Kansas
Department for Children and Families
Economic and Employment Services
Strong Families Make a Strong Kansas

ES-1652
Rev. 2-13

In-Home Child Care Provider Enrollment

Thank you for your interest in becoming a DCF child care provider for families who may be eligible for DCF Child Care Assistance. As an in-home provider, you are not regulated by the Kansas Department of Health and Environment. DCF must take certain steps in order to ensure health and safety of the children in your care who are funded through the Child Care Assistance Program. Prior to completing this enrollment, read and make sure you understand the DCF Child Care Provider Handbook.

Please return completed enrollment to: _____

_____

_____

Note: As an In-Home child care provider, you are enrolling to provide care for the children in one specific family. To provide care for any other children would require a separate enrollment.

DCF IN-HOME CHILD CARE PROVIDER APPLICATION

Section 1:

Provider Information:

Name (first, middle, last): _____

SSN: _____ Date of Birth: _____ Gender: _____

Race: _____ Hispanic/Latino? _____

Are you a high school graduate or do you have a GED? _____

Primary Language Spoken: _____ Written: _____

Street Address:_____ City: _____

County: _____ State: _____ Zip: _____

Mailing Address:_____ City: _____

County: _____ State: _____ Zip: _____

Primary Telephone Number: _____ Alternate Telephone Number: _____

Email Address: _____

Have you been convicted of a felony? _____ If yes, provide date and court of action, county and state: _____

_____

Parent of children for whom you will be caring:

Name (first, middle, last): _____

Social Security Number: _____Employer ID Number (EIN): _____

Primary Telephone Number: _____ Alternate Telephone Number: _____

Street Address:_____ City: _____

County: _____ State: _____ Zip: _____

Mailing Address:_____ City: _____

County: _____ State: _____ Zip: _____

Primary Language Spoken: _____ Written: _____

Children for whom you will be caring:

Child Name	Date Care Began	Times of Care

Background Check: Background checks are completed on all providers enrolling with DCF. DCF checks the name of the in-home provider, and the name must be cleared before approval for payment begins. A provider is not eligible to be approved if his or her name appears in the Child Abuse-Neglect Registry or the Kansas Adult Supervised Population Electronic Repository (KASPER), or if he or she has felony convictions.

Read the following statements and check if you agree:

_____ I/We declare, under penalty of perjury, that to the best of my (our) knowledge, the information provided in this application is true and correct.

_____ I understand that the terms listed in the DCF provider handbook and child care provider agreement (including Section 9) are incorporated into my provider agreement with DCF and are legally binding. My signature on this application certifies that I have read and understand those terms and agree to them.

_____ I/We the undersigned are the person(s) named as the Applicant or the person(s) authorized to represent the owner listed above.

_____ _____

Print Provider Name | Print DCF Regional Director/Designee Name

_____ _____

Provider Signature and Date | DCF Regional Director/Designee Signature and Date

Submit this completed form along with verification of the parent's employer ID number (EIN), a signed Policy Statement on Discipline and a signed (by both parent and provider) Health and Safety Standards – Home Checklist (forms in handbook).