years of age.
- Must complete First Aid and CPR training. An additional 8 hours of training in topics listed in the Minnesota Center for Professional Development registry is required for the provider's renewal/reauthorization process.
- Cannot be a member of your family that is receiving MFIP or CCAP.
- Cannot share your home or residence.

The LNL provider you chose will get forms to fill out and return to the county. When the provider returns these forms, the county will check to see if they can

approve the provider to care for CCAP families. The county will do a background check on the LNL provider and the members of their household. If a county knows that a child care provider is unsafe, the county may deny CCAP payments for that provider.

We will mail you a notice if we cannot approve your provider then you can choose a different provider. We cannot tell you the reason unless the provider says we can in writing. If we do not approve your provider, you can appeal the decision.

What information do I have to give my legal nonlicensed provider?

You must give your provider a copy of your child's immunization record within 90 days of the day your child starts care. You must update this information if your child has more immunizations.

You should give your provider emergency information, including telephone numbers where you can be reached when your child is in care.

What if I have questions about the registration process?

If you have questions about the registration process, call your CCAP worker.

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 lis dej num los sis hu rau 1-888-486-8377.

ໄປຮດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໄປທີ່ 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, hawl wadeenkaaga 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)

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.

ADA5 (12/21)



Minnesota Child Care Assistance Programs

Legal Nonlicensed Acknowledgement Statement

(Parent completes this form)

Instructions: You must complete and mail this form to your CCAP worker to receive CCAP payment.

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

- I have read the “Parent Acknowledgement When Choosing a Legal Nonlicensed Provider” section of this form (pages one and two) and understand the legal nonlicensed (LNL) provider registration process and my rights and responsibilities when choosing a provider.
- I know the difference between licensed and LNL providers and know that LNL child care is not checked by the county or state. I am responsible for my choice of a provider. The county is not responsible for my provider’s actions.
- I know that if the county knows that my provider is not safe, or that the child care is not safe, they may not approve my provider or may deny CCAP payments for my provider.
- I know that if I have a provider care for my child in my home, I may be the provider’s employer. If I am the employer I have legal rights and responsibilities. My worker must approve in-home care payments.
- I understand that my provider and I cannot share the same residence.
- I understand that my provider must take training, including First Aid and CPR, before authorization is approved. An additional 8 hours of training must be completed by the provider to be reauthorized.
- My provider and I will review the health and safety information provided by the county.
- I will give my provider an immunization record for my child within 90 days of the date that child care starts. I will give my provider any updated immunization information.
- I know that I cannot receive child care assistance until I have signed and returned this form to the county.

PRINT PARENT NAME	CASE NUMBER (if known)
PARENT SIGNATURE	DATE

PRINT PROVIDER NAME		
PRINT PROVIDER ADDRESS		
CITY	STATE	ZIP CODE

Parent: Complete, sign and date this form and send it to your CCAP worker.

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="checkbox"/>								
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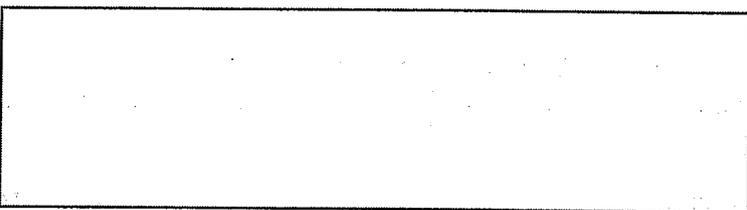
Account Number (up to 17 digits)

<input type="checkbox"/>																
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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
--------------------------	------

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 សូមសួរអ្នកកាន់សំណុំរៀបរយរបស់អ្នក 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. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທສໍາຕາມເລກໂທ 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.

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) 612-341-2066
Child Care Information Network

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

Mahabe 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

(Chisago, 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 Care, 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, Polk, 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 licensor 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 choose 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 it is coming via the postal system.

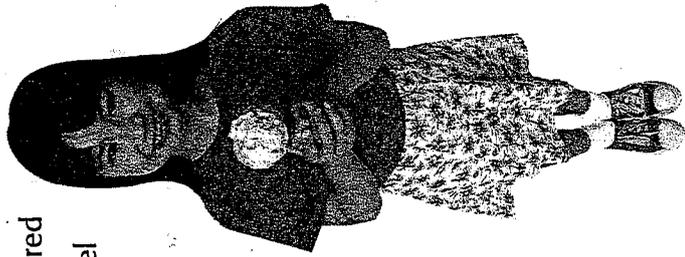
What will I need to do?

- 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.

DID YOU KNOW FAMILY, FRIEND AND NEIGHBOR CAREGIVERS HELP KEEP MINNESOTA MOVING?

For many parents in Minnesota, Family,
Friend and Neighbor (FFN)

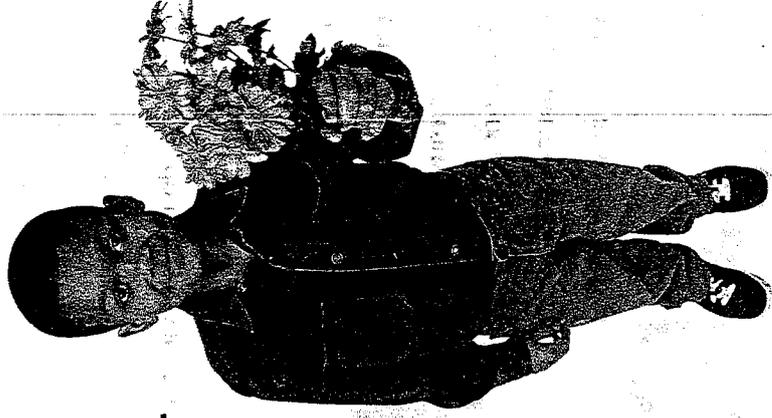
caregivers are the preferred
type of care. Families feel
good about the close
relationships their
children are developing
with their caregivers.
46% of Minnesota
families use FFN care
as their primary child
care arrangement
which enables them
to get to work or
school each day.



380 Lafayette Road, Suite 103
St. Paul, MN 55107
Ph: 651-290-9704
Fax: 651-290-9785
www.mnchildcare.org

DO YOU CARE FOR THE CHILDREN OF A FAMILY MEMBER, FRIEND OR NEIGHBOR?

**Support is
available
to help
you do this
important job.**

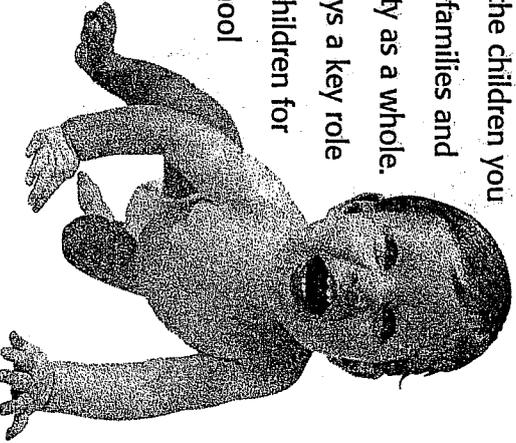


THANK YOU FOR CARING FOR CHILDREN

WERE HERE TO HELP

Who are Family, Friend and Neighbor Caregivers?

You are a large and important group of Minnesotans called Family, Friend and Neighbor Caregivers because you care for children who are a part of your extended family, neighborhood, or circle of friends. Even if you do not get paid for the work you do, you are a part of this group. The time you spend with children everyday is important to the children you care for, their families and our community as a whole. Your work plays a key role in preparing children for success in school and life.



You are not alone

Child Care Resource and Referral agencies throughout Minnesota are here to help you do your best as a caregiver and help the children in your care do well. Call your local CCR&R for support services which may include information on caregiving, first aid/safety training, and free supplies.

For more information on services available in your area:

Child Care Resource and Referral
Child Care Choices
2901 Clearwater Rd, St. Cloud
320-251-5081 ext. 501
320-251-5081 ext. 501

IDEAS FOR ACTIVITIES AND TEACHING TOOLS

Play time helps children learn and gets them ready for success in school. Here are a few tips to help you make the most of your time together.

Infants

Visit the library for simple books with bright, colorful designs.

Toddlers

Stack blocks or other toys together, counting as you go.

Read together often—ask the children to point to familiar objects such as the baby, house, or dog in the story.

Preschoolers

Read books. Ask the children to guess what will happen next in the story.

School Age Children

Visit libraries. Libraries offer storytelling, live music and kids' movies.