Child Development + Care (CDC)

Provider Verification Needed

Before MDHHS can pay your child care provider, you must complete this form.

Here's what you need to do:

1 **Choose** a child care provider.

- If you need help, search for licensed providers online at https://Greatstarttoquality.org or call **877-614-7328** for assistance.
- If your child care provider is a License Exempt provider and is not currently enrolled with the State of Michigan, they must complete the Child Development and Care (CDC) License Exempt Provider Application. The application can be found online at: https://www.Michigan.gov/childcare.

2 **Sign and submit** this form to MDHHS.

- **Submit online** at https://Michigan.gov/mibridges
- **Mail your form** in the envelope we sent you
- **Turn in your form** at your local MDHHS office

MDHHS will send you and your child care provider notices once the form is processed. If approved, the child care provider can begin billing.

CLEAR FORM

Provider Details

Case Name | Case Number | Specialist

Child Care Provider Information

Provider | Provider ID #

Provider Address (Street address, City, State, ZIP Code)

Provider Phone Number | Provider Email

Where are the child(ren) listed below cared for?

- ___ **Licensed Child Care Center**
- ___ **Licensed Group Home**
- ___ **Licensed Family Home**
- ___ **Home where child lives**
- ___ **Provider's home**

← *If the provider is license-exempt and not related to the child(ren), care must be provided in the child(ren)'s home.*

Child information

← *Need more room to write? Attach a list for additional children. Be sure to include the same information.*

Please list all child(ren) in the family needing care.

Name of child	Date of birth	Date child care began	Is the child related to the provider?	If yes, how are they related?
			___ Y N ___	
			___ Y N ___	
			___ Y N ___	
			___ Y N ___	

☐ By checking this box, I understand I am giving my local MDHHS office permission to discuss all aspects of my CDC program information with my child's(ren) child care provider listed on this form. **Checking this box is voluntary.**

Sign Here

I have told the truth; I understand that I can be held criminally/financially responsible for providing false information on this form. I certify that I have read and agree to all rules in the CDC Handbook posted online at **Michigan.gov/childcare**.

Signature of Parent or Substitute Parent | Date

For more information and requirements, see the CDC Handbook at https://www.Michigan.gov/childcare**.** If you need help, contact your MDHHS specialist.

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Michigan Department of Health and Human Services

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