## **REFERRAL** for Child Care Provider Enrollment Application

Case manager completes this form and e-mails it to Provider Enrollment Mailbox

		DATE:	
WORKER:	Office:	Phone:	
OUT OF HOME RELA	TIVE PROVIDER (care provided i	n relative's home)	
IN-HOME PROVIDER	(care provided in the child's hor	me)	
	Licensed Day Care Home	Child Care CenterSchool District	
	KSCARES CASE #		
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE:	SSN:	DATE CARE BEGINS:	
		ovider Partnership handbook (form ES-2	
***********	**********	********************	:≈≈≈≈
PROVIDER NAME:			
ADDRESS:			
ADDRESS:	STATE:		
ADDRESS: CITY: TELEPHONE:	STATE: COUNTY:	ZIP:	
ADDRESS:  CITY:  TELEPHONE:  PROVIDER'S RELATIONSHIP TO	STATE: COUNTY: CHILD(REN) (FOR RELATIVE PRO	ZIP: ZIP: APP or REQUEST DATE:	

## WHEN A REQUEST TO ENROLL A CHILD CARE PROVIDER IS RECEIVED FROM A CUSTOMER, PLEASE NOTE:

- 1. The DATE of request or application must be clearly documented. The effective date of the Provider Agreement is based on those dates.
- 2. Provider must be able to receive payment through electronic deposit.
- 3. For relative providers, ask the DEGREE OF RELATIONSHIP to the children. A RELATIVE child care provider may be a grandparent, great grandparent, aunt, uncle or sibling to the child. They may not reside in the same household, be a parent or step parent to the child, or be on an assistance case with the child.
- 4. Customers requesting IN-HOME providers must provide verification of their EIN prior to approval of their proposed provider. The provider is their employee and the care is provided in the child and parent's home not the provider's.
- 5. Case manager will be informed if the provider is approved or denied. If denied, the worker should contact the client to give them the option of selecting another child care provider.