

# CHILD CARE SUBSIDY PROGRAM VENDOR APPLICATION



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

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

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

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 ( <b>Alexandria, Fairfax, Arlington</b> )

**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 to or from home?              | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you currently provide transportation to or from school?            | 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"/> |
| (Unregistered/Unlicensed Only) Do you charge parents for Absent Days? | Yes <input type="radio"/> | No <input type="radio"/> |

**CHILD CARE RATES:**

Indicate WEEKLY child care rates your program charges the general public. Do NOT include multiple children discounts or late fees. Any field left blank, N/A or \$0, will be entered as \$0 and **no payment** will be authorized for that age group. **To receive subsidy payment, all child care rates must be reported for all ages served by your program. Child Care rates are updated once annually.**

Ages of Children Approved to Serve	Weekly <u>Full-Day</u> Rates Charged to Public (5 days per week / 5 or more hours daily)	Weekly <u>Part-Day</u> Rates Charged to Public (Less than 5 hours daily) Note: If you do not have part-day rates leave blank.
<b>Infant:</b> Birth up to 16 months	\$	\$
<b>Toddlers:</b> 16 months up to 24 months	\$	\$
<b>Preschool:</b> 24 months to age of eligibility to attend public school	\$	\$
<b>School Age</b>	\$ (Summer/School Closures)	\$ (Before/After School)
<b>Registration Fee (if applicable)</b>	Amount: \$ <input type="checkbox"/> Annual <input type="checkbox"/> One-Time	

Are you interested in having children referred by your local department of social services?  YES  NO  
 Do you currently participate in the Child and Adult Care Food Program (CACFP)?  YES  NO  
 If you do not participate in CACFP, would you like information on how to apply?  YES  NO

*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 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](mailto: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