

# Child Care Financial Assistance Program Out of State Child Care Provider

The Child Care Financial Assistance Program can pay a child care provider from another US State. To pay child care providers from another state the parent must:

- Provide the required documents and information
- Provide a copy of the child care provider's current license, registration or certification

For CIS Child Care Coordinators requesting Out of State Specialized Child Care, please submit in addition the following information:

- Documentation of Child Care Providers: Regulatory History-Past 24 months
- Documentation of Child Care Providers: Professional Development/Training History-past 12 months

## For Office Use Only

BFIS Start Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Eligibility Specialist: \_\_\_\_\_

CCFAP Case ID: \_\_\_\_\_



*Please make a copy for your records and send this form to:*

**\*\* Attach a copy of the current license, registration or certification \*\***

## Family Information

Child(ren)'s Name(s): \_\_\_\_\_

Parents Names: \_\_\_\_\_

When did the child start attending this program? \_\_\_\_\_

## Child Care Provider Information

Contact Person (Owner or Director)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Other names used: \_\_\_\_\_

EIN #: \_\_\_\_\_ and/or SS#: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Phone (including area code): \_\_\_\_\_

**If you have questions about this form, please contact the eligibility specialist at:**

