



The Department of Human Services In Partnership with the Departments of Economic Development, Education, Human Rights, Management, and Workforce Development.

Participant Name: _____

Date: _____

PROMISE JOBS Worker: _____

Address: _____

Phone: _____

CHILD CARE
ESTIMATE OF COST

To the Participant: The PROMISE JOBS Program requires that you submit a separate form for each provider. Payment will be made directly to your provider. ***The provider must sign and complete this form before you return it to us.***

To the Child Care Provider: This person is a participant in the PROMISE JOBS Program. PROMISE JOBS participants attending college or vocational school may receive grants, awards, and scholarships to help pay for their educational costs. Sometimes, part of the money must be used to pay for child care costs as well. When this happens: (1) the student must pay the required amount to the child care provider; and (2) the student must provide receipts for these amounts to the PROMISE JOBS office before PROMISE JOBS can pay any further amounts to the child care provider. We ask that you provide the expense information requested below. Thank you for your assistance.

Note: This form must be completed before child care arrangements can be approved and payment can be received.

PROMISE JOBS will calculate the monthly child care expense allowance by taking the total hours of care that were provided for the month, divided by 5, and multiplied by the 1/2 day rate.

What rate do you charge per child? (either by the hour, 1/2 day, or daily):

Hour _____ 1/2 day _____ Daily _____

If your usual rate exceeds the maximum rate that PROMISE JOBS can pay, do you agree to accept the PROMISE JOBS rate as payment in full? Yes No

I certify that this information is correct.

Participant Signature

Date

Name of Provider

Phone

Address of Provider

Provider's Signature

Date

TYPES OF CHILD CARE (Check Only ONE)

- GROUP DAY CARE HOME:** A facility providing child day care for seven to eleven children at any one time, with no more than six children under six years of age. All group day care centers must be registered with the Department of Human Services.

Registration Number _____

- CHILD CARE CENTER:** A facility providing child day care for seven or more children, except when the facility is registered as a group day care home. All child care centers must be licensed by the Department of Human Services.

License Number _____

- FAMILY DAY CARE HOME:** A private home which provides child day care to six or fewer children including the provider's own children who are not regularly in school full days. Family day care providers may be registered with the Department of Human Services but this is not currently a requirement for those who provide services to PROMISE JOBS clients.

Registration # or Social Security # _____

- IN-HOME CARE:** An individual provides child day care in the child's own home.

TYPES OF CHILD CARE PROVIDERS (Check ONE)

- Relative _____ Non-Relative
Relationship to the Child

The Department of Human Services is required to gather information about child care providers in order to meet federal Internal Revenue Service reporting requirements. We will not be able to make payment to you if the following information is not returned.

- Please enter your **FEDERAL EMPLOYER IDENTIFICATION NUMBER** or your **SOCIAL SECURITY NUMBER**.

- Please check the box for the **TYPE OF NUMBER** entered above.

- Employer Identification Number Social Security Number

- Please check **ONE** box for your **TYPE OF BUSINESS**.

- Corporation Partnership
- Government/Non-Profit Sole Proprietor
- Individual Public Service

I provide child care service for: _____
Child(ren) Name(s)