

CHILD CARE SUBSIDY PROGRAM VENDOR APPLICATION



Please complete all parts of this form, sign and date. ***Incomplete New Vendor Application Packets will be denied.*** Once you have been approved, you will be emailed a Vendor Agreement that you must electronically sign. ***Payment cannot be made for any services provided before you have been officially approved as a Child Care Subsidy Program Vendor.*** ***No retroactive payments will be made, even if the vendor has been serving children prior to approval.***

GENERAL INFORMATION

Name of Center/Home Child Care Provider		County where services are provided
Mailing Address (include City/State/Zip)		Facility Address (if different from mailing)
Name of Director/Owner	Phone # (with area code):	Social Security # Or Tax ID #
	Cell:	
Contact Person	Phone # (with area code):	E-mail Address
	Cell:	

What type of program do you operate? Check **only one** answer below.

Level 1	Level 2
<input type="radio"/> Unlicensed/Unregistered Family Day Home <input type="radio"/> Local Government Approved Recreation Program <input type="radio"/> Voluntarily Registered Family Day Home <input type="radio"/> Religious Exempt Center <input type="radio"/> Certified Preschool <input type="radio"/> In-Home Child Care – (Child Care provided in the home of the child and parent when all the children in care reside in the home and the vendor does not live in the home)	<input type="radio"/> Licensed Child Day Center <input type="radio"/> Licensed Family Day Home <input type="radio"/> U.S. Department of Defense Approved <input type="radio"/> Licensed Family Day System Approved Family Day Home <input type="radio"/> Local Ordinance Approved (Alexandria, Fairfax, Arlington)

Check ages of children you care for (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Infant (Birth up to 16 months) | <input type="checkbox"/> Toddler (16 months up to 24 months) |
| <input type="checkbox"/> Preschool (24 months to age of eligibility to attend public school) | <input type="checkbox"/> School Age |

Check days you offer care:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Hours of operation: Open from: _____ to _____

- | | | |
|--|---------------------------|--------------------------|
| Do you serve children who have special needs? | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you currently provide transportation? | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you subject to Head Start/Early Head Start Standards? | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you currently participate in the Child and Adult Care Food Program (CACFP)? | Yes <input type="radio"/> | No <input type="radio"/> |

Starting on October 1, 2022, Virginia sets the maximum reimbursable rate (MRR) based on the cost to provide quality child care. Vendors will be paid the MRR, less any required copayment. The Department will not pay more than the established MRR. However, if the MRR is higher than the rate a program charges the general public, the provider will still be paid the MRR. If a Vendor prefers to receive a lower rate than the MRR, please contact VDSS. Subsidy Vendor payment rates can be found at www.childcareva.com

For data collection purposes, Vendors shall inform the State of the rates charged to the general public. The Vendor shall provide written notice of rates when requested to do so by VDOE or VDSS.

I am interested in providing child care for children eligible for child care subsidy funds. The information on this application is true and correct to the best of my knowledge. A misrepresentation or omission of facts may result in the denial of my application. I understand I am required to demonstrate compliance with the Child Care Subsidy Health & Safety Inspection Requirements prior to the receipt of any Child Care Development Funds (CCDF). I further understand that, once approved as a subsidy vendor, authorized VDSS and VDOE staff with proper identification may, for the purpose of determining compliance with child care policy, enter and inspect any part of the home, property, and premises where child care is being provided at any time children are in care; review child care documents; and interview children and/or adults as necessary.

(Signature of person **legally** responsible for operation of child care arrangement)

(Date)

REMINDERS:

- Complete all parts of this form, sign and date. Please **make a copy** of all submitted documents for your records.
- **ATTACH ALL REQUIRED DOCUMENTS**, including a copy of your completed **New Vendor Application Packet Checklist**.

If you have questions, or require assistance to complete your packet, please send an email to:

vendor.manager@dss.virginia.gov

Please scan and email application and all required documents to: vendor.manager@dss.virginia.gov

Or

Mail application and all required documents to:
VDSS, Child Care Subsidy Program
PO Box 1997
Richmond VA 23218-1997