

Iowa Department of Human Services
Payment Application for Nonregistered Providers

New Renewal

Instructions

Fill out Section A with information about yourself.

Fill out Section B **OR** Section C depending on where you will provide care:

Check the box that applies and fill out the sections indicated:

I will care for children in my home

I will care for children in their own home

If you checked this box, fill out section **B**.

If you checked this box, fill out section **C**.

Read the information in section **D** and sign and date the application.

A. Tell Us About You

Last Name		First Name		Middle Name		Birth Date	
Maiden Name or Other Last Names		Landline Phone Number ()		Cell Phone Number ()		Last four digits of Social Security Number	
Address where care is provided				Mail Address (if different)			
City		State	Zip	City		State	Zip

B. Nonregistered - Tell Us About The People Who Live With You

List the names of other adults and children who live with you. If you need more space, please use another piece of paper and attach it to this.

Last Name	First	Middle	Birth Date	Last four digits of Social Security Number

C. In-Home - Tell Us About The Family for Whom You Will Provide Care

You must care for at least three CCA eligible children to be an In-Home provider. List the names of the parent(s) and the children you will provide care for. If you need more space, please use another piece of paper and attach it to this.

	First Name	Last Name
Parent		
Parent		
Child		

D. Your Signature

I certify that:

1. The location at which I provide child care is a single-family residence that I own, rent, or lease. (This does not apply if I provide In-Home care.)
2. I have read Comm. 95, *Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers*. I meet the provider, home safety, and number of children requirements.
3. I understand the limits regarding the children in care.
 - If I provide Nonregistered care, the total number of children present at any one time will never exceed five. This includes my own children who are not in school yet. There shall never be more than four children under two years of age at any one time.
 - If I provide In-Home care, I will care only for the children who live in the family home. I will not provide care to any other children.
4. While I provide care, parents or caretakers will have access to their children, unless a court order will not allow it.
5. I know the Department may refuse to enter into or revoke an existing *Child Care Assistance Provider Agreement*, form 470-3871, when:
 - A hazard to the safety and well-being of a child exists and I cannot or refuse to fix the hazard, or
 - I have sent in claims for payment that I am not eligible for.
6. I know Iowa law requires that criminal record and child abuse checks be completed on all people who live in my home and are 14 years of age or older.
7. I know the following people may be unable to provide child care or to live in a child care home:
 - People who have been convicted of a crime against another person
 - People with a record of founded child abuse
8. I know that a person who has founded child abuse or has been convicted of a crime may not be able to get Child Care Assistance payments.

Signature of Applicant	Date
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You Have the Right to Appeal

You or the person helping you may request a hearing in writing if you do not agree with any action taken on your case. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

You Will Not Be Discriminated Against

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to: Iowa Department of Human Services, Office of Human Resources, 1st floor, 1305 E. Walnut, Des Moines IA 50319-0114, fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us.