



Strong Families Make a Strong Kansas

ES-1652
Rev. 7-15

In-Home Relative 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: _____

Please return by: _____

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 RELATIVE CHILD CARE PROVIDER APPLICATION

Section 1:

Provider Information:

Name (first, middle, last): _____

Maiden Name: _____ Alias: _____

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:

In the last column please explain how each child is related to YOU.

Child Name	Date Care Began	Times of Care	Relationship

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.

