



MASSACHUSETTS CHILD CARE RESOURCE & REFERRAL

CONFIRMATION OF PROVIDER

Once you have chosen the child care provider who will care for your child(ren), you can have **the provider complete** this form to help confirm the information we need to issue the voucher. If you will be using more than one provider, use one form per provider. Please Print Clearly.

Parent Name: _____

FID (if applicable): _____ **Phone Number (Optional):** _____

Child #1: _____ **Child #2:** _____

Child #3: _____ **Child #4:** _____

Program Type: Child # 1: _____; Child # 2: _____; Child # 3: _____; Child #4: _____

Please use the following **Program Type Abbreviations** when completing the section above:

Family Child Care:

NU (Under 2 w/ Independent Provider);

NO (Over 2 w/ Independent Provider);

SU (Under 2 w/ System Provider);

SO (Over 2 w/ System Provider);

Center Based Child Care:

IN (Infant); TO (Toddler); PS (Preschool); HS (Headstart);

BA (Before & After School); BS (Before School); AS (After School);

SCO (School Closures Only); SA (School Age – Summer Only)

PROVIDER INFORMATION - To be completed by the Child Care Provider OR System Admin:

What is your program/agency name, address and phone number? (Systems: Please write the FCC providers Name, Physical Address, and then your agency)	
What is the <u>expected date of enrollment</u> for the child(ren)? (This date should only be filled out when you have officially received all required documentation from the family for this child to attend your program.)	
Until what date will you hold a spot for the child(ren)? (If the voucher must start after the date provided, the Child Care Resource and Referral Agency will contact you to confirm the opening. Otherwise, this form will serve as confirmation for the child to enroll)	
Please circle one (Full time = Full Day Part Time = Half Day INT = Vacation Days/Non School Days)	Full time Part time INT
Please circle the days care will be provided	Su Mo Tu We Th Fr Sa
Please circle one- Is the parent requesting transportation services to be included on the voucher? (Subject to approval by the Child Resource and Referral Agency)	No One Way Two Way

This form is NOT confirmation that a voucher will be issued. Pursuant to your Voucher Agreement, you will only be reimbursed for **enrolled children with a signed, current voucher.** Children are not considered enrolled in subsidized care until **the first day the child actually attends the program following the start date indicated on the voucher.**

Provider/System Admin Signature

Date

Provider/System Admin Name (Printed)

Provider Email

Provider Phone Number