

Application for Registered Relative Child Care Provider in Provider's Home

Mr.
 Ms. _____
(First) (Middle) (Maiden) (Last)

Social Security # _____ Date of Birth _____

Home Telephone No. (____) _____ Cell/Emergency Contact: (____) _____
(A land line or continuously operating cell phone is required in the home where care is provided.)

Street Address: _____
(Do not place P.O. Box on this line)

Mailing Address: _____
(If different)

Email Address: _____

City: _____ County: _____ State: _____ Zip: _____

County where Child(ren) lives: _____

**You Shall Not Be Paid Until All Requirements
and Registration Forms are Received, Processed, and Approved**

List All Adults Living in the Home (Eighteen (18) Years of Age or Older):

First Name	Middle Name	Last Name	Relationship	Date of Birth	Social Security #



List All Children Under Age Eighteen (18) Living in the Home (If more room is needed, attach another sheet.) :

Child's Name (First, MI, Last)	Date of Birth	Relationship to You

Statement of Child Care Provider

I certify that neither I, nor anyone who has my permission to be in my home during hours of operation, has been convicted or has had a substantiated report of child abuse, neglect, or exploitation or is an excessive user of alcohol or a user of illegal drugs. I understand that the Department for Community Based Services shall review the records to determine if I, or an adult member of my household, have ever had an allegation of child abuse, neglect, or exploitation substantiated by the Cabinet.

I agree not to use any form of abusive language and/or physical abuse in accordance with 922 KAR 1:330, Child protective services.

I agree to provide a safe and healthy environment for children in my care and to help them to grow, develop, and learn through age-appropriate activities.

I understand the Child Care Assistance Program will not pay for services for more than six (6) children related to me. I understand that the maximum number of children I may care for during the hours of operation is eight (8) children, which includes my own children and other related children. Related means having one of the following relationships with the registered relative provider: grandchild, great-grandchild, niece, nephew, or sibling if the registered relative provider lives in a separate residence.

I understand I must provide verification of obtaining one and a half (1 ½) hours of Pediatric Abusive Head Trauma training, age-appropriate CPR and First Aid certification, and training on CCAP billing and the DCC-94E Child Care Daily Attendance Record.

Date

Signature of Child Care Provider Applicant