



Licensed Provider Registration Checklist

Child Care Resource & Referral Program

- This program matches the characteristics of your program (e.g., location, hours of operation, ages of children served, curriculum offered) to the needs of parents and caregivers searching for early childhood programs. The more accurate your information is, the more accurately we can match parents' needs to the services you provide.
- The Children's Cabinet provides thousands of referrals to parents and caregivers every year regardless of income level.
- Resource & Referral (R&R) is an excellent way to market your program without paying advertising costs.

R&R Required Documentation Checklist

- Provider Registration Form – This is the same form used to register for Subsidy. See below.

Subsidy Program

- Complete all forms and provide copies of required paperwork in the checklist below. Once we receive all of your completed paperwork, you will be activated in our subsidy data system.
- After we receive the completed forms, we will call you to discuss the program requirements. It is very important that you have already read the service agreement and are prepared to address any questions that you might have about the program.

Subsidy Required Documentation Checklist

All documentation must be completed and submitted prior to approval for reimbursement.

- Provider Registration Form – This is the same form used to register for R&R (see above).
(The first two pages of this form have to be filled out entirely to be eligible for the subsidy program)
- Child Care Subsidy Service Agreement
(One copy to be signed by you, the second copy to keep for your records)
- W-9 Request for Taxpayer Identification Number and Certification (Name on W-9 must match name used to file taxes or you will be subject to back-up withholding per IRS Regulations.)
- Provider Payment Option Form
- Copy of your Center/Program Parent Contract
- Copy of Current Child Care License

Return all forms to:
The Children's Cabinet
Attn: R&R/Subsidy Provider Enrollment
1090 South Rock Blvd.
Reno, Nevada 89502

Questions? Call 775-856-6200 or 800-753-5500 (toll free) and ask for a member of the R&R team.



Licensed Provider Enrollment Form Child Care Subsidy and Resource & Referral

General Contact Information	
Name of Person Completing Form: _____	Director / Owner: _____
Name of Child Care Business on License: _____	
Physical Address: _____	City: _____ Zip: _____
Mailing Address: _____	City: _____ Zip: _____
Phone: _____	Alternate Phone: _____ Fax: _____
E-mail: _____	Website Address: _____

How would you like parents to access your program information?
You can select one or both referral delivery options.
<input type="checkbox"/> CCR&R Child Care Consultations <input type="checkbox"/> Web-Based Referrals <input type="checkbox"/> I do not want parents referred to this program

License Information													
License ID #: _____ Expiration Date: ____/____/____ Date license was originally granted: ____/____/____	Licensed by: <input type="checkbox"/> State of Nevada <input type="checkbox"/> Washoe County <input type="checkbox"/> Tribe <input type="checkbox"/> Federal Government												
Program Type	Licensed Capacity (as stated on License)												
<input type="checkbox"/> Center <input type="checkbox"/> Family Child Care <input type="checkbox"/> Group Family Child Care <input type="checkbox"/> Head Start (traditional, tribal, migrant or early) <input type="checkbox"/> Pre-K (State-funded program)	<table border="1"> <thead> <tr> <th>Age Range (ex. 6mo.-2yrs.)</th> <th>Capacity for Age Range</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">Total Capacity:</td> </tr> </tbody> </table>	Age Range (ex. 6mo.-2yrs.)	Capacity for Age Range									Total Capacity:	
	Age Range (ex. 6mo.-2yrs.)	Capacity for Age Range											
Total Capacity:													

Child Care Setting (Centers Only)				
Please check if your center is:				
<input type="checkbox"/> Church-Based	<input type="checkbox"/> Employer-Based (e.g., MGM, IGT, Citigroup)	<input type="checkbox"/> Military-Based	<input type="checkbox"/> College-Based	<input type="checkbox"/> Tribal-Based

Child Care Center Type (Centers Only)		
Please check if your center is:		
<input type="checkbox"/> Corporate Franchise / Chain	<input type="checkbox"/> Locally Owned—Multiple Sites	<input type="checkbox"/> Locally Owned—Single Site
<input type="checkbox"/> Non-Profit Owned—Multiple Sites	<input type="checkbox"/> Non-Profit Owned—Single Site	

See Page 6 for submission information.

Full-Time & Part-Time Definitions

Please refer to your definition when providing your rates below.

The **full-time** rate is charged for children who attend more than: _____hours/day _____hours/week _____days/week

Please indicate one **part-time** schedule for the rates you will be providing in the table below (We cannot capture rates for all part-time schedules (e.g., 2 days a week, 3 days a week at 4 hours a day). Please select one PT schedule.)

_____hours/day _____hours/week _____days/week
This should be your most common part-time schedule.

Child Care Rates • Children Ages 0-5 (who are not in K-12 school)

Enter the rates you charge parents for each age level. You can also simply include your rate sheet when returning this form.

Age Range in Level		Full-Time Rates As defined above.				Part-Time Rates As defined above.			
From	To	Daily	Weekly	Monthly	Other:	Daily	Weekly	Monthly	Other:
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								

Child Care Rates • School-Age Children*

Enter the rates you charge parents for each age level. You can also simply include your rate sheet when returning this form.

Age Range in Level		Full-Time Rates As defined above. This is what you might charge for track break, summer or holiday care.				Part-Time Rates As defined above. These are <u>not</u> Before & After School Rates.				Before & After School Check if rates are for: <input type="checkbox"/> Before School <input type="checkbox"/> Afterschool <input type="checkbox"/> Before & Afterschool		
From	To	Daily	Weekly	Monthly	Other	Daily	Weekly	Monthly	Other	Daily	Weekly	Monthly
<input type="checkbox"/> Years <input type="checkbox"/> Grade	<input type="checkbox"/> Years <input type="checkbox"/> Grade											
<input type="checkbox"/> Years <input type="checkbox"/> Grade	<input type="checkbox"/> Years <input type="checkbox"/> Grade											
<input type="checkbox"/> Years <input type="checkbox"/> Grade	<input type="checkbox"/> Years <input type="checkbox"/> Grade											

**Please do not include tuition rates for full-day private kindergarten.*

Additional Fees

Please check the fees that you charge.

<input type="checkbox"/> Registration/Enrollment Fee (Amount: \$ _____)	<input type="checkbox"/> Bad Check	<input type="checkbox"/> Late Payment
<input type="checkbox"/> Annual Fee (Amount: \$ _____) In what month do you charge your annual fee? _____	<input type="checkbox"/> Insurance	<input type="checkbox"/> Meals
	<input type="checkbox"/> Late Pick-Up	<input type="checkbox"/> Supplies
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other:

🔊 ATTENTION Subsidy Program Providers 🔊

1. We will use the above rates to calculate your subsidy reimbursement rate.
2. If your rates are more than the state maximum reimbursement rate for subsidy, parents will be responsible for the overage AND their co-payment.
3. Please pay close attention to the rates verification letter you will get after we enter your information into the Nevada Child Care System (NCCS) as those will be the rates used for reimbursement.

Schedule		
Select the days and fill in the times you are open. Circle am or pm.		
<input type="checkbox"/> Monday	Open: _____ am/pm	Close: _____ am/pm
<input type="checkbox"/> Tuesday	Open: _____ am/pm	Close: _____ am/pm
<input type="checkbox"/> Wednesday	Open: _____ am/pm	Close: _____ am/pm
<input type="checkbox"/> Thursday	Open: _____ am/pm	Close: _____ am/pm
<input type="checkbox"/> Friday	Open: _____ am/pm	Close: _____ am/pm
<input type="checkbox"/> Saturday	Open: _____ am/pm	Close: _____ am/pm
<input type="checkbox"/> Sunday	Open: _____ am/pm	Close: _____ am/pm

Schedule Types	
Select the schedule types that are accommodated.	
<input type="checkbox"/> 24 Hour Care	<input type="checkbox"/> Track Break
<input type="checkbox"/> Overnight	<input type="checkbox"/> Drop-In not regularly scheduled
<input type="checkbox"/> Evening	<input type="checkbox"/> Rotating Schedules
<input type="checkbox"/> Afternoon Only ½ day	<input type="checkbox"/> Weekend
<input type="checkbox"/> Mornings Only ½ day	<input type="checkbox"/> Extended Hours 9-12 hours
<input type="checkbox"/> Before School	<input type="checkbox"/> Summer Care
<input type="checkbox"/> Afterschool	<input type="checkbox"/> School Year

Days Closed	
Please select the days for which you are closed.	
Also check "Observed" if you are closed on the state-observed holiday (closed during the week if the actual holiday falls on the weekend). ATTENTION Child Care Subsidy Providers - Only check the days you know for certain that you will closed. Subsidy providers will not be reimbursed by the subsidy program for days you indicate that you will be closed below.	
<input type="checkbox"/> New Year's Day <input type="checkbox"/> Observed	<input type="checkbox"/> Columbus Day
<input type="checkbox"/> Birthday of Martin Luther King, Jr.	<input type="checkbox"/> Veterans Day <input type="checkbox"/> Observed
<input type="checkbox"/> President's Day	<input type="checkbox"/> Thanksgiving Day
<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Family Day (Day after Thanksgiving)
<input type="checkbox"/> Independence Day <input type="checkbox"/> Observed	<input type="checkbox"/> Christmas Eve
<input type="checkbox"/> Labor Day	<input type="checkbox"/> Christmas Day <input type="checkbox"/> Observed
<input type="checkbox"/> Other Holiday: _____ Date(s): _____	<input type="checkbox"/> Other Holiday: _____ Date(s): _____

Enrollment, Vacancies, Ratio & Group Size by Age of Children							
If your enrollment or vacancies cross age levels, put the vacancy number in the first age-level cell, then draw an arrow down to last age that the vacancy number applies (see example below).							
Age Level	Current Full-Time Enrollment	Current Part-Time Enrollment	Full-Time Vacancies	Part-Time Vacancies	Number on Wait List	Child to Adult Ratio	Group Size
Infants 0-5 Months							
Infants 6-11 Months							
1 Year Olds							
2 Year Olds							
3 Year Olds							
4 -5 Year Olds (not in kindergarten)							
Kindergarteners (5-6 years old)							
Grades 1 & Up (6-7 years old & up)							

VACANCIES: We understand that sometimes you have vacancies that are not specifically full-time or part-time. For example, you have 1 full-time vacancy, but would also take 2 part-time children to fill this vacancy. Please only report the vacancies ONCE in the full-time column. The example to the right shows that there are 12 full-time vacancies AND 3 part-time vacancies for children ages 1 through 3.

Age Level	FT vacancies	PT vacancies
Infants 0-5	0	1
Infants 6-11	0	0
1 Year Olds	12	3
2 Year Olds	↓	↓
3 Year Olds	↓	↓

Transportation				
Enter the names of the schools and check the options that your staff provide for each.				
<i>Name of School</i>	Transport in Vehicle to School	Supervise School Bus Stop	Staff Escort to School	No Escort Walking Distance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public Transportation	
Please answer this question:	
Is your program near a public transportation stop?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Environment			
Please check if the following are present in your environment.			
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Cats	<input type="checkbox"/> Computers	<input type="checkbox"/> Pool
<input type="checkbox"/> Dogs	<input type="checkbox"/> Gym	<input type="checkbox"/> No Pets	<input type="checkbox"/> Wheelchair Accessibility
<input type="checkbox"/> Nurse / Doctor Nearby	<input type="checkbox"/> Nurse Onsite	<input type="checkbox"/> Other Pets	<input type="checkbox"/> Other:

Meals			
Please check if you provide the following meals.			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Morning Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> Other:
<input type="checkbox"/> Afternoon Snack	<input type="checkbox"/> Dinner	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Other:
Does your program make accommodations for special diets? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your program participate in the Child & Adult Care Food Program or Food for Kids? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Curriculum / Philosophy			
Please check the following curriculum or philosophies that are used in your program.			
<input type="checkbox"/> Bi-Lingual Instruction / Curriculum	<input type="checkbox"/> Creative	<input type="checkbox"/> Developmentally Appropriate	<input type="checkbox"/> Other:
<input type="checkbox"/> Emergent / Reggio / Project Approach	<input type="checkbox"/> High Scope	<input type="checkbox"/> Montessori	
<input type="checkbox"/> Theme-Based	<input type="checkbox"/> Waldorf	<input type="checkbox"/> Religion is Included in Curriculum	

Financial Assistance Offered to Parents		
Please check the following financial assistance options that you have available for parents.		
<input type="checkbox"/> Employer Discount (contract with businesses)	<input type="checkbox"/> Military Discount	<input type="checkbox"/> Multi-Child Discount
<input type="checkbox"/> Scholarships	<input type="checkbox"/> Sliding Fee Scale	<input type="checkbox"/> Other:

Affiliation / Membership (this is not accreditation*)		
Please check the following associations for which you are a member. * We update provider accreditation status directly from the accrediting agency.		
<input type="checkbox"/> ACSI-Assn. of Christian Schools International	<input type="checkbox"/> NAFCC-Natl. Assn. of Family Child Care	<input type="checkbox"/> NAC-National Assn. of Child Care Professionals
<input type="checkbox"/> NAEYC-National Assn. of Ed. Young Children	<input type="checkbox"/> NAA-National Afterschool Alliance	<input type="checkbox"/> NECPA-Natl. Early Childhood Prog. Accreditation
<input type="checkbox"/> UNR Family Child Care Network	<input type="checkbox"/> NAN-Nevada Afterschool Network	<input type="checkbox"/> Other:

*Special Note to **Family Child Care Providers**: Please also complete the information on this page. Count*

yourself in each category. Consider yourself as a staff of 1.

Size of Workforce	
#	Please indicate the number of staff employed.
	Total # of employees
	# of total employees who are full-time
	# of total employees who are part-time
	# employees who are counted in your teacher-to-child ratio
	# of employees who were counted in your teacher-to-child ratio who left in the past 12 months
	# employees who are NOT counted in your teacher-to-child ratio
	# of employees who were NOT counted in your teacher-to-child ratio that left in the past 12 months
	What are positions are NOT counted in your teacher-child ratio?
	Administrator/Director (only if not counted)
	Cook
	Maintenance
	Secretary / Receptionist
	Bookkeeper
	Bus Driver
	Other: _____
	Other: _____

Length of Employment	
Enter the number of staff who currently work at this location by the number of years employed. Report each staff member in ONE (1) category.	
#	
	10+ years
	6-9 years
	4-5 years
	1-3 years
	Less than 1 year
	Sum of Above (Should equal number of staff employed at center / home)

Languages Spoken <small>(other than English)</small>	
Enter number of staff who speak these languages	
	Spanish
	Tagalog
	Chinese
	Vietnamese
	Korean
	Other (please specify): _____

Benefits or Other Compensation		
Do you offer (If Family Child Care, do you have):		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health Insurance
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dental Insurance
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dependent Health Insurance
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paid Vacation Time
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paid Sick Leave
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Retirement or Pension
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Free Child Care for Staff
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reduced Child Care for Staff
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fees for Required Training
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Specify: _____)

Child Care Staff Wages	
Centers ONLY	
STARTING Wage	AVERAGE Wage
Director: \$	Director: \$
Lead Tchr:\$	Lead Tchr:\$
Teacher: \$	Teacher: \$
Aide: \$	Aide: \$
Special Note About Benefits & Wages: We do <u>not</u> give out wage information, nor is this information used to generate referrals. We request this information to find the average wage by county so we can advocate for better wages and compensation for the child care workforce. To see how we use this information, please refer to our Demographics Reports available on our website: www.childrencabinet.org .	

Formal Education	
Report each staff member in ONE (1) category. Only count the highest educational level for each person.	
#	
	Less Than High School Diploma
	High School Diploma
	Associate's Degree in ECE
	Associate's Degree in Other Field
	Bachelor's Degree in ECE
	Bachelor's Degree in ECE Related Field (e.g. HDFS, Nursing, Psychology, Education)
	Bachelor's Degree in Other Field
	Master's Degree in ECE
	Master's Degree in ECE Related Field
	Master's Degree in Other Field
	Doctorate Degree in ECE
	Doctorate in ECE Related Field
	Doctorate Degree in Other Field
	Sum of Above (Should equal number of staff employed at center / home)

Specialized Training	
Number of staff with following training (staff can be counted more than once)	
#	
	Attention Deficit Disorder
	Attention Deficit Hyperactivity Disorder
	Autism
	CPR
	Early Childhood Special Education
	First Aid
	Health Screening
	Hearing Impairments
	Individualized Education Plan
	Individualized Family Support Plan
	Learning Disabilities
	Occupational/Physical Therapy
	Physical Impairments
	Positive Behavior Support
	Sensory Integration
	Sign Language
	Speech Therapy
	Visual Impairments
	Other: _____

Certificate / Apprenticeship	
Staff can be counted in both CDA and Apprenticeship programs.	
	Child Development Assoc. in Progress
	Child Development Assoc. Achieved
	Apprenticeship in Progress
	Apprenticeship Program Completion

Notes about your registration form:

Return completed form to:
 The Children's Cabinet
 Attn: R&R/Subsidy Provider Enrollment
 1090 South Rock Blvd
 Reno, NV 89502

Questions: 775-856-6200 or 1-800-753-5500
 Ask for a member of our R&R Team.

STATE OF NEVADA
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Child Care and Development Program
PROVIDER SERVICE AGREEMENT

Provider Name: _____ Provider ID: _____

The State of Nevada Division of Welfare and Supportive Services (DWSS) Child Care Manual outlines the rules and regulations for participation in the Child Care and Development Program (CCDP) for both providers and clients. This document constitutes an agreement between the Child Care and Development Program (CCDP) and the child care provider. It outlines the responsibilities of all parties in meeting the needs of Program participants in accordance with the DWSS policies, and the best practices of the CCDP.

I. DOCUMENT REQUIREMENTS

The following documentation is required to register with the CCDP, receive payments, and remain a subsidy provider with the CCDP. Failure to provide requested documentation in the timeframes given for initial registration or continued participation may result in delayed payment and/or non-reimbursement.

A. Service Agreement (this document)

1. All providers must have a current Service Agreement on file with the CCDP.
2. The Service Agreement is in effect until terminated by either party or program requirements change.
3. If provider requirements change, a new Service Agreement will be sent to you and you must sign and return the new Service Agreement to the issuing child care office.

B. Provider Registration Form

1. The Provider Registration form must include current name, tax identification number, address (physical and mailing), phone number, days and hours of care, and days closed.
2. If you have changes to the information you provided when you registered, those changes must be reported to CCDP within 10 days (back-up documentation may be required/requested). Failure to report changes within this timeframe may result in an overpayment and/or a program violation.

C. Provider Rate Information and Reporting Changes

1. Providers must report their rates and other fees charged either on the *Provider Registration Form* or by providing a rate sheet that is used with parents.
 - a) Licensed providers must report rates for all ages of children for which the provider is licensed.
2. Providers cannot charge CCDP clients different rates than they charge the general public.
3. Providers can charge any rate; however, the CCDP will only pay up to the State daily maximum reimbursement rate, which is set by DWSS based on provider type, geographical area, and the child's care level.
4. Payments will be made based on the following care levels regardless of how the provider classifies the children into classrooms (Note: The care level changes on the child's birthday).
 - a) Infant – newborn up to 1 year
 - b) Toddler – 1 year up to 3 years
 - c) Preschool – 3 years up to 6 years
 - d) School Age – 6 years up to 13 years
 - e) Special Needs – 13 years up to 19 years
5. Child care rate changes need to be submitted within 10 days of the rate change. New rates will be effective on the 1st of the month following a 30 day notice period as long as all required documentation has been submitted and received (Example: rates submitted on June 5th will be effective August 1st).

D. W-9 Tax Form

1. An Internal Revenue Service W-9 Form must be completed upon program registration and within 10 business days of any change in provider name, business name, tax identification number, or address.
 - a) Licensed Providers: a change in the service address will not be completed without the addition of an updated license for the new service address.
 - b) Family Friend and Neighbor (FFN) Providers: A change in the service address will not be completed without proof of residence such as a rental agreement or utility bill.

E. Background Checks

Providers and all persons over the age of 18 who have access to the child(ren) must be able to pass a complete background check and be free of criminal convictions that are listed on the DWSS' Background Information Disclosure Form. Additional requirements regarding background checks will be forthcoming.

F. Child Attendance and Provider Reimbursement Timesheet (Timesheet)

1. Provider must make timesheet(s) accessible to clients on a daily basis so they can fill them out and sign confirming the accuracy of the completed timesheet(s).
2. The "Childs Enrollment this Month" and "School Bell Schedule" sections of the Timesheet must be completed no later than the first day of attendance for the billing month.
3. All days that the child is scheduled to use care but does not must have an absent reason.
4. All authorized discretionary days must include the clients initial next to the discretionary day.
5. Timesheets must be completed and signed by the client and provider and submitted by the last business day of the month following the service period. If the client's signature is not available, you must provide a reason why and supporting verification (if requested) in order to be reimbursed. Signing the Timesheet for the client is a program violation.
6. Timesheets submitted for reimbursement must be originals for each child with original signatures from both the client and provider (legible faxed and scanned Timesheets will be considered to have original signatures).
7. Providers are to keep copies of the timesheets on file for a period of one year. In the event that there are discrepancies between attendance and payment, copies of your records may be requested for auditing. The timesheet copies in your records must match the original timesheet you submitted for reimbursement.

Billing for services on days and hours when care was not provided may result in an overpayment and/or a program violation unless the client has authorized a discretionary day or the client is authorized to use child care based on an approved schedule (this will be indicated on the Certificate).

G. Immunization Records

1. All children enrolled with the child care provider must be up-to-date on their immunizations and have current immunization records on file with the provider.
 - a) Providers who are not related to the child and provide care in the providers' home must have immunization records on file for all children who are not enrolled in school.

II. PAYMENT (REIMBURSEMENT) PRACTICES

All reimbursements are based on the client's eligibility. Providers will be reimbursed for services in accordance with the approved rate (the lesser of the provider's actual rate or the state maximum rate for each care level), less any co-payment. If you charge more than the state maximum reimbursement rate, the overage, as well as any co-payment, is the sole responsibility of the client. CCDP child care reimbursements are paid directly to the provider.

A. Certificates

1. Once you accept/receive a Child Care Certificate, CCDP participants are not required to pay the full cost of tuition up-front and in full prior to attendance.
2. The approved reimbursement rate is documented on the Child Care Certificate for each eligible child.
3. It is your responsibility to ensure that the Child Care Certificate received is current, covers the schedule utilized by the client, and is valid for the site where services are being provided. CCDP participants are required to obtain a new Child Care Certificate when circumstances change and when they transfer providers, even within the same child care chain.
4. Reimbursement for child care services is based on either actual attendance or approved schedule as specified on the Child Care Certificate.
5. CCDP is not responsible for payment of days and hours not covered on the Child Care Certificate; this is the responsibility of the parent.

B. Payments

1. Reimbursements will be issued within 30 business days after timely timesheet submittal in accordance with Section I.E.
2. Child Care Attendance and Provider Timesheet submitted after the last day of the month following the service period (e.g., timesheets submitted August 1 or later for the month of June) are subject to non-payment.
3. Payment issues and discrepancies are your responsibility and must be resolved within 60 days of receiving payment for services. Submittals outside this timeline are subject to non-payment.
4. CCDP will not deduct taxes, insurance, or other coverage for providers from their CCDP reimbursements (also see Employment in section IX.C).
5. CCDP participants are responsible for maintaining current co-payments with providers.
6. All providers are responsible for keeping records of copayments and overages received from the client and providing the client a receipt for payment.

C. Reimbursable Fees

1. All or part of the cost of child care, not to exceed the current DWSS maximum rates, for the days, times and time period authorized by the CCDP per the Child Care Certificate.

2. All or part of the Enrollment/Registration fee not to exceed the DWSS maximum amount.
3. Clients with actual attendance billing are allowed 21 discretionary days to use for holidays, sick, or vacation.

D. Non-Reimbursable Fees

1. Meals, activities/field trips, uniforms, equipment, class pictures, transportation, or any other fees in excess of direct child care cost including fees charged for children being picked up late.
2. Days on which the child is regularly scheduled for care and provider is not available (unless the client authorizes the use of discretionary days—See I.E.4.). This is for actual attendance billing only.
3. Child care expenses and/or fees that are not charged to non-CCDP families.
4. Child care which has been provided prior to authorization of a current valid Child Care Certificate.
5. Any day on which child is with the provider for 14 minutes or less. This is for actual attendance billing only.
6. Any day the provider bills for care and there is not a sign in or sign out time for the child on that day. This is for actual attendance billing only.
7. Services that supplant or duplicate the academic program of any public or private school (including virtual education).
8. Services provided to children during a regular school day for children enrolled in grades Kindergarten or higher.
9. Any additional costs for child care services that exceed the state maximum rate for child care. Additional fees are the sole responsibility of the parent.
10. Absent days (unless the client authorizes the use of discretionary days). This is for actual attendance billing only.

III. PROVIDER PARTICIPATION AND RESPONSIBILITIES

Providers, their employees, and agents who receive child care reimbursements are independent contractors, self-employed business owners, or a sub-contracted employee of the clients and are not employees of DWSS, CCDP, or their partner agencies and therefore do not have of the rights or privileges of officers or employees of the State of Nevada or the CCDP. All CCDP providers must agree to the following terms in order to receive child care reimbursements.

A. Conduct

1. As with all enrolled families, providers will allow unlimited access to parents during normal hours of operation and anytime children are in the care of the provider.
2. The provider agrees not to participate in discriminatory practices by refusing services to children and/or families with disabilities.
3. Any provider behavior deemed to be verbally abusive, degrading or threatening to program staff may result in termination from the CCDP at the discretion of the DWSS Child Care Chief.
4. The provider agrees not to use language in his/her marketing activities that implies that the program is approved or recommended by DWSS, CCDP, or any of their partner agencies but may state that the program accepts child care subsidy administered by these agencies.
5. The use or disclosure of a CCDP client's personal data for any purpose not connected with the administration of this Provider Service Agreement is prohibited.

B. Changes

1. Providers are required to report the following changes within 10 days of the date the change occurred:
 - Residence and/or mailing address
 - Location where care will be provided
 - Adding/Dropping a child/family
 - Participation in a Welfare program
 - Licensure status (newly licensed, revoked, etc.)
 - Changes in the rate charged for any age group
 - Changes in age levels served (care levels)
 - Changes in days/hours of operations, closed days
2. Additional documentation or verification may be requested by CCDP in order to validate reported changes. All requests for additional information must be provided within the requested timeframes.

Failure to report changes or provide information timely may result in a delayed payment, non-payment, an overpayment, and/or a program penalty.

C. Audit Compliance

All documentation regarding CCDP clients including sign in and out attendance logs and payment information is subject to auditing for accuracy by the CCDP, DWSS, or partner agencies. Failure or refusal to fully cooperate with any audit review related to this program may result in a finding of overpayment to the provider and/or termination from CCDP participation.

D. Overpayments and Underpayments

1. Overpayments and underpayments are subject to approval by the CCDP.

2. In the event of an overpayment due to a condition of CCDP policies and/or this Provider Service Agreement, the provider will be responsible for the overpayment.
 - a) An overpayment may be repaid by adjusting future child care reimbursements or by paying DWSS directly.
 - b) If the provider is terminated prior to repayment of the overpayment, DWSS will pursue repayment through the DWSS Investigations and Recovery unit.
3. In the event of an underpayment, the amount owed to the provider will be adjusted with future reimbursements.

E. Program Penalties

1. Making false or misleading statements, concealing or withhold facts in order to establish or maintain eligibility for my client, or to obtain payment for care for which I am not entitled is a program violation.
2. Providers found guilty of a program violation may be suspended as a CCDP provider as follows: ninety (90) days for the first violation; one hundred eighty (180) days for the second violation; terminated permanently for a third violation.
3. If a penalty is imposed, I will receive a letter from the CCDP outlining the following information:
 - The cause of the penalty;
 - The penalty level (1st, 2nd or Final);
 - The period of time the penalty will be imposed; and
 - The rights to an administrative review.
4. CCDP providers have the right to request Special Consideration if charged with a provider program violation that you do not agree with. This request must be sent to the appropriate child care office who will submit the records regarding the violation to the DWSS Child Care Chief for review. The Chief's decision on the penalty action is final, and may not be appealed.

IV. ADDITIONAL REQUIREMENTS

All of the information and requirements in sections I, II, and III apply to all CCDP providers except where indicated. Certain providers have additional requirements which are listed in this section.

A. Licensed Child Care Providers ONLY

1. Must comply with all applicable county and state child care licensing regulations.
2. Must provide a copy of their current parent handbook and parent contract at the time of enrollment.
3. Must provide a copy of their current child care license at the time of enrollment. State and applicable county licensing reports will be monitored by the CCDP to identify status changes and renewals. Providers may be assessed for an overpayment for care billed after the date of a licensing status change.

B. License-Exempt School-Age Recreation Programs ONLY

1. Must provide their program handbook that provides policy and procedures for Health and Safety compliance.

C. Family, Friend and Neighbor (FFN) Providers ONLY

1. Must operate legally by obtaining a business license if required by the city or municipality in which the provider provides child care
2. Must only watch authorized children and abide by the number of children FFN providers are authorized to provide care:
 - *Non-relative:* Up to 4 children (12 years old or younger) who are not related to the provider, or 6 including the provider's own children.
 - *Approved relative:* Up to 6 children (12 years old or younger) who are related to the provider, including the provider's own children.
3. Must be at least 18 years of age and a legal U.S. resident with a taxpayer I.D or Social Security number.
4. Must not be the natural/adoptive parent or legal guardian of the child receiving services.
5. Must not be a client of the CCDP.
6. Must not live in the home of the CCDP client in which services are being provided.
7. Must have an active telephone where child care services will take place.
8. Must report income received from providing child care services to DWSS if you are also a recipient of public assistance (TANF, Medicaid, SNAP, etc.).
9. Must have a 5 lb. Class ABC Fire Extinguisher, UL Listed Smoke Detector(s), and a First Aid Kit on the premises where care is being provided.
10. Must complete Health and Safety training as outlined by CCDP staff and comply with home visits.
11. Changes in the status or location of child care is subject to the approval of the CCDP and is subject to non-payment if the change is not authorized and the provider bills for child care at the new care and/or residency location.

V. CCDP RESPONSIBILITIES

A. Documents

1. Process all completed provider registration paperwork within 10 business days of receipt.
2. Notify provider when provider registration paperwork is incomplete or completed incorrectly.
3. Contact providers when an update to the provider required documentation is required.
4. Process all required and updated paperwork within 10 business days of receipt.

B. Certificates and Eligibility

1. Provide a copy of the *Child Care Certificate* to providers for:
 - a) Each newly enrolled family,
 - b) Every new service period, and
 - c) Anytime the co-pay or authorized schedule changes for the parent.
2. Providers will be notified as soon as possible of the children/clients no longer on the CCDP.
3. Respond to provider appeals within 14 days of receipt.

C. Payments

1. Process provider claims for payment in a timely manner as funds allow for claims that are submitted complete and on schedule (see Section V).
2. Reconciliation of overpayment and underpayment issues will be handled in a timely manner.
3. Providers receiving \$600 or more dollars in reimbursement checks during the calendar year will be issued a 1099 Miscellaneous Income Form at the end of the calendar year.

D. Health and Safety

1. Provide initial health & safety and annual child care training modules to Family, Friend and Neighbor providers.
2. Conduct visit(s) on an unannounced basis and as frequently as deemed necessary to ensure the health and safety of children participating on the Child Care Subsidy Program.

I have read, understand, and agree to the program guidelines of the CCDP. I agree to indemnify and hold harmless the CCDP, DWSS, and their partner agencies, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of or in any way connected with the provision of services under this agreement. This agreement is in effect upon provider's signature and subsequent approval from the CCDP.

Provider:

_____ Printed Name of Child Care Provider or Facility		_____ SSN or Tax ID Number	
_____ Service Address	_____ City	_____ State	_____ Zip Code
_____ Printed Name of Provider/Authorized Representative		_____ Title	
_____ Signature of Provider/Authorized Representative		_____ Date	

CCDP:

_____ Printed Name of The CCR&R Representative	_____ Title
_____ Signature of The CCR&R Representative	_____ Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

or

Employer identification number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



PROVIDER PAYMENT OPTION FORM

Provider Name: _____

Provider Social Security: _____

Provider Employer ID: _____

Address: _____

Phone Number: _____

The Children's Cabinet offers three payment options. Please check the one you wish to use:

A. Please mail my check to the address listed above.

B. Please add me to the Check Pick Up List (Rock Office only for Check Pick Ups).

I authorize the following person/persons to be added to the check pickup list.

Name _____ Phone _____ ID Attached

Name _____ Phone _____ ID Attached

Please remove the following person/persons from the check pick up list.

Name _____ Date: _____

C. I choose to have my check Direct Deposited Checking Savings

**Please Attach Voided Check or Direct Deposit Verification form from your Bank here.
Do not Attach deposit slips as the numbers are different from your account number.**

**Direct Deposit authorization will remain in effect unless I provide written notification
terminating my Direct Deposit Payment.**

Printed Name

Authorized Signature

Date

**Please send this form along with a copy of your Driver's License or State ID to:
The Children's Cabinet· Attn: Finance· 1090 S. Rock Blvd· Reno, NV 89502**