



QUALITY CARE
for CHILDREN

Emergency Child Care Assistance Program Provider Application

Print only.

Business Name: _____

Contact: _____

Type of Care: Center Family Child Care Home Group Home

Address: _____

County: _____

Phone number: _____

Number of children presently in care: _____

For each of the following questions, answer yes or no. My program:

YES	NO	
_____	_____	is licensed or registered with Bright from the Start.
_____	_____	participates in a Child and Adult Care Food Program (CACFP).
_____	_____	has current CPR and First Aid certificates for all teachers.
_____	_____	offers evening care.
_____	_____	offers weekend care.
_____	_____	offers overnight care.
_____	_____	is willing to send a teacher to quarterly QCC trainings on topics dealing with families in crisis.

Please tell us about any experience you have had working with families in crisis. Use another sheet if necessary.

SECURITY QUESTIONS

Have any disciplinary or administrative actions (i.e. probation, suspension, expulsion) been taken against you or your teachers or are any pending?
yes ____ no _____

Have you or your teachers ever been charged with or convicted of any criminal offense, DUI/DWI or misdemeanor offense?
yes _____ no _____

Have you or your teachers ever used, possessed, supplied or manufactured any illegal drugs?
yes ____ no _____

If you answered "Yes" to any questions mentioned above, please explain and include the dates of the actions on a separate page.

CERTIFICATION

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly falsifying answers will lead to the rejection of my application or immediate dismissal from the program.

Signature

Date

REFERENCES

List three personal or professional references. One must be from a family who has used your services.

Name: _____

Address: _____

Phone number: _____

Email: _____

Relationship: _____

Name: _____

Address: _____

Phone number: _____

Email: _____

Relationship: _____

Name: _____

Address: _____

Phone number: _____

Email: _____

Relationship: _____

Attach the following documents to the application:

1. Copy of your First Aid and CPR cards (family and group homes only)
2. Copy of Bright from the Start certificate
3. Copy of Parent Handbook
4. List of child care rates and fees (centers only)