



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

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

I will care for children in their own home

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 4 digits of Social Security Number
Address where care is provided					Mail Address (if different)		
City		State	Zip	City		State	Zip

I will will not provide care only for my great-grandchildren, grandchildren, niece/nephew or siblings.

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 4 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		
Child		
Child		
Child		

D. Your Signature

As a nonregistered child care home:

1. I will comply with all requirements for a child care home found in 441 Iowa Administrative Code, Chapter 120, in accordance with Iowa Code section 237A.3.
2. I understand the Department of Human Services will make necessary inspections of the home in order to determine conformity to these requirements.
3. I understand that, subject to the provisions of Iowa Code section 237A, the Central Abuse Registry and the Department of Public Safety will check on all members of my household for all new applications and may recheck for reapplications.

As an in-home child care provider:

4. I will comply with all requirements for an in-home provider found in 441 Iowa Administrative Code, Chapter 170.
5. I will care only for the children who live in the family home. I will not provide care to any other children.

I agree that:

6. Any information I give is and will be true and correct to the best of my knowledge. Further, I am aware that if I make a false report to the Department of Human Services regarding the operation of my child care home, my *Child Care Assistance Provider Agreement*, form 470-3871, may be revoked and state payments may be recouped.
7. I will inform the Department of Human Services of any changes that may affect my child care assistance eligibility within 10 days.
8. I will disclose all criminal convictions and founded child abuse that I, or anyone else residing or working in my household, have received in this state or in any other state.

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, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th floor – Bureau of Policy Coordination, 1305 E. Walnut, Des Moines IA 50319-0114 or via e-mail contactdhs@dhs.state.ia.us