APPLICATION FOR APPROVAL FOR RELATIVE CHILD CARE PROVIDER

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
OFFICE OF ECONOMIC ASSISTANCE
SFN 23 (2-2021)

Clear Fields

- ☐ New
- ☐ Renewal
- ☐ Additional Family
- ☐ Additional Child(ren)

To be completed and signed by the Child Care Provider. Please Print.

PROVIDER INFORMATION

Provider Name		Birth Name, Maiden Name, Alias, Nickname or Other Married Name	
Social Security Number (Mandatory) *	Date of Birth (Provider must be 18 to quality for payment).	Telephone Number	
Street Address (Required)		Mailing Address (If different from street address)	
City		County	State / ZIP Code

ALL ADULT(S) IN PROVIDER'S HOUSEHOLD (Anyone 18 or Older):

Adult / Name, Birth Name, Maiden Name, Alias, Nickname or Other Married Name	Relationship	Age	Adult / Name, Birth Name, Maiden Name, Alias, Nickname or Other Married Name	Relationship	Age

The program only pays for care given in the provider's home.
If the provider, the parent, and the child(ren) reside in the same home, ONLY check in provider's home.

Where do you provide the care? ☐ In Provider's Home ☐ In Child's Home

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND CHECK ONE FOR EACH SET OF STATEMENTS:

1. ☐ I or any other household member **have** OR ☐ **have not** resided in North Dakota at all times in the past for five years.
   If not, I am providing my previous address(es).
   Previous Address

2. ☐ I or any other household member **have never been** the subject of any child abuse/neglect reports in any state;
   ☐ **OR**
   I or any other household member **have been** the subject of a child abuse/neglect report(s), If so, I am furnishing the name of the state (s) and description of the incident(s).
   Explain

3. ☐ I or any other household member **have never been** arrested or convicted of any crimes in **any** state, city, or federal, tribal court or military process
   OR
   ☐ I or any other household member **have been** arrested or convicted of any crime(s) in any of the courts or processes named above. If so, I am furnishing a description of the crime(s) and the particulars of arrest(s), the conviction(s), and/or dismissal(s).

* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is required pursuant to 26 CFR 301.6109-1 and is requested for the purpose of reporting tax information. Failure to disclose this information results in a $50 penalty under 26 CFR 301.6723-1 unless it is due to reasonable cause and not to willful neglect.

COMPLETE THE OTHER SIDE OF THE FORM

Return this form with the W-9 and SFN 433 to:
Child Care Assistance Program, PA Division
ND Department of Human Services
600 E. Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250
701-328-2332
1-800-755-2716 (toll-free)
701-328-1060 (fax)
CCAP@nd.gov

BACKGROUND CHECK	FOR STATE OFFICE USE	
☐ CFS ☐ NDSC ☐ SO ☐ CPS	Provider ID	Spaces ID
	Approved ☐ Yes ☐ No	Date Approved
	Approved By	Expiration Date
	Date Denied	Getting Started Date

NOTE: Complete a Page 2 for each family receiving child care from you.

COMPLETE INFORMATION ON PARENT(S) APPLYING FOR CHILD CARE ASSISTANCE

Parent Name(s):		Telephone Number:	
Provider's Relationship to Either Parent: (include other parent's name, if different from name listed above)			
Street Address (Required):	Mailing Address: (If different from street address)		
City:	County:	State:	ZIP Code:

- **Providers** will only be approved when related to children by blood, marriage, or court degree as
  a. **Grandparent, great grandparent, aunt or uncle or siblings.**
- Providers living in the same household as the child they are caring for are **NOT** eligible.
- **NO OTHER RELATIONSHIPS QUALIFY.**

List ALL children cared for and/or living in provider's home, including provider's own children.

CHILD'S NAME	DATE OF BIRTH	PROVIDER'S RELATIONSHIP TO CHILD

Do you care for 4 or more infants (under 24 months of age)? If yes, you **must** be **licensed** according to state law and the approved relative status will be denied.	☐ Yes	☐ No
Do you care for 6 or more children over age 2 and under age 12 including your own children? If yes, you **must** be **licensed** according to state law and the approved relative status will be denied.	☐ Yes	☐ No

Each applicant must **also** complete and return a W-9 form https://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3 (Request for Taxpayer Identification Number) and SFN 433 https://www.nd.gov/eforms/Doc/sfn00433.pdf (Child Abuse and Neglect Background Inquiry) to the the address on the reverse side of this page before payment can be made.

I give the North Dakota Department of Human Services (DHS) permission to check all public records and the Child Abuse and Neglect Information Index for all household members over the age of 18.

I hereby certify that the information on this form is true and complete to the best of my information and knowledge.

Provider's Signature:	Date:

APPLICATION INFORMATION FOR APPROVED RELATIVE PROVIDER

Your application to be an Approved Relative provider in the state of North Dakota offers you opportunity to provide child care for nieces, nephews, grandchildren and great grandchildren.

The child care provider must be 18 years of age or older, and must be specifically approved for the child they provide child care for.

Following are items that need to be submitted to become an Approved Relative Provider:

- W-9 Allows the state to pay you for the child care services provided. If it is not filed at the state office you will not be paid for providing child care. The W-9 can be accessed at: https://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3
- Application for approval for Relative Child Care Provider - Provides information to the state office about yourself and others in your household so that it can be determined if the household meets requirements under the program. The application can be accessed here: https://www.nd.gov/eforms/Doc/sfn00023.pdf
- SFN 433 for each household member that is over the age of 18. This is a Child Abuse and Neglect Background Inquiry used to check for any child abuse and neglect findings. To obtain most current version, click here: https://www.nd.gov/eforms/Doc/sfn00433.pdf **Please complete Part II of this form.**
- Getting Started training offered by Growing Futures needs to be completed once every four years, within 90 days of initial approval. An account will need to be created, and the Getting Started training can be accessed on the Growing Futures website: https://www.ndgrowingfutures.org/
- Verification of relationship to the children that care will be provided for. Only grandparents, great-grandparents, aunts or uncles, and siblings related by marriage, blood, or court degree can be approved as relative providers. Acceptable verification includes, but is not limited to:
  - birth certificates;
  - adoption papers,
  - court records.
- Verification of Social Security Number (SSN) or Employer Identification Number (EIN) - Use of a SSN/EIN is for tax purposes.
- Other information that will be researched by DHS before approving your application. If the applicant or another household member is listed on one of the lists below, then the information will be researched to determine eligibility to receive payments under the Child Care Assistance Program.
  - Sex Offender Registration - The North Dakota Sex Offender website is provided pursuant to North Dakota Century Code Section 12.1-32-15
  - North Dakota Supreme Court - This page allows the state Child Care office to search North Dakota District Court Case information for Criminal, Traffic and Civil case types. The search will also include municipal court cases from certain areas.
  - Child Abuse Information Index - If a services-required decision made under North Dakota Century Code Chapter 50-25.1 exists, that decision has a direct bearing on the applicant's ability to serve as an approved relative provider.