

### CHILD DEVELOPMENT AND CARE UNLICENSED PROVIDER APPLICATION

- Read all pages of this application. Complete page 1. Sign and date page 2. Keep page 3 for your records.

☆☆☆ You must submit pages 1 & 2 of this application with verification of identity, age, residence and a copy of your valid Social Security Card. The name and address on your verifications must match the information on your application.

☆☆☆ The application and verifications should be sent to the address at the top of this page or faxed to 517-284-7529.

- You will be contacted at the telephone number you provide below for a mandatory phone interview. Failure to complete this interview will result in the denial of your application.
- No care provided before you have completed the Great Start to Quality Orientation training will be paid by the Department. To register for this \$10 training, visit <http://www.GreatStarttoQuality.org> or call 1-877-614-7328 as soon as possible.
- The parent is responsible for child care expenses that are not paid by the Department including expenses incurred while a parent's or provider's eligibility is being determined.
- The Child Development and Care (CDC) Handbook, found online at [www.michigan.gov/childcare](http://www.michigan.gov/childcare), is required reading for all CDC providers.

Name (Last, First, Middle )			Former/Maiden/Alias			
Date of Birth	Gender	Social Security #		Driver's License/State ID #		
Provider Residence Address (Number and Street, Apartment Number)			City	State	Zip Code	County
Provider Mailing Address, if different from above (P.O. Boxes only)			City	State	Zip Code	County
Provider ID Number (if known)		Email Address		Telephone Number- <i>Required</i> (     )		
Have you ever had a license/registration suspended or revoked by the DHS Bureau of Children and Adult Licensing (BCAL)? <input type="checkbox"/> NO <input type="checkbox"/> YES						
Do you receive DHS payment for providing Adult Home Help Services? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>Home help services cannot be provided at the same time in which you're providing child care.</i>						
List all <b>other</b> adults (18 years and older) living in your home. ( <i>Attach additional sheet if needed.</i> )						
Name (Last, First, Middle)		Maiden & Other Names Used	Date of Birth	Gender	Relationship to You	Social Security #

**Requirements to be a Child Development and Care (CDC) unlicensed provider:**

- I am at least 18 years of age.
- I have not been found responsible for the neglect or abuse of children in a confirmed Children's Protective Services case or been charged/convicted of monetary crimes or crimes related to child health and safety.
- I do not reside with any adult who has been found responsible for the neglect or abuse of children in a confirmed Children's Protective Services case or been charged/convicted of monetary crimes or crimes related to child health and safety.
- I do not have any physical or emotional impairment or other problem that would hinder me from giving adequate care and supervision to children.
- I know how and when to seek help from others (how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children, etc.).
- I have not had any license or registration revoked by the DHS Bureau of Children and Adult Licensing (BCAL), and I am not currently suspended.
- I have no employment/other obligations that conflict or interfere with the hours that I provide child care.

**I certify that I meet the above requirements to be a Child Development and Care (CDC) unlicensed provider and I understand the following:**

- The terms and conditions of this enrollment may be changed without notice.
- Care provided before I complete the Great Start to Quality Orientation will not be paid by the Department and that I can find upcoming Great Start to Quality Orientation trainings at [www.GreatStarttoQuality.org](http://www.GreatStarttoQuality.org).
- I must report any changes in my name, mailing and/or residential address, and adults living in my household (including when someone living in my household turns 18) within 10 calendar days of the occurrence by calling 1-866-990-3227.
- I can only receive CDC payment for care provided in Michigan.
- I must not care for more than 4 children at the same time, unless all children are siblings or living at the same address. The maximum number of siblings or children living at the same address in my care may not exceed 6 at any one time.
- I must not care for more than 2 children under the age of 12 months at the same time.
- I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
- I must only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
- I must immediately report any suspected child abuse or neglect to the DHS Central Intake hotline (1-855-444-3911).
- I am not employed by the State of Michigan or the Child Development and Care Program and am not eligible for unemployment insurance.
- Any CDC payments issued for care I provide will be issued to the parent of the child(ren) in care and the parent is responsible for paying me, reporting my wages to the IRS and issuing me a Form W-2, when appropriate.
- I must use the required CDC Daily Time and Attendance Record, found at [www.michigan.gov/childcare](http://www.michigan.gov/childcare), showing the care begin and care end times for each subsidy eligible child and keep these records for four years. The parent/substitute parent must certify that these records are accurate by initialing each day for each child to indicate the entries are correct.
- I must only bill for child care services when a subsidy eligible child is physically in my care (except for child absences on a day when the child would normally be in my care).
- Payment for all CDC eligible children in my care is limited to 630 hours in a biweekly pay period.
- I must provide my CDC Daily Time and Attendance Records and any other requested information when asked by the Department.
- I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- If I have been overpaid for any reason, the extra payments received must be repaid, and future payments may be reduced up to 20%.
- If I violate CDC program requirements in any way, I may be disqualified from being a CDC provider for 6 months, 12 months or a lifetime.
- By signing this, I am agreeing to all terms outlined above and those included in the Child Development and Care Handbook ([www.michigan.gov/childcare](http://www.michigan.gov/childcare)).

**Sign and return your completed application & all required verifications to MDE at the address or fax number on page 1.**

Provider Signature- Must be handwritten signature

Date

**Requirements to be a Child Development and Care (CDC) unlicensed provider:**

- I am at least 18 years of age.
- I have not been found responsible for the neglect or abuse of children in a confirmed Children's Protective Services case or been charged/convicted of monetary crimes or crimes related to child health and safety.
- I do not reside with any adult who has been found responsible for the neglect or abuse of children in a confirmed Children's Protective Services case or been charged/convicted of monetary crimes or crimes related to child health and safety.
- I do not have any physical or emotional impairment or other problem that would hinder me from giving adequate care and supervision to children.
- I know how and when to seek help from others (how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children, etc.).
- I have not had any license or registration revoked by the DHS Bureau of Children and Adult Licensing (BCAL), and I am not currently suspended.
- I have no employment/other obligations that conflict or interfere with the hours that I provide child care.

**I certify that I meet the above requirements to be a Child Development and Care (CDC) unlicensed provider and I understand the following:**

- The terms and conditions of this enrollment may be changed without notice.
- Care provided before I complete the Great Start to Quality Orientation will not be paid by the Department and that I can find upcoming Great Start to Quality Orientation trainings at [www.GreatStarttoQuality.org](http://www.GreatStarttoQuality.org).
- I must report any changes in my name, mailing and/or residential address, and adults living in my household (including when someone living in my household turns 18) within 10 calendar days of the occurrence by calling 1-866-990-3227.
- I can only receive CDC payment for care provided in Michigan.
- I must not care for more than 4 children at the same time, unless all children are siblings or living at the same address. The maximum number of siblings or children living at the same address in my care may not exceed 6 at any one time.
- I must not care for more than 2 children under the age of 12 months at the same time.
- I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
- I must only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
- I must immediately report any suspected child abuse or neglect to the DHS Central Intake hotline (1-855-444-3911).
- I am not employed by the State of Michigan or the Child Development and Care Program and am not eligible for unemployment insurance.
- Any CDC payments issued for care I provide will be issued to the parent of the child(ren) in care and the parent is responsible for paying me, reporting my wages to the IRS and issuing me a Form W-2, when appropriate.
- I must use the required CDC Daily Time and Attendance Record, found at [www.michigan.gov/childcare](http://www.michigan.gov/childcare), showing the care begin and care end times for each subsidy eligible child and keep these records for four years. The parent/substitute parent must certify that these records are accurate by initialing each day for each child to indicate the entries are correct.
- I must only bill for child care services when a subsidy eligible child is physically in my care (except for child absences on a day when the child would normally be in my care).
- Payment for all CDC eligible children in my care is limited to 630 hours in a biweekly pay period.
- I must provide my CDC Daily Time and Attendance Records and any other requested information when asked by the Department.
- I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- If I have been overpaid for any reason, the extra payments received must be repaid, and future payments may be reduced up to 20%.
- If I violate CDC program requirements in any way, I may be disqualified from being a CDC provider for 6 months, 12 months or a lifetime.
- By signing this, I am agreeing to all terms outlined above and those included in the Child Development and Care Handbook ([www.michigan.gov/childcare](http://www.michigan.gov/childcare)).

**Keep this page for your records.**