

Michigan Department of Education

Child Development and Care (CDC) Unlicensed Provider Application

PURPOSE: This is the application to apply to be an unlicensed provider for the Michigan Child Development and Care (CDC) program.

TO QUALIFY AS AN UNLICENSED PROVIDER, YOU MUST:

- Be at least 18 years of age.
- Meet the program's requirements included on Page 3 of this application.
- Provide all the information in this application, and provide the Department with all requested information or "proofs". Missing information may delay your application.

APPLICATION INSTRUCTIONS:

Please complete each step below.

- Read all instructions carefully and answer **all** questions in the application completely. Complete Page 2. Sign and date Page 3. Keep a copy of Page 4 for your records. You do not need to submit Page 4. All questions must be answered before your application can be processed.
- Provide copies of the "proofs" for all requested information. **Do not send in original documents**, you may not receive them back. The name and address on your proofs must match the information on your application. A list of acceptable forms of proofs can be found at: www.michigan.gov/childcare Information includes:
 - Proof of identity
 - Proof of your residential address
 - Proof of your age
 - Copy of your valid Social Security Card
- Carefully read the "Rights and Acknowledgements" section of this form located on Page 3. Sign and date Page 3 and send in with the application. Keep a copy of your rights and acknowledgements for your records.
- Mail or fax the completed application and proofs to:

**Mail: Child Development and Care Program
Unlicensed Provider Enrollment
P.O. Box 30267
Lansing, MI 48909**

Fax: 517-284-7529

Once we receive your application, we will contact you at the telephone number you provide for a required phone interview. **You must complete this interview. If not, your application will be denied.**

IMPORTANT REMINDERS:

- You must complete the required Great Start to Quality Orientation training before you can receive any CDC payments. 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 any child care expenses that are not paid by the Department. This includes any child care costs during the time your application is being processed or the parent's eligibility for the CDC program is being determined.
- You cannot provide home help services to an adult in your household at the same time in which you're providing child care.
- You must read the Child Development and Care (CDC) Handbook. The Handbook can be found online at www.michigan.gov/childcare.

Turn to Page 2 to begin the application

Michigan Department of Education
Child Development and Care (CDC) Unlicensed Provider Application
SECTION 1: UNLICENSED PROVIDER INFORMATION (To be completed by the applicant)

Tell us about you, where you live, and the adults in your household.					
Attach copies of proofs below to the application. A list of acceptable proofs can be found at: www.michigan.gov/childcare					
<input type="checkbox"/> Proof of identity <input type="checkbox"/> Proof of your residential address <input type="checkbox"/> Proof of your age <input type="checkbox"/> Copy of your valid Social Security Card.					
Name (Last, First, Middle)			Former/Maiden/Alias		
Provider Residence Address (# and Street, Apartment Number)		City	State	Zip Code	
Provider Mailing Address, if different from above (P.O. Boxes only)		City	State	Zip Code	
Provider ID #(if known)		Gender		Telephone #	
Driver's License number		Social Security Number		Date of Birth	
Have you ever had a license/registration suspended or revoked by the Bureau of Community and Health Systems (BCHS)?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If YES, please explain why:					
Do you receive MDHHS payment for providing Adult Home Help Services? NOTE: Home help services cannot be provided at the same time in which you're providing child care.					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If YES, please list who you provide care to:					
List all other adults (18 years and older) living in your home (Attach additional sheets if needed)					
Name (Last, First, Middle)	Former/Maiden/Alias	Date of Birth	Gender	Relationship to You	Social Security Number
Name (Last, First, Middle)	Former/Maiden/Alias	Date of Birth	Gender	Relationship to You	Social Security Number
Name (Last, First, Middle)	Former/Maiden/Alias	Date of Birth	Gender	Relationship to You	Social Security Number
Name (Last, First, Middle)	Former/Maiden/Alias	Date of Birth	Gender	Relationship to You	Social Security Number
Name (Last, First, Middle)	Former/Maiden/Alias	Date of Birth	Gender	Relationship to You	Social Security Number

Turn to Page 3 to sign.

SECTION 2: RIGHTS, ACKNOWLEDGEMENTS, AND SIGNATURE (To be completed by the applicant)

I understand and agree to the following requirements to be a CDC unlicensed provider:

1. I am at least 18 years of age.
2. I have not been found responsible for the neglect or abuse of children by Children’s Protective Services (CPS) or been charged/convicted of crimes related to money, or child health and safety.
3. There are no adults in my household who have been found responsible for the neglect or abuse of children by CPS or been charged/convicted of crimes related to money, or child health and safety.
4. I do not have any physical, emotional, or other barriers that would prevent me from giving adequate care and supervision to children in my care.
5. I know how and when to seek help from others, such as how to use the telephone, and how to respond to emergency situations that might arise while children are in my care.
6. I have not had any license/registration revoked or suspended by the Bureau of Community and Health Systems.
7. I have no other jobs or 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 CDC unlicensed provider and I understand the following:

1. The terms and conditions of my provider enrollment may be changed without advanced notice.
2. **I will not receive CDC payments for any care provided for children before I complete the Great Start to Quality Orientation training.** If I have not already completed this one-time training requirement, I should visit www.GreatStarttoQuality.org or call 1-877-614-7328 as soon as possible to find a Great Start to Quality Orientation training in my area.
3. All changes in my name, address, household members, or telephone number, must be reported within 10 calendar days to the Child Development and Care office at **1-866-990-3227, option 1.**
4. I can only receive CDC payment for care provided in Michigan.
5. I must not care for more than four (4) children at the same time, unless all children are siblings, sibling groups, or living at the same address. The maximum number of siblings or children living at the same address in my care may not exceed six (6) at any one time.
6. I must not care for more than two (2) children under the age of 12 months at the same time.
7. I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
8. I must only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
9. I must immediately report any suspected child abuse or neglect to the MDHHS Central Intake hotline (1-855-444-3911).
10. As an unlicensed child care provider, I understand that I am not employed by the State of Michigan or the CDC Program, and as such, I am not eligible for employee-related benefits such as Worker's Compensation, healthcare or Unemployment Insurance.
11. As a child care provider in the CDC program in the State of Michigan, I understand that I am either self-employed or employed by the parent. I (or the parent) am responsible for reporting my earnings to Federal, State, and local tax authorities in accordance with IRS rules. For IRS information, visit www.irs.gov.
12. I must use the required CDC Daily Time and Attendance Record, found at www.michigan.gov/childcare, showing the care Start and care End times for each CDC child. I must keep these records for four (4) 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.
13. I must provide my CDC Daily Time and Attendance Records and any other requested information when asked by the Department.
14. I must only bill for child care services when a CDC child is physically in my care (except for child absences on a day when the child would normally be in my care).
15. Payment for all CDC eligible children in my care is limited to 630 hours in a two-week (biweekly) pay period.
16. I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
17. If I am overpaid for any reason, I must repay the Department, even if I am overpaid in error. If I am overpaid, the Department may collect up to 20% of any future payments, which will be applied to my overpayment balance until the overpayment has been fully repaid.
18. I understand if I violate any of the program rules, I may be removed from the program for six (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).

SIGNATURE: I HAVE READ AND UNDERSTAND ALL PARTS OF THIS FORM.

Signature	Date of signature
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SECTION 3: PROVIDER COPY OF RIGHTS, ACKNOWLEDGEMENTS, AND SIGNATURE

Keep this page as a copy for your records. You do not need to submit this page with the CDC unlicensed provider application.

I understand and agree to the requirements for Child Development and Care (CDC) unlicensed providers:

1. I am at least 18 years of age.
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For more information and requirements, see the CDC program handbook at

www.michigan.gov/childcare

For additional assistance, contact CDC at 866-990-3227