



REQUEST FOR INFORMATION

PROVIDER NAME _____
 ADDRESS _____
 CITY, STATE ZIP _____

DVN: _____

The items checked below must be returned in order to process the _____ and must be received no later than _____.

REGISTERED CHILD CARE PROVIDER REQUIREMENTS	RATE DIFFERENTIAL AGREEMENT	
<input type="checkbox"/> Legible copy of a photo ID <input type="checkbox"/> Submit a completed Tuberculosis (TB) Risk Assessment form <input type="checkbox"/> Submit a completed Physical and Mental Health Assessment form <input type="checkbox"/> Register with MACHS Fingerprint Portal at www.machs.mo.gov . The registration number for Early Childhood is 2950 . <input type="checkbox"/> Complete the attached Family Care Safety Registration (FCSR) Information form for _____. <input type="checkbox"/> Call (866)422-6872 to resolve a discrepancy with FCSR information. <input type="checkbox"/> Register _____ online at https://webapp02.dhss.mo.gov/bees/ <input type="checkbox"/> Submit a copy of the background check which includes the Criminal History, Sex Offender Registry, & Child Abuse/Neglect for _____ from the state of _____.	<input type="checkbox"/> Complete the Accreditation Rate Differential form (CD-149) agreeing to the highlighted statements. <input type="checkbox"/> Sign the Accreditation Rate Differential Agreement <input type="checkbox"/> Submit a current copy of Accreditation Certificate <input type="checkbox"/> Complete the Disproportionate Share 2 Rate Differential form (CD-238) agreeing to the highlighted statements. <input type="checkbox"/> Sign the Disproportionate Share 2 Rate Differential Agreement <input type="checkbox"/> Submit an alphabetical list of ALL children (state & parent paid) enrolled in your child care facility. <input type="checkbox"/> Submit an alphabetical list of ALL children participating in your Head Start or Early Head Start Guarantee/Partner. <input type="checkbox"/> Submit documentation from a DSS approved accrediting body verifying a request for a site visit to the child care facility and accrediting body has accepted the request.	
PROOF OF FEDERAL TAX ID	OUT OF STATE CHILD CARE PROVIDER	
<input type="checkbox"/> Copy of social security card with correct name <input type="checkbox"/> Federal Tax Identification Number (EIN) on IRS letterhead Acceptable forms include the following: * Notice issued by the IRS when you applied for your EIN, or * Copy of letter 147c (this letter may be obtained from IRS)	<input type="checkbox"/> Copy of current child care license <input type="checkbox"/> Submit a copy of your background check from the current state in which you reside, which includes the Criminal History, Sex Offender Registry, & Child Abuse/Neglect. <input type="checkbox"/> Submit a copy of the background check which includes the Criminal History, Sex Offender Registry, & Child Abuse/Neglect for your household member _____. <input type="checkbox"/> Submit documentation from your state confirming that you have an active agreement/contract to provide child care and receive payment for children who receive CCDF funding. <input type="checkbox"/> Submit documentation confirming you are exempt from child care licensing requirements as determined by your state.	
TRAINING REQUIREMENTS	OTHER	
<input type="checkbox"/> Complete the Online Subsidy Orientation Training <input type="checkbox"/> Complete the CCDF Health & Safety Training <input type="checkbox"/> Complete Pediatric First Aid/Cardiopulmonary Resuscitation training from a DSS approved national model. <input type="checkbox"/> Complete the attached MOPD ID Verification Information form CD-246 listing all staff and volunteers, along with their MOPD ID. <input type="checkbox"/> Complete the following Annual Training requirement _____. Additional training information located at: https://dss.mo.gov/cd.child-care/child-care-providers/child-care-providers-training.htm		
AGREEMENT FOR SERVICES		
<input type="checkbox"/> Complete the Child Care Provider Agreement <input type="checkbox"/> Complete the agreement with the provider signature and date <input type="checkbox"/> Complete the attached Direct Deposit Application (CD-122) and provide a "voided" check or an official letter from your financial institution. (Prepaid cards and Online Bank Accounts are not accepted) <input type="checkbox"/> Sign up and submit invoices through the Child Care Online Invoice System (CCOIS) at https://apps.dss.mo.gov/CCONLINE/wbFMB9LogonCCInv.asp <input type="checkbox"/> The DHSS license is currently "Pending" or "Closed". A Child Care Provider Agreement cannot be processed without a valid license.		
IF YOU HAVE ANY QUESTIONS OR NEED MORE INFORMATION, CONTACT:	PROVIDER RELATIONS REPRESENTATIVE: _____ EMAIL: _____ DATE: _____ PHONE NUMBER: _____ FAX NUMBER: _____	