## CHILD CARE SUBSIDY PROGRAM VENDOR APPLICATION





Please complete all parts of this form, sign and date. Please upload your Child Care Subsidy Program (CCSP) Vendor Application and the required documents to the CCSP Application Portal found within the Becoming a Child Care Subsidy Program Vendor | Child Care VA (virginia.gov) page. 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.

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:	or/Owner: Phone # (with area coo				Soc	al Security # Or Tax ID #:				
Cell:										
Contact Person:				E-mail Address:						
Phone # (with area code):				Cell:						
What type of program do you operate? (	Check <b>only</b>	one answ	er belo	OW.						
Level 1				Level 2						
O Unlicensed/Unregistered Family Day Home				Olicensed Child Day Center Olicensed Family Day Home						
O Unlicensed Local School Division Program				OJ.S. Department of Defense Approved						
O Local Government Approved Recreation Program				O Licensed Family Day System Approved Family						
O Voluntarily Registered Family Day Home				Day Home						
O Religious Exempt Center				O Local Ordinance Approved (Alexandria,						
O Certified Preschool				Fairfax, Arlington, Norfolk)						
O 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)										
Charles and shill-less are seen for the	al. all #laa# a									
Check ages of children you care for (check all that apply):										
O Infant (Birth up to 16 months)			<ul> <li>Toddler (16 months up to 24 months)</li> </ul>							
OPreschool (24 months to age of eligibil	chool) School Age									
Check Days You Offer Care:										
○ Monday ○ Tuesday ○ We	dnesday	○Thurs	day	○ Friday		<ul><li>Saturday</li></ul>	<ul><li>Sunday</li></ul>			
What are you Hours of Operation?	to	·		•						
Do you serve children with special needs?				Yes	No					
Do you currently provide transportation?				Yes	No					
Are you subject to Head Start/Early Head Start Standards?				Yes	No					
Do you currently participate in the Child and Adult Care Food Program (CACFP)?				Yes	No					

Have you applied to become a licensed, registered, or exempt child care provider with the Office of Child Care Health and Safety within the last 30 days?	Yes	No						
If yes, please indicate your application status in one of the boxes: Pending, Approved, Denied	Pendin	g	Approved	Denied				
I am a (please check one)	<ul><li>New Provider</li><li>New Owner for an approved child care subsidy program</li></ul>							
Please provide the amount of your registration fee (if application)	able): \$		Annual	One-Time				
Starting on October 1, 2022, Virginia sets the maximum reim child care. Vendors will be paid the MRR, less any required control established MRR. However, if the MRR is higher than the rate be paid the MRR. If a Vendor prefers to receive a lower rate to payment rates can be found at www.childcareva.com	opayment. Th e a program c	ne Depart charges th	ment will n e general p	ot pay more than the public, the provider wi				
I am interested in providing child care for children eligible for application is true and correct to the best of my knowledge. A denial of my application. I understand I am required to demo Safety Inspection Requirements prior to the receipt of any Ch that, once approved as a subsidy vendor, authorized VDSS and of determining compliance with child care policy, enter and it child care is being provided at any time children are in care; it adults as necessary.	A misrepresen Instrate comp Ild Care Deve Ind VDOE staff Inspect any po	ntation or pliance with plopment I with prop art of the	omission o th the Child Funds (CCD per identific home, prop	f facts may result in the facts may result in the fact of the fact	& Id rpose here			
(Signature of person <b>legally</b> responsible for operation of child	d care arrange	ement)		Date				
<b>REMINDERS:</b> Complete all parts of this form, sign and date. Please <b>make</b> a	ı <b>copy</b> of all sı	ubmitted	documents	s for your records.				
Please upload your Child Care Subsidy Program Vendor Appli		-		• • • • • • • • • • • • • • • • • • • •	ation			

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Portal found within the Becoming a Child Care Subsidy Program Vendor | Child Care VA (virginia.gov) page.

If you have any questions, or require assistance to complete your packet, please send an email to: vendor.manager@dss.virginia.gov