APPLICATION FOR APPROVAL FOR RELATIVE CHILD CARE PROVIDER

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
OFFICE OF ECONOMIC ASSISTANCE
SFN 23 (11-2010)

Clear Fields

☐ New
☐ Renewal
☐ Additional Family
☐ Additional Child(ren)

To be completed and signed by the Child Care Provider. Please Print.

PROVIDER INFORMATION

Provider Name:		Birth Name, Maiden Name, Alias, Nickname or Other Married Name:	
Social Security Number: (Mandatory) *	Date of Birth: (Provider must be 18 to quality for payment).	Telephone Number:	Email Address:
Street Address (Required):		Mailing Address: (If different from street address)	
City:		County:	State: / Zip Code:

ALL ADULT(S) IN PROVIDER'S HOUSEHOLD (Anyone 18 or Older):

Adult / Name, Birth Name, Maiden Name, Alias, Nickname or Other Married Name	AGE	Adult / Name, Birth Name, Maiden Name, Alias, Nickname or Other Married Name	AGE

The program only pays for care given in the provider's home.
If the provider, the parent, and the child(ren) reside in the same home, ONLY check in provider's home.

Where do you provide the care?
☐ In Provider's Home ☐ In Child's Home

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND CHECK ONE FOR EACH SET OF STATEMENTS:

1. ☐ I have OR ☐ have not resided in North Dakota at all times in the past for five years.
2. ☐ I have never been the subject of any child abuse/neglect reports in any state;OR
   ☐ I have been the subject of a child abuse/neglect report(s), Is so, I am furnishing the name of the state (s) and description of the incident(s).
   Explain
3. ☐ I have never been arrested or convicted of any crimes in any state, city, or federal, tribal court or military process OR
   ☐ I have been arrested or convicted of any crime(s) in any of the courts or processes named above. If so, I am furnishing a description of the crime(s) and the particulars of arrest(s), the conviction(s), and/or dismissal(s).

* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is required pursuant to 26 CFR 301.6109-1 and is requested for the purpose of reporting tax information. Failure to disclose this information results in a $50 penalty under 26 CFR 301.6723-1 unless it is due to reasonable cause and not to willful neglect.

COMPLETE THE OTHER SIDE OF THE FORM

Return this form with the W-9 to:
Child Care Assistance Program, PA Division
ND Department of Human Services
600 E. Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250

BACKGROUND CHECK	FOR STATE OFFICE USE	
☐ CFS ☐ CPS ☐ NDSC ☐ SO	Provider ID:	Date Approved:
	Approved: ☐ Yes ☐ No	By:
	Date Denied:	Expiration Date:

NOTE: If caring for children of more than one family on child care assistance, complete a Page 2 for each family.

COMPLETE INFORMATION ON PARENT(S) APPLYING FOR CHILD CARE ASSISTANCE

Parent Name(s):		Telephone Number:	
Provider's Relationship to Either Parent: (include other parent's name, if different from name listed above)	Email Address:		
Street Address (Required):	Mailing Address: (If different from street address)		
City:	County:	State:	Zip Code:

- List **ALL** children cared for and/or living in provider's home, including provider's own children.
- **Providers** will only be approved when related to children by blood, marriage, or court degree as
  a. **Grandparent, great grandparent, aunt or uncle.**
- Siblings may also qualify **if they are 18 or older** and **do not live in the same home as the children** for whom care is being provided.
- **NO OTHER RELATIONSHIPS QUALIFY.**

CHILD'S NAME	DATE OF BIRTH	PROVIDER'S RELATIONSHIP TO CHILD

Do you care for 4 or more infants (under 24 months of age)? If yes, you **must** be **licensed** according to state law and the approved relative status will be denied.	☐ Yes	☐ No
Do you care for 6 or more children over age 2 and under age 12 including your own children? If yes, you **must** be **licensed** according to state law and the approved relative status will be denied.	☐ Yes	☐ No

Each applicant must **also** complete and return (address on reverse) the following two forms before payment can be made.

1. W-9 (Request for Taxpayer Identification Number)

I hereby certify that the information on this form is true and complete to the best of my information and knowledge.

Provider's Signature:	Date:

INFORMATION AND RESPONSIBILITIES FOR CARE ASSISTANCE PROGRAM

KEEP THIS INFORMATION FOR FUTURE REFERENCE

Your application to be an Approved Relative provider in the state of North Dakota offers your opportunity to provide child care for nieces, nephews, grandchildren and great grandchildren.

The child care provider must be 18 years of age or older, licensed, self-declared, registered or approved relative, and must be specifically approved for the child they provide child care for.

Following are items that need to be submitted to become an Approved Relative Provider:

- W-9 Allows the state to pay you for the child care that you have provided. If it is not filed at the state office you will not be paid for providing child care.

- Application for approval for Relative Child Care Provider
  Provides information to the state office about yourself and others in your household so that it it can be determined if the household meets requirements under the program.

- Other information that must be examined before an applicant can be determined eligible as an Approved Relative Provider (others in the household also meet guidelines). If the applicant or another household member is listed on either one of the lists below, then the information will be researched to see whether the applicant is eligible to receive payments under the Child Care Assistance Program.

  - Sex Offender Registration - The North Dakota Sex Offender website is provided at Attorney General Wayne Stenehjem, pursuant to North Dakota Century Code Section 12.1-32-15

  - North Dakota Supreme Court - This page allows the state Child Care office to search North Dakota District Court Case information for Criminal, Traffic and Civil case types. The search will also include municipal court cases from certain areas.