

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

Mr.

Ms.

Social Security # _____

Date of Birth _____

Home Phone No. (____) _____ Cell/Emergency Contact No.: (____) _____

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

Mailing Address: _____ (if different)

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

County where Child(ren) lives: _____

Address Where Care is Provided: _____

Email Address: _____

Phone No. Where Care is Provided: (____) _____

**You Shall Not be Paid Until All Requirements
and Registration Forms are RECEIVED, PROCESSED, AND APPROVED**

List all children under age eighteen (18) that will be in the child's home where you provide care. (If more room is needed, attach another sheet.)

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

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Statement of Child Care Provider (Please check each item)

- I certify that neither I, nor anyone who has my permission to be in the 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 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 have read and understand that subsidized child care payments will not be authorized to me unless all requirements of registration are met. I understand I am not an employee or contractor of the Cabinet for Health and Family Services. I certify that all information provided on this application form is complete and correct. I understand that if I give false information or withhold information, I may be subject to prosecution for fraud.
- 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), 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, certification of age-appropriate CPR and First Aid, and training on CCAP billing and the DCC-94E Child Care Daily Attendance Record.**

Date

Signature of Child Care Provider Applicant