NOTE: THIS AGREEMENT SHOULD ONLY BE COMPLETED BY PROVIDERS LICENSED BY THE DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS). PROVIDERS THAT ARE NOT LICENSED BY DHSS WILL NEED TO REQUEST A REGISTRATION AGREEMENT PACKET BY EMAILING CD.ASKECPS@DSS.MO.GOV OR CALLING (573) 526-3011.

THE AGREEMENT MUST BE COMPLETED IN FULL. THE AGREEMENT WILL NOT BE PROCESSED UNLESS ALL REQUIRED FIELDS AND REQUIREMENTS ARE COMPLETED. INCOMPLETE AGREEMENTS WILL BE RETURNED TO THE PROVIDER FOR COMPLETION.

☐ Complete Child Care Provider Agreement - The facility owner/licensee or authorized representative of the facility must sign and date the front page and initial all subsequent pages of the agreement. All fields are required and must be completed clearly and with accurate detail (including facility name (as it appears on the DHSS license) and information, agreement begin and end dates, facility type, DVN, tax identification number, e-mail address, county location, and telephone number).

☐ Proof of Tax ID – Proof of tax identification is required. One of the following acceptable documents must accompany your agreement even if you have supplied this document for previous agreements. The agreement will not be processed without the required tax documentation. Documentation may be found at the Internal Revenue Service (IRS) website: www.irs.gov.

   Acceptable proof of the Tax Identification Number includes the following:
   1. Copy of the provider's social security card, or
   2. Copy of a written or pre-printed document or correspondence from the IRS (must be on IRS letterhead) that contains the provider's tax identification number. If the provider does not possess a document of this nature, the provider must contact the IRS to obtain the proper written document. An example of acceptable written documentation from the IRS is a copy of form 941 – Employer's Quarterly Federal Tax Return with barcode.


   NOTE: A voided check or an official letter from your financial institution stating your name, the bank routing number and your account number must be attached to process the Direct Deposit Application. Starter checks and counter checks will not be acceptable in place of a check or letter from your financial institution.

☐ Completion of the online Child Care Subsidy Orientation Training – Child Care Subsidy Orientation Training can be accessed at https://dssapp3.dss.mo.gov/CCSOrientation/.

RETURN COMPLETED AGREEMENT AND REQUIRED DOCUMENTATION TO ONE OF THE FOLLOWING:

   Department of Social Services
   Children’s Division
   Child Care Provider Relations Unit
   PO Box 88
   Jefferson City, MO 65102
   Or Fax (573) 526-9586
   Or Email CDASKECPS@DSS.MO.GOV

Note: Upon award of the agreement, ALL providers must enroll in the Child Care Online Invoicing System (CCOIS) at https://dssapp.dss.mo.gov/ccoil/wbFM89L0gonCChInv.asp. No payments will be made until enrollment in CCOIS is complete.

Direct Deposit and Child Care Subsidy Orientation Training (573) 526-3011
Child Care Online Invoicing System (573) 522-1385

CM-5 Checklist (REV 03/2015)