

Dear Provider,

Thank you for your participation in the Pennsylvania child care subsidy system. In order to continue to participate in the subsidy system, you must provide to the Child Care Information Service (CCIS) of _____ County with updated information regarding your facility.

Enclosed are two forms that you must complete and return to the CCIS:

- Regulated Out-of-State Facility Information; and
- Federal Tax Information - Out-of-State Child Care Facility

You must also provide the following documents to the CCIS:

- A separate document verifying the tax information that you provide on the form, "Federal Tax Information-Out-of-State Child Care Facility"; and
- A copy of your facility's current license or certificate issued by your state regulatory authority noting legal operation of a child care facility

Please mail or fax the completed forms, a copy of your facility's current license or certificate, and supporting tax information documentation to:

CCIS Name
CCIS Address
CCIS Fax

Failure to submit all required documents to the CCIS by March 28, 2008 will result in termination of your provider agreement, and you will not be paid for child care provided after March 28, 2008.

If you have questions, please contact (CCIS contact person), Child Care Information Services of (County), at (telephone number).

Sincerely,

CCIS

Enclosures

**REGULATED OUT-OF-STATE CHILD CARE FACILITY INFORMATION
PENNSYLVANIA CHILD CARE SUBSIDY SYSTEM**

(Please print or type)

Indicate the name and address of the facility location where child day care services will be provided.

NAME OF FACILITY:

ADDRESS OF FACILITY:

Street:

City:

State:

Zip Code:

Indicate the maximum capacity of the facility named above as determined by your state regulatory authority.

FACILITY CAPACITY:

TYPE OF FACILITY (Check one):

Child Day Care Center: Group Day Care Home: Family Day Care Home:

Indicate the name of the legal entity that operates the facility named above. The legal entity name is the name of the person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility.

NAME OF LEGAL ENTITY:

Indicate the address to which mail is to be delivered to the legal entity named above.

MAILING ADDRESS OF LEGAL ENTITY:

Street:

City:

State:

Zip Code:

TYPE OF OPERATION (Check one):

Profit

Non-profit (Requires proof of tax-exempt status from the IRS)

TYPE OF OWNERSHIP (Check one):

Individual

Partnership

Corporation

Other

ATTACH TO THIS INFORMATION:

- A COPY OF THE CURRENT LICENSE OR CERTIFICATE ISSUED BY YOUR STATE NOTING LEGAL OPERATION OF A CHILD DAY CARE FACILITY.
- A COMPLETED FEDERAL TAX INFORMATION FORM AND SUPPORTING DOCUMENTATION.

By signing, I indicate that the information provided on this form and all attachments is true and accurate to the best of my knowledge.

NAME (Type or Print)

SIGNATURE

TITLE

DATE

**FEDERAL TAX INFORMATION
OUT-OF-STATE CHILD CARE FACILITY
PENNSYLVANIA CHILD CARE SUBSIDY SYSTEM**

In order to participate in the Pennsylvania child care subsidy system **YOU MUST PROVIDE FEDERAL TAX INFORMATION**. The required tax information is described below:

1. **If you have a federal Employer Identification Number (EIN) issued by the Internal Revenue Service (IRS)** you must provide to the Department the following information:
 - a. Your federal EIN issued by the Internal Revenue Service (IRS); and
 - b. The name under which the IRS issued your federal EIN.

2. **If you do not have a federal EIN**, you must provide to the Department the following information:
 - a. Your Social Security number; and
 - b. The exact name that appears on your Social Security card.

NOTE: IF YOU HAVE EMPLOYEES AT YOUR FACILITY YOU MUST HAVE A FEDERAL EIN.

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|--|--------|-----------|
| FEDERAL EIN <u>OR</u> SOCIAL SECURITY NUMBER IF YOU HAVE NO EIN | | |
| IRS NAME <u>OR</u> NAME ON YOUR SOCIAL SECURITY CARD IF YOU HAVE NO EIN | | |
| NAME OF LEGAL ENTITY | | |
| LEGAL ENTITY MAILING ADDRESS | | |
| Street: | | |
| City: | State: | Zip Code: |
| LEGAL ENTITY TELEPHONE NUMBER () | | |

SUPPORTING DOCUMENTATION REQUIRED:

- If you have a federal EIN issued by the IRS, submit along with this form a **copy** of **one** of the following documents:
 - IRS tax label providing the your IRS Name and federal EIN; or
 - Letter to you from the IRS, on IRS letterhead, referring to your federal EIN.

- If you do not have a federal EIN, submit along with this form a **copy** of **one** of the following documents:
 - Your Social Security card; or
 - IRS tax label providing your name and Social Security number.

YOUR FACILITY CANNOT BE REGISTERED IN THE PENNSYLVANIA CHILD CARE SUBSIDY SYSTEM AND YOU CANNOT BE PAID IF YOU DO NOT COMPLETE AND SUBMIT THIS FORM ALONG WITH THE REQUIRED SUPPORTING DOCUMENTATION DESCRIBED ABOVE.