



# Child Care Resource & Referral Provider Registration Form *Child Care Subsidy & Parent Referrals*

Dear Licensed Child Care Provider,

Thank you for updating or adding your child care information to our Subsidy Program and/or Resource and Referral database. CCR&R uses the information from this form for four purposes:

- **Generate child care referrals to parents based on their needs.** If your information matches the needs of parents (e.g., location, hours of operation, ages of children served, curriculum offered), your program is included in their referrals. The more accurate your information is, the more accurately we can match parents' needs to the services you provide. Resource and Referral is an excellent way to market your program (generate business for you) without paying for advertising costs.
- **Capture Subsidy Enrollment information** for providers interested in registering on the subsidy program in the state of Nevada. You must also complete subsidy checklist and attach the required paperwork to register for the subsidy program.
- **Assist the State of Nevada Division of Welfare and Supportive Services in reviewing the current Subsidy Reimbursement Rates.** The reimbursement rates are set based on the actual cost of child care (market price) by geographical area (Carson/Douglas, Rural Nevada, Washoe County, Clark County) and by provider type (center, family child care, group family child care).
- **Create reports on the child care industry in Nevada.** Our reports help members of our community and policy makers at the local, state and federal level understand the demand, supply, affordability, and various quality indicators of child care in Nevada.

If you have any questions about the Resource & Referral service or The Children's Cabinet's services in general, please email Jennifer Gianola ([jjianola@childrenscabinet.org](mailto:jjianola@childrenscabinet.org)) in northern Nevada or Ericka Bryant ([ebryant@childrenscabinet.org](mailto:ebryant@childrenscabinet.org)) in southern Nevada.



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**General Contact Information**

Name of Person Completing Form: _____	Director / Owner: _____
Name of Child Care Business on License: _____	
Physical Address: _____	City: _____ Zip: _____
Mailing Address: _____	City: _____ Zip: _____
Phone: _____	Alternate Phone: _____ Fax: _____
E-mail: _____	Website Address: _____
What program(s) would you like to be registered (check one or both)? <input type="checkbox"/> Child Care Subsidy <input type="checkbox"/> Parent Referrals	

**License Information**

License ID #: _____ Expiration Date: ___/___/___	Licensed by: <input type="checkbox"/> State of Nevada <input type="checkbox"/> Washoe County
Date you first became licensed: ___/___/___	<input type="checkbox"/> Tribe <input type="checkbox"/> Federal Government
<b>Program Type</b>	<b>Licensed Capacity (as stated on License)</b>
<input type="checkbox"/> Center <input type="checkbox"/> Family Child Care <input type="checkbox"/> Group Family Child Care <input type="checkbox"/> Head Start (traditional, tribal, migrant or early) <input type="checkbox"/> Pre-K (State-funded program)	Age Range (ex. 6mo.-2yrs.)
	Capacity for Age Range
	<b>Total Capacity:</b>

**Schedule**

Select the days and fill in the times you are open. (Circle) am or pm.

<input type="checkbox"/> Monday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Tuesday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Wednesday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Thursday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Friday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Saturday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Sunday	Open: ___ am/pm Close: ___ am/pm

**Schedule Types**

Select the schedule types that are accommodated.

<input type="checkbox"/> 24 Hour Care	<input type="checkbox"/> Track Break
<input type="checkbox"/> Overnight	<input type="checkbox"/> Drop-In (not regularly scheduled)
<input type="checkbox"/> Evening	<input type="checkbox"/> Rotating Schedules
<input type="checkbox"/> Afternoon Only (1/2 day)	<input type="checkbox"/> Weekend
<input type="checkbox"/> Mornings Only (1/2 day)	<input type="checkbox"/> Extended Hours (9-12 hr shifts)
<input type="checkbox"/> Before School	<input type="checkbox"/> Summer Care
<input type="checkbox"/> Afterschool	<input type="checkbox"/> School Year

**Holidays & Closures**

Please select the holidays below that you are closed. Observed means that you are closed during the week when the holiday falls on a weekend.  
**Attention Subsidy Providers:** It is very important that you only indicate the days you WILL be closed. If you indicate you are closed, our system will not allow reimbursement to be made for any of the days indicated below. If you decide to remain open on any of these days, you must contact The Children's Cabinet a week PRIOR to the holiday closure listed below.

<input type="checkbox"/> New Year's Day--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Nevada Day
<input type="checkbox"/> Martin Luther King, Jr.	<input type="checkbox"/> Veterans Day--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> President's Day	<input type="checkbox"/> Thanksgiving Day
<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Family Day
<input type="checkbox"/> Independence Day--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Christmas Eve--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Labor Day	<input type="checkbox"/> Christmas Day--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Columbus Day	<input type="checkbox"/> Other Closure: _____ Date(s): _____

## Child Care Rates • Children Ages 0-5

Enter the rates you charge parents by age range. You can also simply include your rate sheet when returning this form.

<b>Age Range in Level</b> <small>(e.g., from 1 year up to 3 years; then from 3 years up to 5 years)</small>		<b>Full-Time Rates</b> <small>4.5 or more hours per day*</small>				<b>Part-Time Rates</b> <small>Used only for market rate purposes; not subsidy.</small>			
From	Up To <small>(not through)</small>	Daily**	Weekly	Monthly	Other:	Daily**	Weekly	Monthly	Other:
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								

**Subsidy providers please note:**

\*Actual hours are rounded to the nearest hour. A part-time rate (full-time rate÷2) will be used for attendance less than 4.5 hours (4 hours, 29 minutes).

\*\*This is not a drop-in rate for intermittent schedules. This is a daily rate based on a child who attends a full-time schedule (weekly rate÷5).

## Child Care Rates • School-Age Children

Enter the rates you charge parents by age range. You can also simply include your rate sheet when returning this form. **Do not include private school tuition rates for K-12. Only include the rates charged for care outside your private K-12 school hours.**

<b>Age Range in Level</b> <small>(e.g., from 6 years up to 8 years; then from 8 years up to 13 years)</small>		<b>Full-Time Rates</b> <small>This is what you might charge for track break, summer or holiday care. More than 3 hours a day.*</small>				<b>Part-Time Rates</b> <small>These are <u>not</u> Before &amp; After School Rates. Used for market rate purposes; not subsidy.</small>				<b>Before &amp; After School Rates</b> <small>Check if rate are for:</small> <input type="checkbox"/> Before School <input type="checkbox"/> Afterschool <input type="checkbox"/> Before & Afterschool		
From	Up To	Daily**	Weekly	Monthly	Other	Daily**	Weekly	Monthly	Other	Daily**	Weekly	Monthly
<input type="checkbox"/> Years	<input type="checkbox"/> Years											
<input type="checkbox"/> Years	<input type="checkbox"/> Years											
<input type="checkbox"/> Years	<input type="checkbox"/> Years											

**Subsidy providers please note:**

\*Actual hours are rounded to the nearest hour. A part-time rate (full-time rate÷2) will be used for attendance less than 3 hours.

\*\*This is not a drop-in rate for intermittent schedules. This is a daily rate based on a full-time schedule (weekly rate÷5).

## Additional Fees Please check the fees that you charge.

<input type="checkbox"/> Initial Enrollment or Registration Fee (Amount: \$ _____)	<input type="checkbox"/> Bad Check	<input type="checkbox"/> Late Payment
<input type="checkbox"/> Annual Fee (Amount: \$ _____) charged in what month: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. <input type="checkbox"/> Child's anniversary month	<input type="checkbox"/> Insurance	<input type="checkbox"/> Meals
	<input type="checkbox"/> Late Pick-Up	<input type="checkbox"/> Supplies
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other:

**Subsidy providers:** The State of Nevada will reimburse up to \$40 total per year for annual or registration fees.

## Attention Subsidy Providers

- For each care level that you provide, enter the age range and the full-time weekly rate. This must be the rate you charge to the general public, regardless subsidy program participation.
- Only those rates listed on this form or on the attached rate sheet will be inputted into the Nevada Child Care System (NCCS). If you are updating rates, no rates will be carried over from previous records.
- Double check that you have included all age ranges and rates for which you provide care.
- Rate Effective Date: If you are submitting this rate sheet as a part of your Subsidy Registration Packet, rates will be effective the day we receive your completed subsidy registration paperwork. If you are a provider already on our Subsidy Program, your rate **change** will not be effective until the **first of the month following 30 days notice** (e.g., Your rate change was received by The Children's Cabinet on 10/15/2012. Your new rates will not be effective until 12/1/2012).

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Provider Printed Name

\_\_\_\_\_  
Date

## Public Referrals to Your Child Care Program (Resource & Referral)

How would you like parents to access your program information? You can select one or both referral delivery options.

CCR&R Child Care Consultations    Web-Based Referrals    I do not want parents referred to this program

## Curriculum / Philosophy

Please check the following curriculum or philosophies that are used in your program.

<input type="checkbox"/> Bi-Lingual Instruction / Curriculum	<input type="checkbox"/> Creative	<input type="checkbox"/> Developmentally Appropriate	<input type="checkbox"/> Other:
<input type="checkbox"/> Emergent / Reggio / Project Approach	<input type="checkbox"/> High Scope	<input type="checkbox"/> Montessori	
<input type="checkbox"/> Theme-Based	<input type="checkbox"/> Waldorf	<input type="checkbox"/> Religion is Included in Curriculum	

## Financial Assistance Offered to Parents

Please check the following financial assistance options that you have available for parents.

<input type="checkbox"/> Employer Discount (contract with businesses)	<input type="checkbox"/> Military Discount	<input type="checkbox"/> Multi-Child Discount
<input type="checkbox"/> Scholarships	<input type="checkbox"/> Sliding Fee Scale	<input type="checkbox"/> Other:

## Environment

Please check if the following are present in your environment.

<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Cats	<input type="checkbox"/> Computers	<input type="checkbox"/> Pool
<input type="checkbox"/> Dogs	<input type="checkbox"/> Gym	<input type="checkbox"/> No Pets	<input type="checkbox"/> Wheelchair Accessibility
<input type="checkbox"/> Nurse / Doctor Nearby	<input type="checkbox"/> Nurse Onsite	<input type="checkbox"/> Other Pets	<input type="checkbox"/> Other:

## Meals

Please check if you provide the following meals.

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Morning Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> Other:
<input type="checkbox"/> Afternoon Snack	<input type="checkbox"/> Dinner	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Other:

Does your program make accommodations for special diets?  Yes  No

Does your program participate in the Child & Adult Care Food Program or Food for Kids?  Yes  No

## Affiliation / Membership (this is not accreditation\*)

Please check the following associations for which you are a member. \* We update provider accreditation status directly from the accrediting agency.

<input type="checkbox"/> ACSI-Assn. of Christian Schools International	<input type="checkbox"/> NAFCC-Natl. Assn. of Family Child Care	<input type="checkbox"/> NAC-National Assn. of Child Care Professionals
<input type="checkbox"/> NAEYC-National Assn. of Ed. Young Children	<input type="checkbox"/> NAA-National Afterschool Alliance	<input type="checkbox"/> NECPA-Natl. Early Childhood Prog. Accreditation
<input type="checkbox"/> UNR Family Child Care Network	<input type="checkbox"/> NAN-Nevada Afterschool Network	<input type="checkbox"/> Other:

## Transportation

Enter the names of the schools and check the options that your staff provide for each.

Name of School	Transport in Vehicle to School	Supervise School Bus Stop	Staff Escort to School	No Escort Walking Distance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Public Transportation

Please answer this question:

Is your program near a public transportation stop?  Yes  No



## Enrollment, Vacancies, Ratio & Group Size by Age of Children

If your vacancies cross age levels (e.g., 1 year olds through 3 year olds), put the vacancy number in the first age-level cell, then draw an arrow down to last age that the vacancy number applies (see example below).

Age Level	# of children enrolled Full Time	# of children enrolled Part Time	Desired Full-Time Enrollment	# of Full-Time Vacancies	# of Part-Time Vacancies	# of children on Wait List	Child to Adult Ratio	Group Size
Infants 0-5 Months							__ to __	
Infants 6-11 Months							__ to __	
1 Year Olds							__ to __	
2 Year Olds							__ to __	
3 Year Olds							__ to __	
4 –5 Year Olds <small>(not in kindergarten)</small>							__ to __	
Kindergarteners <small>(5-6 years old)</small>							__ to __	
Grades 1 & Up <small>(6-7 years old &amp; up)</small>							__ to __	

**VACANCIES:** We understand that sometimes you have vacancies that are not specifically full-time or part-time. For example, you have 1 full-time vacancy, but would also take 2 part-time children to fill this vacancy. Please only report the vacancies ONCE in the full-time column. The example to the right shows that there are 12 full-time vacancies AND 3 part-time vacancies for children ages 1 through 3.

Age Level	FT vacancies	PT vacancies
Infants 0-5	0	1
Infants 6-11	0	0
1 Year Olds	12	3
2 Year Olds	↓	↓
3 Year Olds	↓	↓

**GROUP SIZE** is the number of children who are assigned for most of the day to a teacher or a team of teaching staff and who occupy an individual classroom or well-defined space that prevents intermingling of children from different groups within a larger room or area. If you limit the number of children in any one group (without increasing the number of children in the group when a new teacher is added), please indicate the group size of each age group.

### Child Care Setting (Centers Only)

Please check if your center is:

<input type="checkbox"/> Church-Based	<input type="checkbox"/> Employer-Based <small>(e.g., MGM, IGT, Citigroup)</small>	<input type="checkbox"/> Military-Based	<input type="checkbox"/> College-Based	<input type="checkbox"/> Tribal-Based
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### Child Care Center Type (Centers Only)

Please check if your center is:

<input type="checkbox"/> Corporate Franchise / Chain	<input type="checkbox"/> Locally Owned—Multiple Sites	<input type="checkbox"/> Locally Owned—Single Site
<input type="checkbox"/> Non-Profit Owned—Multiple Sites	<input type="checkbox"/> Non-Profit Owned—Single Site	



*Special Note to Family Child Care Providers: Please also complete the information on this page. Count yourself in each category. Consider yourself as a staff of 1.*

Size of Workforce	
#	Please indicate the number of staff employed.
	Total # of employees
	# of total employees who are full-time
	# of total employees who are part-time
	# employees who are counted in your teacher-to-child ratio
	# of employees who were counted in your teacher-to-child ratio who left in the past 12 months
	# employees who are NOT counted in your teacher-to-child ratio
	# of employees who were NOT counted in your teacher-to-child ratio that left in the past 12 months
#	How many staff members in the following positions are NOT counted in your teacher-child ratio?
	Administrator/Director (only if not counted)
	Cook
	Maintenance
	Secretary / Receptionist
	Bookkeeper
	Bus Driver
	Other: _____
	Other: _____

Length of Employment	
#	Enter the number of staff who currently work at this location by the number of years employed. Report each staff member in ONE (1) category.
	10+ years
	6-9 years
	4-5 years
	1-3 years
	Less than 1 year
	Sum of Above (Should equal number of staff employed at center / home)

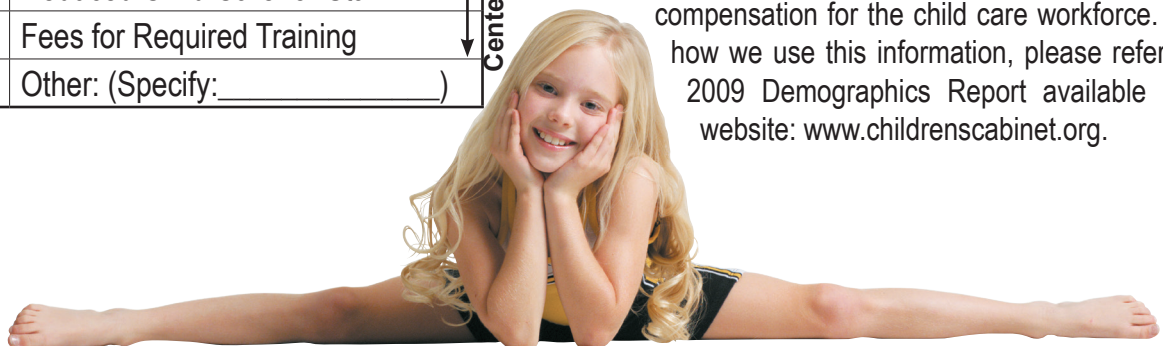
Languages Spoken	
#	Enter the number of staff who speak a language other than English.
	Spanish
	Tagalog
	Chinese
	Vietnamese
	Korean
	Other (please specify): _____
	Other (please specify): _____

Benefits or Other Compensation	
Do you offer (If Family Child Care, do you have):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Vacation Time
<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Sick Leave
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement or Pension
<input type="checkbox"/> Yes <input type="checkbox"/> No	Free Child Care for Staff
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reduced Child Care for Staff
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fees for Required Training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: (Specify: _____)

Centers ONLY

Centers ONLY--Child Care Staff Wage	
STARTING Wage	AVERAGE Wage
Director: \$	Director: \$
Lead Tchr:\$	Lead Tchr:\$
Teacher: \$	Teacher: \$
Aide: \$	Aide: \$

**Special Note About Benefits & Wages:** We do not give out wage information, nor is this information used to generate referrals. We request this information to find the average wage by county so we can advocate for better wages and compensation for the child care workforce. To see how we use this information, please refer to our 2009 Demographics Report available on our website: [www.childrencabinet.org](http://www.childrencabinet.org).



<b>Formal Education</b>	
Report each staff member in ONE (1) category. Only count the highest educational level for each person.	
#	
	Less Than High School Diploma
	High School Diploma
	Associate's Degree in ECE
	Associate's Degree in Other Field
	Bachelor's Degree in ECE
	Bachelor's Degree in ECE Related Field (e.g. HDFS, Nursing, Psychology, Education)
	Bachelor's Degree in Other Field
	Master's Degree in ECE
	Master's Degree in ECE Related Field
	Master's Degree in Other Field
	Doctorate Degree in ECE
	Doctorate in ECE Related Field
	Doctorate Degree in Other Field
	Sum of Above (Should equal number of staff employed at center / home)

<b>Specialized Training</b>	
Number of staff with following training (staff can be counted more more than once).	
#	
	Attention Deficit Disorder
	Attention Deficit Hyperactivity Disorder
	Autism
	CPR
	Early Childhood Special Education
	First Aid
	Health Screening
	Hearing Impairments
	Individualized Education Plan
	Individualized Family Support Plan
	Learning Disabilities
	Occupational/Physical Therapy
	Physical Impairments
	Positive Behavior Support
	Sensory Integration
	Sign Language
	Speech Therapy
	Visual Impairments
	Other: _____

<b>Certificate / Apprenticeship</b>	
Staff can be counted in both CDA and Apprenticeship programs.	
#	
	Child Development Assoc. in Progress
	Child Development Assoc. Achieved
	Apprenticeship in Progress
	Apprenticeship Program Completion

**Providers in Clark & southern Nye Counties please return this form to Erika Bryant:**

- 1.) Fax: 702-684-6553
- 2.) Scan & Email to: ebryant@childrenscabinet.org
- 3.) Mail to:

Ericka Bryant  
The Children's Cabinet  
2470 N. Decatur Boulevard, Suite 150  
Las Vegas, NV 89108

**Providers in all other Nevada Counties please return this form to Jennifer Gianola:**

- 1.) Fax: 775-856-6208
- 2.) Scan & Email to: jgianola@childrenscabinet.org
- 3.) Mail to:

Jennifer Gianola  
The Children's Cabinet  
1090 S. Rock Boulevard  
Reno, NV 89502







**The Children's Cabinet-Northern Nevada**  
1090 South Rock Boulevard  
Reno, NV 89502  
(775) 856-6210 • (800) 753-5500

Updated December 2012

**The Children's Cabinet-Southern Nevada**  
2470 South Decatur Boulevard, Ste. 150  
Las Vegas, NV 89108  
(702)823-2966

## Licensed Provider Subsidy Registration Checklist

Registration on the subsidy program is easy!

- Complete all forms and provide copies of required paperwork in the checklist below. Once we receive all of your completed paperwork, you will be activated in our subsidy data system.
- After we receive the completed forms, we will call you to discuss the program requirements. It is very important that you have already read the service agreement and are prepared to address any questions that you might have about the program. You can also find the *How to Be Successful on the Subsidy Program* guide on the enclosed CD Rom.

***All documentation must be completed and submitted prior to approval for reimbursement.***

### Required Documentation Checklist

- Provider Registration Form  
(The first two pages of this form have to be filled out entirely to be eligible for the subsidy program)
- Child Care Subsidy Service Agreement  
(One copy to be signed by you, the second copy to keep for your records)
- Provider Program Penalties Form  
(One copy to be signed by you, the second copy to keep for your records)
- W-9 Request for Taxpayer Identification Number and Certification (Name on W-9 must match name used to file taxes or you will be subject to back-up withholding per IRS Regulations.)
- Provider Payment Option Form
- Copy of your center/program Parent Contract
- Copy of Current Child Care License

### Return all forms to:

#### Northern Nevada

(All Counties except Clark and southern Nye Counties):

Attn: Jennifer Gianola  
The Children's Cabinet  
1090 South Rock Blvd.  
Reno, Nevada 89502

#### Southern Nevada

(Clark and southern Nye Counties):

Attn: Ericka Bryant  
The Children's Cabinet  
2470 South Decatur Boulevard, Ste. 150  
Las Vegas, NV 89108



This project is funded under an agreement with the Nevada Division of Welfare & Supportive Services.

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## CHILD CARE SUBSIDY PROGRAM PROVIDER SERVICE AGREEMENT

This project is funded in part under an agreement with the State of Nevada Division of Welfare & Supportive Services.



This document constitutes an agreement between The Children's Cabinet, The Las Vegas Urban League, and the child care provider for the provision of child care services for the Child Care Subsidy Program (hereafter Subsidy Program). It outlines the responsibilities of all parties in meeting the needs of Subsidy Program participants in accordance with the State of Nevada Division of Welfare and Supportive Services (DWSS) policies, and the best practices of the Subsidy Program.

### I. Document Requirements

The following documentation is required to register with The Children's Cabinet, and receive payment from the Subsidy Program. Failure to provide requested documentation in the timeframes given for initial registration or continued compliance may result in delayed payment and/or non-reimbursement.

#### A. Service Agreement (this document) and Provider Program Penalties Form

1. The Service Agreement and Provider Program Penalties form are in effect until provider self-terminates, The Children's Cabinet or Las Vegas Urban League terminates the provider, or program requirements change.
2. If provider requirements change, a new Service Agreement and/or Provider Program Penalties form will be sent to the provider. Providers must sign and return the new Service Agreement and/or Provider Program Penalties form to The Children's Cabinet.
3. All providers must have a current Service Agreement and Provider Program Penalties form on file with The Children's Cabinet.

#### B. Provider Registration Form

1. Providers must have current name, tax identification number, address (physical and mailing), phone number, days and hours of care, and days closed on file with The Children's Cabinet.
2. Providers agree to notify The Children's Cabinet in writing of any changes in current name, business ownership, tax identification number, address (physical and mailing), phone number, days and hours of care, and days closed within 10 business days of the change. Failure to report changes within timeline may result in non-payment and considered a provider program violation.

#### C. Provider Rate Information

1. Providers must report their rates and other fees charged either on the *Provider Registration Form* or by providing a rate sheet that is used with parents at their program. Rate information must be reported to The Children's Cabinet.
  - a) Licensed providers must report rates for all ages of children for which the provider is licensed.
2. Providers cannot charge clients on the Subsidy Program different rates than they charge the general public.
3. Providers can charge any rate; however, the Child Care Subsidy Program will only pay up to the State maximum reimbursement rate, which is set by DWSS based on provider type, geographical area, and the child's care level.
4. A **full time** and **part time daily rate** must be established in order for payment to be made by the Child Care Subsidy Program upon initial enrollment with the program, and any time the provider changes the rates.
5. Payments will be made based on the following care levels regardless of how the provider classifies the children into classrooms (**Note: The care level changes on the child's birthday**).
  - a) Infant – newborn up to 1 year
  - b) Toddler – 1 year up to 3 years
  - c) Preschool – 3 years up to 6 years
  - d) School Age – 6 years up to 13 years
  - e) Special Needs – 13 years up to 19 years
6. Child care rates changes need to be submitted to The Children's Cabinet in writing within 10 days of the rate change. New rates will be effective on the 1<sup>st</sup> of the month following the 30 day notice as long as all required documentation has been submitted and received (Example: rates submitted on June 5<sup>th</sup> will be effective August 1<sup>st</sup>).

#### D. W-9 Tax Form

1. An Internal Revenue Service *W-9 Form* must be completed upon program registration and within 10 business days of any change in provider name, business name, tax identification number, or address.
  - a) Licensed Providers: a change in the service address will not be completed without the addition of an updated license for the new service address.
  - b) Family Friend and Neighbor (FFN) Providers: A change in the service address will not be completed without proof of residence such as a rental agreement or utility bill.

#### E. The Child Care Attendance and Provider Reimbursement Timesheet (Timesheet)

1. Must be completed and signed by the subsidy client and provider and submitted to the Las Vegas Urban League by the **fifth (5<sup>th</sup>) business day** of the month following the service period.
2. Late or incomplete timesheets may result in delayed payment.
3. The timesheets, which are turned in for payment, must be originals for each child with **original signatures** from both the parent and provider.
4. All discretionary days must include the parents' signature next to the discretionary day the parent is authorizing for payment.

5. Provider agrees to maintain client access to the timesheet(s) to be filled out and signed off on daily with a final signature from the client at the end of each month confirming the accuracy of the completed timesheet(s).
6. Providers are to keep copies of the timesheets on file for a period of one year. Since this record includes daily attendance information, written authorization for the use of discretionary days, and verification by both the client and provider, we will use the timesheets for reimbursement for child care services as well as for auditing purposes. In the event that there are discrepancies, copies of your records may be requested for auditing. The timesheet copies in your records must match the original timesheet you submitted for reimbursement.
7. The Las Vegas Urban League or The Children's Cabinet are not responsible for non-receipt of timesheets.

#### **F. Immunization Records**

1. All children enrolled with the child care provider will have current immunization records on file with the provider. Immunization records must indicate that children are up-to-date on their immunizations.
  - a) Family, Friend and Neighbor Providers who are not related to the child and provide care in the providers' home must have immunization records for younger children on file. Immunization records for school-age children will be filed with the school they are attending.

## **II. Additional Requirements for Licensed Child Care Providers ONLY**

*Initial if  
applicable*

### **A. Compliance with Child Care Licensing**

1. Licensed providers must comply with all applicable county and state child care licensing regulations.
2. Licensed providers must provide a copy of their current parent handbook and parent contract at the time of enrollment.
3. Licensed providers must provide a copy of their current child care license at the time of enrollment. State and applicable county licensing reports will be monitored by The Children's Cabinet to update licensing renewals.
4. Provider must report any changes in their licensing status within 10 days of the status change (i.e., license terminations, suspensions, or the issuance of a temporary or provisional license).
  - a) The provider may be assessed for an overpayment for care billed after the date of a licensing status change.

## **III. Additional Requirements for Family, Friend and Neighbor (FFN) Providers ONLY**

*Initial if  
applicable*

### **A. FFN providers must operate legally**

1. FFN providers are not licensed child care providers. Licensed child care providers in southern Nevada are regulated by The State of Nevada Bureau of Health Care Quality and Compliance, Child Care Licensing.
2. Although FFN providers are not licensed, they must operate legally by
  - a) Obtaining a business license if required by the city or municipality in which the provider provides child care.
  - b) Abiding by the number of children FFN providers are authorized to provide care:
    - Non-relative: Up to 4 children (12 years old or younger) who are not related to the provider, or 6 including the provider's own children.
    - Approved relative: Up to 6 children (12 years old or younger) who are related to the provider, including the provider's own children.

### **B. FFN providers must comply with all additional Subsidy Program requirements:**

1. Providers will only watch children authorized by The Children's Cabinet or will be terminated from the program.
2. Provider cannot be a client of the Subsidy Program.
3. Provider cannot live in the home of the child care subsidy client.
4. Provider must be at least 18 years of age and a legal U.S. resident with a taxpayer I.D number or Social Security number.
5. Provider must have an active telephone where child care services will take place.
6. Provider must register with the program by submitting required documentation/paperwork. All required documentation must be on file prior to reimbursement for child care services.
7. If provider is a recipient of public assistance (SNAP, medical, TANF), provider is responsible to report income from providing child care to DWSS.
8. Failure to provide requested documentation in the timeframes given may result in delayed and/or non-payment.
9. Provider must have on the premises a 5 lb. Class ABC Fire Extinguisher, UL Listed Smoke Detector(s), and a First Aid Kit.
10. Provider must complete three hours of Health and Safety training initially and 3 hours of approved child care training every year thereafter. The Children's Cabinet program staff will contact you regarding your options for annual training.
11. Out-of-home non-relative FFN providers are subject to an initial health and safety visit and visits every 6 months thereafter.
12. Provider who is providing child care in his/her own home, is a self-employed business owner who provides child care services on a sub-contract basis and is not an employee of The Children's Cabinet, the Las Vegas Urban League, United Way of Southern Nevada, or DWSS.
13. Provider providing child care in the child(ren)'s home is a sub-contracted employee of the child(ren)'s parent(s) and is not an employee of The Children's Cabinet, the Urban League, United Way of Southern Nevada, or DWSS.
14. Provider must be able to pass a complete background check and be free of criminal convictions that are not allowed on Nevada Division of Welfare & Supportive Services' *Background Information Disclosure Form*. Parents may request a background check.
15. All other individuals over the age of 18 must be free of all criminal convictions other than traffic violations.
16. A change in the status or location of child care is subject to the approval of The Children's Cabinet and is subject to non-

payment if the change is not authorized and the provider bills for child care at the new care and/or residency location.

- a) Provider must provide proof of residency for address changes in the form of a rental agreement or utility bill.
17. Out-of-Home Non-Relative Providers Only: Immunization records for school-age children will be filed with the school they are attending. Immunization records for younger children must be filed with the out-of-home, non-relative provider. Immunization records must indicate that children are current on their immunizations. All immunization records must also be kept up to date.
18. Provider will allow unlimited access to parents, The Children's Cabinet, Las Vegas Urban League and/or DWSS during business hours and when children are in the provider's care.

#### IV. Additional Requirements for License-Exempt School-Age Recreation Programs ONLY

- Initial if applicable*
- A. All school-age programs that are exempt from Child Care Licensing must also provide their program handbook that provides policy and procedures for Health and Safety compliance.

#### V. Payment Practices

- A. Provider will be reimbursed for services in accordance with the approved rate (the lesser of the provider's actual rate or the state maximum rate for each care level), less any parent co-payment.
  1. The approved rate is documented on the *Child Care Certificate* for each eligible child.
  2. If the provider charges more than the state maximum reimbursement rate, this overage is the sole responsibility of the parent and is in addition to their co-payment.
- B. Payment will occur within 30 business days after timely timesheet submittal in accordance with Section I.E.
- C. Reimbursement for child care services is based on actual attendance of child(ren) on the Subsidy Program and is only authorized for the schedule on the *Child Care Certificate*.
  1. The provider is responsible for ensuring that the certificate is current, and covers the schedule utilized by the subsidy participant.
  2. The Las Vegas Urban League is not responsible for payment of days and hours not covered on the *Child Care Certificate*; this is the responsibility of the parent.
- D. Providers agree to get payment issues resolved within **60 days of receiving payment for services**. Submittals outside this timeline are subject to non-payment.
- E. Child Care Attendance and Provider Timesheet submitted **after the last day of the month following the service period** (e.g., timesheets submitted August 1 or later for the month of June) are subject to **non-payment**.
- F. Reimbursement checks for the Las Vegas Urban League's portion of child care services are paid directly to providers **only**.
- G. Subsidy clients are responsible for maintaining current co-payments with providers.
- H. Once providers receive a *Child Care Certificate*, subsidy clients are not required to provide the full cost of tuition up-front and in full prior to attendance.
- I. The United Way of Southern Nevada, DWSS, or the Las Vegas Urban League does not deduct taxes, insurance, or other coverage for providers from their Subsidy Program reimbursements (also see Employment in section IX.C).

#### VI. Reimbursable Fees

- A. **The following will be paid based upon parent eligibility:**
  1. All or part of the cost of child care, not to exceed the current DWSS maximum rates, for the days, times and time period authorized by The Children's Cabinet per the enrollment certificate.
  2. All or part of the Enrollment/Registration fee not to exceed the DWSS maximum amount.
  3. Parents are allowed **15 discretionary days** to use for holidays, sick, and vacation.

#### VII. Non-Reimbursable Fees

- A. **The following will not be paid:**
  1. Meals, activities/field trips, uniforms, equipment, class pictures, transportation, or any other fees in excess of direct child care cost including fees charged for picking up child late.
  2. Days on which the child is regularly scheduled for care and provider is not available (unless the client authorizes the use of discretionary days—See I.E.4.).
  3. Child care expenses and/or fees that are not charged to non-subsidy families.
  4. Child care which has been provided prior to authorization and a current valid Certificate of Eligibility from the Las Vegas Urban League.
  5. Day on which child is with the provider 14 minutes or less.
  6. Any day the provider bills for care and there is not a sign in or sign out time for the child on that day.
  7. Services that supplant or duplicate the academic program of any public or private school.
  8. Services provided to children during a regular school day for children enrolled in grades Kindergarten or higher.
  9. Any additional costs for child care services that exceed the state maximum rate for child care. Additional fees are the sole responsibility of the parent.
  10. Absent days (unless the client authorizes the use of discretionary days—See I.E.4.).

### VIII. Recovery of Overpayment and Underpayment

- A. In the event of an overpayment due to a violation of Subsidy Program policies and/or this Provider Service Agreement, the provider will be responsible for the overpayment.
  - 1. An overpayment may be repaid by adjusting the next batch of child care reimbursements or by reimbursing the Subsidy Program directly.
  - 2. If the provider is terminated prior to repayment of the overpayment, DWSS will still pursue repayment through the DWSS Investigations and Recovery unit.
- B. In the event of an underpayment, the amount owed to the provider will be adjusted with the next batch of reimbursement checks after the date the underpayment was validated.
- C. Overpayments/underpayments are subject to approval by the Las Vegas Urban League and/or The Children's Cabinet.

### IX. Provider Participation

#### A. Subsidy Program Support

- 1. In the event that a subsidy client is not making co-pays in a timely manner, provider agrees to contact the Las Vegas Urban League regarding co-payment amount in arrears and the amount owed. If the subsidy client is still using child care services, provider may initiate a payment agreement or give the client a "pay in full date" with the client outlining timeframes for payments and/or payment in full. The provider will give a copy to the client and client's child care case manager at the Las Vegas Urban League.
- 2. Provider agrees to notify the Las Vegas Urban League or The Children's Cabinet when a child fails to attend child care for a third (3<sup>rd</sup>) consecutive day and parent has failed to notify the provider of continuing unexcused absences.

#### B. Conduct

- 1. The provider agrees not to participate in discriminatory practices by refusing services to children and/or families with disabilities and agrees that child care charges are the same for all families regardless of participation in the Subsidy Program.
- 2. Any provider behavior deemed by The Children's Cabinet or the Las Vegas Urban League Management to be verbally abusive, degrading or threatening to program staff may result in termination from the Subsidy Program if the termination is approved by the DWSS Chief.
- 3. As with all enrolled families, providers will allow unlimited access to parents during normal hours of operation and when children are in the care of the provider.
- 4. All providers are responsible for keeping records of copayments and overages received from the client and providing the client a receipt for payment.
- 5. The provider will ensure that the *Child Care Certificate* received is valid for the site where services are being provided. Subsidy Program participants are required to obtain a new *Child Care Certificate* to transfer providers, even within the same child care chain.
  - a) Provider will provide parent with a written statement of **current balance** when a request is made to transfer providers.
- 6. The provider agrees not to use language in his/her marketing activities that implies that the program is *approved or recommended* by DWSS, United Way of Southern Nevada, The Children's Cabinet, and/or the Las Vegas Urban League. The provider may state that the program accepts child care subsidy administered by DWSS, United Way of Southern Nevada, The Children's Cabinet, and/or the Las Vegas Urban League.
- 7. The use or disclosure of a Subsidy Program participant's personal data for any purpose not connected with the administration of this *Provider Service Agreement* is prohibited.

#### C. Employment

- 1. The provider, their employees, and agents are independent contractors and are not employees of DWSS, United Way of Southern Nevada, The Children's Cabinet, and/or the Las Vegas Urban League. They are not in either the classified or the unclassified service of the State of Nevada.
- 2. Providers on the Subsidy Program do not have of the rights or privileges of officers or employees of the State of Nevada or the Subsidy Program.

#### D. Audit Compliance

- 1. All documentation from the United Way of Southern Nevada, the Las Vegas Urban League or The Children's Cabinet that is associated with Subsidy Program cases is subject to auditing.
- 2. Sign in and out sheets for daily attendance are subject to auditing for accuracy of subsidy payments by the Las Vegas Urban League, The Children's Cabinet, and/or DWSS authorized representative (Nevada Division of Welfare & Supportive Services Quality Control or Investigations and Recovery and/or the Las Vegas Urban League representative).
- 3. Failure or refusal to fully cooperate with any audit review related to this program may result in a finding of overpayment to the provider and/or termination from Child Care Subsidy Program participation.

### X. The Las Vegas Urban League and The Children's Cabinet Responsibilities

- A. The Las Vegas Urban League is responsible for the following:
  - 1. Process provider claims for payment in a timely manner as funds allow for claims that are submitted complete and on schedule (see Section V). Processed payment requests are submitted to The United Way of Southern Nevada who will remit

- payment to the provider.
2. If payment is not received within 30 business days of submitting claims for payment, providers are encouraged to email the Urban League's Provider Services department at ChildcarePayments@lvul.org to check on the status of payment.
  3. Reconciliation of overpayment and underpayment issues will be handled in a timely manner (refer to Section VIII).
  4. Providers will be notified as soon as possible of the children/families no longer on the Subsidy Program.
  5. Providers will receive a copy of the *Child Care Certificate* for
    - a) Each newly enrolled family,
    - b) Every new service period, and
    - c) Anytime the co-pay or authorized schedule changes for the parent.
  6. Providers receiving \$600 or more dollars in reimbursement checks during the calendar year will be issued a *1099 Miscellaneous Income Form* at the end of the calendar year.
  7. Respond to provider appeals within 14 days of receipt.
- B. The Children's Cabinet is responsible for the following:
1. Process all completed provider registration paperwork within 10 business days of receipt.
  2. Notify provider when provider registration paperwork is incomplete or completed incorrectly.
  3. Contact providers when an update to the provider required documentation is required.
  4. Process all required and updated paperwork within 10 business days of receipt.
  5. Conduct visit(s) on an unannounced basis and as frequently as deemed necessary to ensure the health and safety of children participating on the Child Care Subsidy Program.
  6. Provide initial health & safety and annual child care training modules to Family, Friend and Neighbor providers.

***I have read and understand the program guidelines of the Child Care Subsidy Program. I agree to indemnify and hold harmless the United Way of Southern Nevada, DWSS, The Children's Cabinet, the Las Vegas Urban League, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of or in any way connected with the provision of services under this agreement. This agreement is in effect upon provider signature and subsequent approval from The Children's Cabinet and the Las Vegas Urban League.***

**Provider:**

<i>Printed Name of Child Care Provider or Facility</i>	<i>SSN or Tax ID Number</i>
<i>Service Address</i>	<i>City</i>
<i>Signature of Provider/Authorized Representative</i>	<i>Title</i>
<i>Signature of Provider/Authorized Representative</i>	<i>Date</i>

**Las Vegas Urban League:**

<i>Printed Name of LVUL Authorized Representative</i>	<i>Title</i>
<i>Signature of LVUL Authorized Representative</i>	<i>Date</i>

**The Children's Cabinet:**

<i>Printed Name of The Children's Cabinet Authorized Representative</i>	<i>Title</i>
<i>Signature of The Children's Cabinet Authorized Representative</i>	<i>Date</i>







## CHILD CARE SUBSIDY PROGRAM PROVIDER SERVICE AGREEMENT

*This project is funded in part under an agreement with the State of Nevada Division of Welfare & Supportive Services.*



This document constitutes an agreement between The Children's Cabinet, The Las Vegas Urban League, and the child care provider for the provision of child care services for the Child Care Subsidy Program (hereafter Subsidy Program). It outlines the responsibilities of all parties in meeting the needs of Subsidy Program participants in accordance with the State of Nevada Division of Welfare and Supportive Services (DWSS) policies, and the best practices of the Subsidy Program.

### I. Document Requirements

The following documentation is required to register with The Children's Cabinet, and receive payment from the Subsidy Program. Failure to provide requested documentation in the timeframes given for initial registration or continued compliance may result in delayed payment and/or non-reimbursement.

#### A. Service Agreement (this document) and Provider Program Penalties Form

1. The Service Agreement and Provider Program Penalties form are in effect until provider self-terminates, The Children's Cabinet or Las Vegas Urban League terminates the provider, or program requirements change.
2. If provider requirements change, a new Service Agreement and/or Provider Program Penalties form will be sent to the provider. Providers must sign and return the new Service Agreement and/or Provider Program Penalties form to The Children's Cabinet.
3. All providers must have a current Service Agreement and Provider Program Penalties form on file with The Children's Cabinet.

#### B. Provider Registration Form

1. Providers must have current name, tax identification number, address (physical and mailing), phone number, days and hours of care, and days closed on file with The Children's Cabinet.
2. Providers agree to notify The Children's Cabinet in writing of any changes in current name, business ownership, tax identification number, address (physical and mailing), phone number, days and hours of care, and days closed within 10 business days of the change. Failure to report changes within timeline may result in non-payment and considered a provider program violation.

#### C. Provider Rate Information

1. Providers must report their rates and other fees charged either on the *Provider Registration Form* or by providing a rate sheet that is used with parents at their program. Rate information must be reported to The Children's Cabinet.
  - a) Licensed providers must report rates for all ages of children for which the provider is licensed.
2. Providers cannot charge clients on the Subsidy Program different rates than they charge the general public.
3. Providers can charge any rate; however, the Child Care Subsidy Program will only pay up to the State maximum reimbursement rate, which is set by DWSS based on provider type, geographical area, and the child's care level.
4. A **full time** and **part time daily rate** must be established in order for payment to be made by the Child Care Subsidy Program upon initial enrollment with the program, and any time the provider changes the rates.
5. Payments will be made based on the following care levels regardless of how the provider classifies the children into classrooms (**Note: The care level changes on the child's birthday**).
  - a) Infant – newborn up to 1 year
  - b) Toddler – 1 year up to 3 years
  - c) Preschool – 3 years up to 6 years
  - d) School Age – 6 years up to 13 years
  - e) Special Needs – 13 years up to 19 years
6. Child care rates changes need to be submitted to The Children's Cabinet in writing within 10 days of the rate change. New rates will be effective on the 1<sup>st</sup> of the month following the 30 day notice as long as all required documentation has been submitted and received (Example: rates submitted on June 5<sup>th</sup> will be effective August 1<sup>st</sup>).

#### D. W-9 Tax Form

1. An Internal Revenue Service *W-9 Form* must be completed upon program registration and within 10 business days of any change in provider name, business name, tax identification number, or address.
  - a) Licensed Providers: a change in the service address will not be completed without the addition of an updated license for the new service address.
  - b) Family Friend and Neighbor (FFN) Providers: A change in the service address will not be completed without proof of residence such as a rental agreement or utility bill.

#### E. The Child Care Attendance and Provider Reimbursement Timesheet (Timesheet)

1. Must be completed and signed by the subsidy client and provider and submitted to the Las Vegas Urban League by the **fifth (5<sup>th</sup>) business day** of the month following the service period.
2. Late or incomplete timesheets may result in delayed payment.
3. The timesheets, which are turned in for payment, must be originals for each child with **original signatures** from both the parent and provider.
4. All discretionary days must include the parents' signature next to the discretionary day the parent is authorizing for payment.

5. Provider agrees to maintain client access to the timesheet(s) to be filled out and signed off on daily with a final signature from the client at the end of each month confirming the accuracy of the completed timesheet(s).
6. Providers are to keep copies of the timesheets on file for a period of one year. Since this record includes daily attendance information, written authorization for the use of discretionary days, and verification by both the client and provider, we will use the timesheets for reimbursement for child care services as well as for auditing purposes. In the event that there are discrepancies, copies of your records may be requested for auditing. The timesheet copies in your records must match the original timesheet you submitted for reimbursement.
7. The Las Vegas Urban League or The Children's Cabinet are not responsible for non-receipt of timesheets.

#### **F. Immunization Records**

1. All children enrolled with the child care provider will have current immunization records on file with the provider. Immunization records must indicate that children are up-to-date on their immunizations.
  - a) Family, Friend and Neighbor Providers who are not related to the child and provide care in the providers' home must have immunization records for younger children on file. Immunization records for school-age children will be filed with the school they are attending.

### **II. Additional Requirements for Licensed Child Care Providers ONLY**

*Initial if  
applicable*

#### **A. Compliance with Child Care Licensing**

1. Licensed providers must comply with all applicable county and state child care licensing regulations.
2. Licensed providers must provide a copy of their current parent handbook and parent contract at the time of enrollment.
3. Licensed providers must provide a copy of their current child care license at the time of enrollment. State and applicable county licensing reports will be monitored by The Children's Cabinet to update licensing renewals.
4. Provider must report any changes in their licensing status within 10 days of the status change (i.e., license terminations, suspensions, or the issuance of a temporary or provisional license).
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### **III. Additional Requirements for Family, Friend and Neighbor (FFN) Providers ONLY**

*Initial if  
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#### **A. FFN providers must operate legally**

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3. Provider cannot live in the home of the child care subsidy client.
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- 3. As with all enrolled families, providers will allow unlimited access to parents during normal hours of operation and when children are in the care of the provider.
- 4. All providers are responsible for keeping records of copayments and overages received from the client and providing the client a receipt for payment.
- 5. The provider will ensure that the *Child Care Certificate* received is valid for the site where services are being provided. Subsidy Program participants are required to obtain a new *Child Care Certificate* to transfer providers, even within the same child care chain.
  - a) Provider will provide parent with a written statement of **current balance** when a request is made to transfer providers.
- 6. The provider agrees not to use language in his/her marketing activities that implies that the program is *approved or recommended* by DWSS, United Way of Southern Nevada, The Children's Cabinet, and/or the Las Vegas Urban League. The provider may state that the program accepts child care subsidy administered by DWSS, United Way of Southern Nevada, The Children's Cabinet, and/or the Las Vegas Urban League.
- 7. The use or disclosure of a Subsidy Program participant's personal data for any purpose not connected with the administration of this *Provider Service Agreement* is prohibited.

#### C. Employment

- 1. The provider, their employees, and agents are independent contractors and are not employees of DWSS, United Way of Southern Nevada, The Children's Cabinet, and/or the Las Vegas Urban League. They are not in either the classified or the unclassified service of the State of Nevada.
- 2. Providers on the Subsidy Program do not have of the rights or privileges of officers or employees of the State of Nevada or the Subsidy Program.

#### D. Audit Compliance

- 1. All documentation from the United Way of Southern Nevada, the Las Vegas Urban League or The Children's Cabinet that is associated with Subsidy Program cases is subject to auditing.
- 2. Sign in and out sheets for daily attendance are subject to auditing for accuracy of subsidy payments by the Las Vegas Urban League, The Children's Cabinet, and/or DWSS authorized representative (Nevada Division of Welfare & Supportive Services Quality Control or Investigations and Recovery and/or the Las Vegas Urban League representative).
- 3. Failure or refusal to fully cooperate with any audit review related to this program may result in a finding of overpayment to the provider and/or termination from Child Care Subsidy Program participation.

### X. The Las Vegas Urban League and The Children's Cabinet Responsibilities

- A. The Las Vegas Urban League is responsible for the following:
  - 1. Process provider claims for payment in a timely manner as funds allow for claims that are submitted complete and on schedule (see Section V). Processed payment requests are submitted to The United Way of Southern Nevada who will remit

- payment to the provider.
2. If payment is not received within 30 business days of submitting claims for payment, providers are encouraged to email the Urban League's Provider Services department at ChildcarePayments@lvul.org to check on the status of payment.
  3. Reconciliation of overpayment and underpayment issues will be handled in a timely manner (refer to Section VIII).
  4. Providers will be notified as soon as possible of the children/families no longer on the Subsidy Program.
  5. Providers will receive a copy of the *Child Care Certificate* for
    - a) Each newly enrolled family,
    - b) Every new service period, and
    - c) Anytime the co-pay or authorized schedule changes for the parent.
  6. Providers receiving \$600 or more dollars in reimbursement checks during the calendar year will be issued a *1099 Miscellaneous Income Form* at the end of the calendar year.
  7. Respond to provider appeals within 14 days of receipt.
- B. The Children's Cabinet is responsible for the following:
1. Process all completed provider registration paperwork within 10 business days of receipt.
  2. Notify provider when provider registration paperwork is incomplete or completed incorrectly.
  3. Contact providers when an update to the provider required documentation is required.
  4. Process all required and updated paperwork within 10 business days of receipt.
  5. Conduct visit(s) on an unannounced basis and as frequently as deemed necessary to ensure the health and safety of children participating on the Child Care Subsidy Program.
  6. Provide initial health & safety and annual child care training modules to Family, Friend and Neighbor providers.

***I have read and understand the program guidelines of the Child Care Subsidy Program. I agree to indemnify and hold harmless the United Way of Southern Nevada, DWSS, The Children's Cabinet, the Las Vegas Urban League, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of or in any way connected with the provision of services under this agreement. This agreement is in effect upon provider signature and subsequent approval from The Children's Cabinet and the Las Vegas Urban League.***

**Provider:**

<i>Printed Name of Child Care Provider or Facility</i>	<i>SSN or Tax ID Number</i>
<i>Service Address</i>	<i>City</i>
<i>Signature of Provider/Authorized Representative</i>	<i>Title</i>
<i>Signature of Provider/Authorized Representative</i>	<i>Date</i>

**Las Vegas Urban League:**

<i>Printed Name of LVUL Authorized Representative</i>	<i>Title</i>
<i>Signature of LVUL Authorized Representative</i>	<i>Date</i>

**The Children's Cabinet:**

<i>Printed Name of The Children's Cabinet Authorized Representative</i>	<i>Title</i>
<i>Signature of The Children's Cabinet Authorized Representative</i>	<i>Date</i>





**CHILD CARE SUBSIDY PROGRAM**

*This project is funded in part under an agreement with the State of Nevada Division of Welfare & Supportive Services*



**Provider Name:** \_\_\_\_\_

**Provider ID:** \_\_\_\_\_

**PROVIDER PROGRAM PENALTIES**

The Division of Welfare and Supportive Services (DWSS) Child Care Program Manual outlines the rules and regulations for participation with the Child Care Subsidy Program for both providers and clients. This document outlines the penalties for violating program rules (as outlined in the Provider Service Agreement and Child Care Program Manual) for providers.

\_\_\_\_\_ I agree to report the following changes to Urban League and/or The Children’s Cabinet within 10 days of their  
Initial occurrence:

- Residence and/or mailing address
- Location where care will be provided
- Adding/Dropping a child/family (FFN only)
- Participation in a Welfare program (SNAP, Medicaid, Energy Assistance and/or TANF)
- Moving in with the child receiving care (FFN only)
- Licensure status (newly licensed, revoked, etc.)
- Changes in the rate charged for any age group
- Changes in age levels served (care levels)
- Changes in days/hours of operations, closed days

\_\_\_\_\_ I understand failing to report these changes timely may result in an overpayment, which I will have to pay back.  
Initial The overpayment may be collected through retention of future payment if I continue to be an active provider, and/or through other collection methods if I am no longer an active provider.

\_\_\_\_\_ I understand not reporting these changes timely may also be considered a provider program violation, which may  
Initial result in a penalty.

\_\_\_\_\_ I understand I am only to bill for services on days and hours when I actually provide care for a subsidized child  
Initial (unless the parent has authorized a discretionary day on the timesheet). If I bill for days or hours when the child was not there, I understand that I am violating program policy. I will be responsible to repay the Child Care Subsidy Program for any days I received payment for care I did not provide, and may be subject to other penalties by the program.

\_\_\_\_\_ I understand I may only bill for up to the number of children allowed by my license, and/or up to the number of  
Initial children authorized by The Children’s Cabinet for FFN providers. If I exceed the allowed number of children at any time, I will be given one opportunity to reduce the excess enrollments without a penalty. Any other violations of program rules will result in a penalty being imposed. I may also have an overpayment, which must be repaid to the program.

\_\_\_\_\_ I understand if I do not have a computerized sign in/out system, I am required to secure the parent’s original  
Initial signature on the billing each month, authorizing my payment for care of their child(ren). I may not sign on behalf of the parent. If I do so, this would be considered a provider program violation for which a penalty may be imposed. Further, I may have to repay the program for care billed but not authorized by the parent.

\_\_\_\_\_ I understand if I am caring for a school aged child, I must deduct any times when the child is attending school  
Initial from the timesheet. I am not eligible for payment during the school hours. I will be responsible for repaying an overpayment for the difference in care if it is determined later that the child was in school. This may also be considered a provider program violation for which I may receive a penalty.

\_\_\_\_\_  
Initial I understand I cannot bill for services provided by another person, including the child's parent. If it is determined that I billed for care I did not provide, this will be considered a violation of child care program services, and I may be charged with an overpayment, criminally prosecuted and/or otherwise penalized under state and federal laws.

\_\_\_\_\_  
Initial I understand if I am approved as a licensed child care provider, and my license is terminated, suspended or voluntarily surrendered, that I am not eligible to continue to bill for subsidy program services until such time as I am approved as another type of provider by The Children's Cabinet. Any care billed after the license ends will be considered an overpayment up until such time as another care type is approved and a penalty may be imposed.

\_\_\_\_\_  
Initial I understand if I am an FFN provider, I am only authorized to provide care for the one family I am approved to serve. If I choose to care for an additional family, I must first receive approval from DWSS Child Care Program to do so. Caring for unauthorized children and families constitutes a provider program violation, and may result a penalty as well as an overpayment for services for the children added without the authorization of The Children's Cabinet.

\_\_\_\_\_  
Initial I understand if I make a false or misleading statement, conceal or withhold facts in order to establish or maintain eligibility for my client, or to obtain payment for care for which I am not entitled, that I may be terminated immediately, criminally prosecuted or otherwise penalized according to state and federal law.

\_\_\_\_\_  
Initial I have the right to request Special Consideration if I am charged with a provider program violation that I do not agree with. This special consideration must be sent to Child Care Subsidy Program management for reconsideration. Program staff will submit the appropriate records regarding the violation to the DWSS Child Care Chief for review. The Chief's decision on the penalty action is final, and may not be appealed.

\_\_\_\_\_  
Initial If I am found guilty of a provider program violation, my participation as a child care provider for the Child Care Subsidy Program may be suspended as follows: ninety (90) days for the first violation; one hundred eighty (180) days for the second violation; and I will be terminated permanently as a Child Care Subsidy Program provider for a third violation.

\_\_\_\_\_  
Initial If a penalty is imposed, I will receive a letter from the Child Care Subsidy Program outlining the following information:

- the cause of the penalty;
- the penalty level (1<sup>st</sup>, 2<sup>nd</sup> or Final);
- the period of time the penalty will be imposed; and
- the rights to an administrative review if I disagree with factors causing the penalty to be imposed.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Children's Cabinet Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Urban League Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





**CHILD CARE SUBSIDY PROGRAM**

*This project is funded in part under an agreement with the State of Nevada Division of Welfare & Supportive Services*



**Provider Name:** \_\_\_\_\_

**Provider ID:** \_\_\_\_\_

**PROVIDER PROGRAM PENALTIES**

The Division of Welfare and Supportive Services (DWSS) Child Care Program Manual outlines the rules and regulations for participation with the Child Care Subsidy Program for both providers and clients. This document outlines the penalties for violating program rules (as outlined in the Provider Service Agreement and Child Care Program Manual) for providers.

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- Location where care will be provided
- Adding/Dropping a child/family (FFN only)
- Participation in a Welfare program (SNAP, Medicaid, Energy Assistance and/or TANF)
- Moving in with the child receiving care (FFN only)
- Licensure status (newly licensed, revoked, etc.)
- Changes in the rate charged for any age group
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\_\_\_\_\_  
Initial I understand if I make a false or misleading statement, conceal or withhold facts in order to establish or maintain eligibility for my client, or to obtain payment for care for which I am not entitled, that I may be terminated immediately, criminally prosecuted or otherwise penalized according to state and federal law.

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\_\_\_\_\_  
Initial If a penalty is imposed, I will receive a letter from the Child Care Subsidy Program outlining the following information:

- the cause of the penalty;
- the penalty level (1<sup>st</sup>, 2<sup>nd</sup> or Final);
- the period of time the penalty will be imposed; and
- the rights to an administrative review if I disagree with factors causing the penalty to be imposed.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Children's Cabinet Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Urban League Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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 Line 1 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
or
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).

**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 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

### 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, 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.

**Note.** If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% 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, 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 the instructions below and the separate Instructions for the Requester of Form W-9.

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

## 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” line.

**Limited liability company (LLC).** Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

**Other entities.** Enter your business name as shown on required 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” line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

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.

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

The following payees 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, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## 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](http://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](http://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 [www.irs.gov](http://www.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, 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 domestic 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, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 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 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.

## 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.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

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](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal 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](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

### 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 <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

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

<sup>4</sup> 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.** 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.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

# Provider ACH Payment Form

## Authorization Agreement for Preauthorization Payments

I, hereby authorize United Way of Southern Nevada to initiate the processing of provider payments through automatic bank deposits, and to initiate, if necessary, adjustments for any entries made in error to the account indicated below and the depository financial institution named below.

**For Direct Deposit, please complete all the Account Information below, attach a voided check or direct deposit form from your financial institution or prepaid card (required) and return to:  
United Way of Southern Nevada \* PO Box 31863 \* Las Vegas, NV 89103**

Company/Business Name: \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Contact Name(please print):** \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact e-mail Address: \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

\*\*\*\*\*

**To Enroll, You Must Attach A Voided Check and/or a direct deposit form from your banking institution (a direct deposit form from any prepaid visa/mastercard is acceptable).**





## Child Care Subsidy Assistance in Southern Nevada Agency Roles

The Division of Welfare and Supportive Services (DWSS) contracts with the following agencies to provide Child Care Subsidy Services:

### United Way of Southern Nevada (UWSN) (702) 892-2349

#### Child Care Payment Processing to Child Care Providers

- Processes child care payments to providers
- Offers direct deposit payment to child care providers' bank account or a prepaid Visa/MasterCard for easy and faster receipt of payment



### Las Vegas Urban League • Child Care Subsidy Program (702) 473-9400

#### Child Care Subsidy Services for Clients

- Accepts applications for the Child Care Subsidy Program
- Determines initial and on-going client eligibility for program services
- Issues Certificates for approved families to the requested provider, which are used to authorize payment by the Subsidy Program
- Data entry of Contracted Slot/Wrap Around cases for payment purposes



**Las Vegas Urban League**  
**Child Care Subsidy Division**  
Connecting Kids with a Network of Resources

#### Child Care Subsidy Provider Services

- Process child care attendance billings
- Provider training on billing practices
- Resolution of provider billing disputes
- Provider adjustments and special requests for payment

### The Children's Cabinet (702) 823-2966

#### Child Care Services for Families

- Conduct referrals for all families (subsidy and general public) to assist them in finding quality child care and community resources

#### Child Care Services for Child Care Providers

- Register licensed and Family, Friend, and Neighbor (FFN) providers to participate on the subsidy program
- Update any changes to child care program or provider (e.g. rates, type of care, expiration dates, hours of operation, days closed)
- Support FFN providers with quarterly phone calls and semiannual home visits.
- Support licensed providers with start-up grants, improvement grants, or emergency grants as funding allows
- Teach Registry approved classes to child care providers
- Provide substitute teachers to licensed providers
- Provide QRIS Coaching support to licensed child care centers who want to increase their environmental rating score for Silver State Stars























# Building for the Future

## What is CACFP?

CACFP is the Child and Adult Care Food Program, a Federal program that provides healthy meals and snacks to children and adults receiving day care.

Each day more than 2.6 million children and almost 60,000 older adults participate in CACFP. Through CACFP, participants' nutritional needs are supported on a daily basis. The program plays a vital role in improving the quality of day care and making it more affordable for many low-income families.

In addition to day care, CACFP helps make afterschool programs more appealing to at-risk youth. By offering nutritious snacks in programs serving low-income areas, centers can increase participation and know that youth are having a healthy snack.

Homeless children and children from temporarily displaced families can also receive up to three meals each day through shelters that operate the program.

## Who is eligible for CACFP meals?

- children age 12 and under,
- migrant children age 15 and younger,
- functionally impaired adult participants or adults age 60 and older enrolled in an adult day care center, and
- youths through age 18 in afterschool programs in needy areas.

## What kinds of meals are served?

CACFP facilities follow the meal patterns established by USDA.

- **Breakfast** consists of a serving of milk, fruit or vegetable, and grains or bread.
- **Lunch** and **dinner** require milk, grains or bread, meat or meat alternate, and two different servings of fruits or vegetables.
- **Snacks** include two different servings of the four components: milk, fruits or vegetables, grains or bread, or meat or meat alternate.

## CACFP Facilities

Many different facilities operate CACFP, all sharing the common goal of bringing nutritious meals and snacks to participants.

- **Child Care Centers**  
Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers serve meals to large numbers of children.
- **Family Day Care Homes**  
Small groups of children receive nonresidential day care in licensed or approved private homes.
- **Afterschool Care Programs**  
Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters**  
Emergency shelters provide residential and food services to homeless children.
- **Adult Day Care Centers**  
Public, private nonprofit, and some for-profit adult day care facilities provide structured, comprehensive services to functionally impaired nonresident adults.

# Child and Adult Care Food Program (CACFP)



United States Department of Agriculture  
Food and Nutrition Service

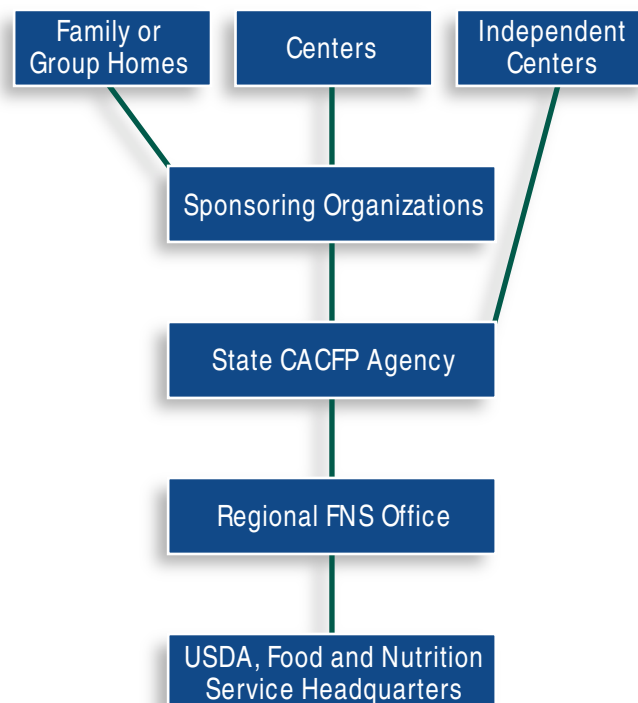
## How does CACFP work?

CACFP reimburses participating centers and day care homes for serving nutritious meals. It is administered at the **Federal** level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA).

The **State** education or health department administers CACFP in most States. State agencies approve sponsoring organizations and independent centers to operate the program on the local level. The State also monitors the program and provides guidance and assistance to ensure requirements are met.

**Sponsoring organizations** play a critical role in supporting home day care providers and centers through training, technical assistance, and monitoring. All family or group day care homes must come into the program under a sponsoring organization. Several types of organizations are approved by the States to serve as sponsors—community action groups, nonprofit organizations, and churches.

## CACFP Partners



## Contacts

If you are interested in participating in CACFP, or have questions about the program, the sponsoring organizations and State agencies can help. Our website has State agency CACFP contact information, or call (703) 305-2620.

[www.fns.usda.gov/cnd/contacts/StateDirectory.htm](http://www.fns.usda.gov/cnd/contacts/StateDirectory.htm)



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# Building for the Future



## in the Child and Adult Care Food Program (CACFP)