Provider Information Form

Certificate # _____   **Vendor #** _____

Provider Name: _____

Federal ID # _____ **or Social Security #**_____

Street Address: _____ **Apt #**_____

City/State: _____ **Zip code:** _____ **Phone #**_____

Contact Person: _____

Parent's Name: _____ **Social Security #**_____

Name of children currently in your care <mark>(In home care only)</mark>

_____   _____

_____   _____

I have agreed to the following <u>daily rate & schedule</u> for the children listed:
(i.e. FT, PT, nights, weekends, PTBA, varies, etc.)

JCC OFFICE USE ONLY		

1) **Name:** _____ **Schedule:** _____   **Approved Rate: $_____   Parent Fee: $_____**

2) **Name:** _____ **Schedule:** _____   **Approved Rate: $_____   Parent Fee: $_____**

3) **Name:** _____ **Schedule:** _____   **Approved Rate: $_____   Parent Fee: $_____**

4) **Name:** _____ **Schedule:** _____   **Approved Rate: $_____   Parent Fee: $_____**

<mark>**Check One:**</mark>
_____I am a relative of the children I will be caring for under this certificate. Relationship: _____
_____I am legally exempt from licensing because I am only caring for children from one family.
_____I am a licensed provider. <mark>(Provide copy of license)</mark>

<mark>**Effective Dates of Service: _____/_____/_____ to _____/_____/_____**</mark>   <mark>**JCC USE ONLY**</mark>

By signing this form both you the provider and you the parent are agreeing to the information on this form. You both are also agreeing to this signed form returned to the Jacksonville Children's Commission Family Services Division by ____/____/____. Failure to return this form will result in termination of the child care and non-payment to the provider.

_____   _____
Provider's Signature   **Date**

_____   _____
Parent's Signature   **Date**

 Important: The above information is both truthful and complete. As a provider of subsidized Early Learning Services, I agree to abide by the following policies. 1) To hold the parent responsible for payment if he/she fails to return the Voucher/Certificate documents within 10 working days as required binding the agreement with the Jacksonville Children's Commission. 2) To comply with all HRS Early Learning Licensure Standards if a license facility. 3) To care for no more than one family of children if an unlicensed home-care provider to do otherwise would be a violation of Florida Statue. 4) To complete the 3 hour HRS Family Home Training Module, if applicable. 5) To provide services at the address indicated above. 6) To submit the monthly attendance record by the second (2nd) work day of each month.

Jacksonville Children's Commission/Family Services Division Office Use Only

Specialist Signature: _____ **Date:** _____