

**CHILD CARE RESOURCES
VOUCHER PROVIDER CONTACT INFORMATION**

Please complete the following information:

Federal Tax ID# _____

Program Name (*as it appears on your EEC License*) & **Mailing, Billing & Payment Address:**

Program Telephone# _____ **Fax#** _____

Name of Person Responsible for **Voucher Enrollment:** _____

Telephone _____ E-Mail _____

Name of Person Responsible for **Billing:** _____

Telephone _____ E-Mail _____

Program Location, Name & Address:

Name of Program Director: _____

Telephone _____ E-Mail _____

Name & Address of Parent Agency: _____

Name & Address of Executive Director: _____

Telephone of Executive Director: _____

E-mail of Executive Director: _____

Is your organization (*circle one*) **For Profit** **Not For Profit**

Are you open or closed for the summer? **Open**____ **Closed**____

Does your program provide transportation? Yes____ No____

If yes, you must return a copy of your program's transportation policy.

Signature: _____ **Title:** _____ **Date:** _____

*****Please note that it is your responsibility to report any changes to Child Care Resources*****