



Department of Early Education and Care

CONFIRMATION OF PROVIDER

Once you have chosen the *child care provider* who will care for your child(ren), please have the provider complete and sign this form to help the completion of the voucher.

If you will be using more than one provider, use one form per provider. **All Providers Please Print Clearly.**

Parent Name: _____ Parent Contact Number: _____

Child #1: _____ Child #2: _____

Child #3: _____ Child #4: _____

Program Type: Child # 1: _____; Child # 2: _____; Child # 3: _____; Child #4: _____

Please use the following **Program Type Abbreviations** when completing the section above: IN (Infant); TO (Toddler); PS (Preschool); HS (Headstart); NU (Under 2 w/ Independent Provider); NO (Over 2 w/ Independent Provider); SU (Under 2 w/ System Provider); SO (Over 2 w/ System Provider); AS (After School); BS (Before School); BA (Before & After School); SC (School Closures Only)

PROVIDER INFORMATION - To be completed by the Child Care Provider:

What is your program/agency name, address and phone number? (Systems: Please write the provider Name, Address, and your agency)	
What is the expected <i>date of enrollment</i> for the child (ren)?	
Please verify the earliest date the child can start	
What is the latest date the voucher can start and you will agree to take the child? (If the voucher must start after the date provided, the Child Care Resource and Referral Agency will contact you to confirm the opening. Otherwise, this form will serve as confirmation for the child to enroll)	
How many absences are you willing to accept prior to enrolling? Please refer to EEC's Attendance Policy	
Please circle one	Full time or Part time
Please circle the days care will be provided	Su-M-Tu-W-Th-F-Sa
Please circle one- Is the parent requesting transportation services to be included on the voucher? (Subject to approval by the Child Resource and Referral Agency)	No Yes- One Way Yes- Two Way

This form is **NOT** confirmation that a voucher will be issued. Pursuant to your Voucher Agreement, you will only be reimbursed for enrolled children with a signed, current voucher. Children are not considered enrolled in subsidized care until the first day the child actually attends the program following the start date indicated on the voucher.

Parent Signature

Date

Provider Signature

Date

FID # _____



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End of Child Care Placement Form

If you need to end a placement or to change providers *prior to the scheduled end date of a voucher*, please do the following:

- Provide two weeks notice in writing indicating the child(ren)'s expected last day of attendance.
- All outstanding fees (if any) must be paid to the current provider before a new voucher will be issued.
- Complete and submit this form along with a completed *Confirmation of Provider* form to verify a start date for a new provider.

Date of Notice: _____	
Parent/Guardian: _____	Phone # _____
<small>(First name)</small>	<small>(Last name)</small>
Child #1: _____	Child #2: _____
Child #3: _____	Child #4: _____

Program/Provider Name: _____

Address: _____ Phone# _____

The child(ren)'s last day of care with my program will be on (date) _____.

The last day I will be billing for care for this child(ren) is on (date) _____.

Does the parent owe any outstanding fees:	___ Yes	___ No
<small>(only fees assessed as part of the voucher agreement—do not include any other type of fees owed to your program)</small>		
If yes, how much does the parent owe?	\$ _____	
<small>If outstanding fees are owed, a Family Services Specialist will contact you to confirm receipt of payment before a new voucher will be issued.</small>		

Please indicate the reason for end of placement: ___ Owes fees ___ Voluntary ___ Custody change ___ Changing providers

Other: _____

Parent Signature	Date
Provider Signature	Date