



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION – EARLY CHILDHOOD SECTION  
 CHILD CARE PROVIDER RELATIONS UNIT

**MILITARY BASED CHILD CARE PROVIDER REGISTRATION APPLICATION (To be completed by the applicant)**

CHILD CARE PROVIDER/FACILITY NAME		SSN/FEDERAL TAX ID #			
CHILD CARE PROVIDER PHYSICAL ADDRESS		CITY	STATE	ZIP	COUNTY
CHILD CARE PROVIDER MAILING ADDRESS (if different from physical address)		CITY	STATE	ZIP	COUNTY
TELEPHONE NUMBER (with area code)	ALTERNATE NUMBER (with area code)	PROVIDER EMAIL ADDRESS			
DVN (IF KNOWN)		PROVIDER MOPD ID			

**PURPOSE:**

You are applying to be registered as a license-exempt military (MIL) based child care provider. You are submitting this application to be considered for registration approval, which is the first step you must complete in order to be paid for care provided to subsidy eligible children. As a MIL based child care provider, you must provide care legally under Missouri Revised Statute 210.211.1.

**THE FOLLOWING REQUIREMENTS MUST BE COMPLETED TO BE CONSIDERED FOR REGISTRATON APPROVAL:**

- Submit a completed Child Care Provider Registration Application
- Submit proof of Federal Taxpayer Identification
- Submit a completed Child Care Provider Staff Listing form
- Submit proof of compliance with Federal requirements for military-base Child Development Programs (CDPs) pursuant to DoDI 6060.
- Ensure that your facility meets all DSS health and safety requirements
- Register yourself and all staff/volunteers for a MOPD ID, create a Toolbox account, and enroll in the MOPD Registry. Also, one person (usually the owner or director) must request Program Level Access
- Applicant and staff must complete all required training topics

**SIGNATURE (Signing this application for a registration does not guarantee registration approval will be granted.)**

CHILD CARE PROVIDER SIGNATURE	DATE
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Submit completed application and required documents to:  
 Child Care Provider Relations Unit  
 PO Box 88  
 Jefferson City, MO 65103  
 Email: [CD.AskCCPRU@dss.mo.gov](mailto:CD.AskCCPRU@dss.mo.gov)  
 Fax: (573) 526-9586