

Dear Provider,

We would like to take this time to inform you of our program. The Child Care and Development Fund (CCDF) is federal funding provided to states to support low-income working families by providing access to affordable, high-quality early care, and afterschool programs. CCDF also improves the quality of care to support children's healthy development and learning by supporting child care licensing, quality improvement systems to help programs meet higher standards, and support for child care workers to attain more training and education. The Child Care and Development Block Grant (CCDBG) Act of 2014 reauthorizes the child care program for the first time since 1996 and represents an historic re-envisioning of the Child Care and Development Fund (CCDF) program.

Your contracted services through our program help us serve tribal families. Before we can make payments to your facility, there are just a few things we need to complete your file:

- Complete Provider Registration Form
- Copy of DHS License
- Current STARS certificate
- Most recent DHS inspection report
- Copy of W-9

Thank you, for taking the time as a provider to read and consider the information regarding Citizen Potawatomi Nation's CCDF program. Reimbursement forms will be given to the parent/guardian and must be returned by the 7th of every month completed. All checks will be mailed to the provider before the end of the month.

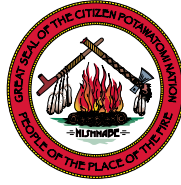
Bonnie Simons – East CCDF Resource & Referral

bsimons@potawatomi.org

Heather Gaston – West CCDF Resource & Referral

heather.gaston@potawatomi.org

CHILD DEVELOPMENT CENTER EAST
1601 S. GORDON COOPER DR., SHAWNEE, OK 74801
PHONE 405-878-4861 FAX 405-395-9038



CHILD DEVELOPMENT CENTER WEST
784 GRAND CASINO BLVD., SHAWNEE, OK 74804
PHONE 405-695-5598 FAX 405-964-4984

PROVIDER REGISTRATION AND AGREEMENT FORM

Child's Name _____ Date _____

Each person or organization that receives payment from the Citizen Potawatomi Nation must complete this form and return to:

**Citizen Potawatomi Nation
Child Care Assistance Program**
1601 S. Gordon Cooper Dr.
Shawnee, OK, 74801

Type: New Licensed Center One Star
 Renewal Licensed Home One Star Plus
 Unlicensed Relative Two Star
 Three Star

Name of Provider _____

EIN/SSN _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

County _____ Phone _____

Directions _____

Are you a Native American Indian?

Yes No Tribal Affiliation _____ Degree _____

Licensed Centers & Homes, please send a copy of your current State License or Permit, DHS Monitoring Report and Star Certificate

What is your licensed capacity? _____ What hours and days do you operate? _____

List maximum daily rates for the children that you care for:

Full-time 0-12 months	\$ _____	Part-time 0-12 months	\$ _____
13-24 months	\$ _____	13-24 months	\$ _____
25-48 months	\$ _____	25-48 months	\$ _____
49-72 months	\$ _____	49-72 months	\$ _____
73+ months	\$ _____	73+ months	\$ _____

Is this the amount you charge everyone? Yes No If no, please explain _____

The Provider agrees that the above information is correct to the best of their knowledge.

Child Care Provider/Owner _____ Date _____

CPN Child Development Center _____ Date _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶		<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.		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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number											
					-				-		
or											
Employer identification number											
					-						

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Date _____ DL# _____ DL State _____
Name: Last _____ First _____ Middle _____
Address _____
City* _____ State* _____ Zip* _____
County* _____
Date of Birth** _____ Social Security Number** _____
Email _____

This authorization and consent for release of personal information acknowledges that _____ (Hereafter referred to as "Company") and/or its agent, **Investigative Concepts, Inc.**, may now, or at any time I am assigned to or am employed by, volunteer for, contract with or complete an application to rent a dwelling from this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Investigative Concepts, Inc. the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the Company's employment. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Company. In addition, I release and discharge the Company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Investigative Concepts, Inc, at P.O. Box 471832 Tulsa, OK 74147-1832 or telephone number 918-286-7059. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in Oklahoma? Yes No
If yes, do you want a copy of any Consumer Report prepared concerning you? Yes No

****As shown on the original application***

*****To be used only for criminal history searches, and not a part of the personnel file***

I hereby certify that all information provided in this automation is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that the grounds for the canceling of any and all offers of employment will exist and may be used at the discretion of the above listed company.

Signed this _____ day of _____, 20_____.

Applicant (print) _____

Applicant Signature _____