COMMONWEALTH OF KENTUCKY
Cabinet for Health and Families Services
Department for Community Based Services
Division of Child Care

Application for Registered Relative Child Care Provider in Child's Home

☐ Mr.
☐ Ms. _____
(First) (Middle) (Maiden) (Last)

Social Security # _____ **Date of Birth** _____

Home Phone No. (___) _____ **Cell/Emergency Contact No.: (___)** _____

Street Address: _____
(Do not place P.O. Box on this line.)

Mailing Address: _____ **(if different)**

City: _____ **County:** _____ **State:** _____ **Zip:** _____

County Where [~~where~~] Child(ren) Lives [~~lives~~]: _____

Address Where Care is Provided: _____

Email Address: _____

Phone No. Where Care is Provided: (___) _____

You Shall Not be Paid Until All Requirements
and Registration Forms are RECEIVED, PROCESSED, AND APPROVED

List all children under age eighteen (18) that will be in the child's home where you provide care. (If more room is needed, attach another sheet.)

Child's Name (First, MI, Last)	Date of Birth	Relationship to You

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Statement of Child Care Provider (Please check each item)

☐ I certify that neither I, nor anyone who has my permission to be in the home during hours of operation, has been convicted or has had a substantiated report of child abuse, neglect, or exploitation or is an excessive user of alcohol or a user of illegal drugs. I understand that the Department for Community Based Services shall review the records to determine if I have ever had an allegation of child abuse, neglect, or exploitation substantiated by the Cabinet.

☐ I agree not to use any form of abusive language and/or physical abuse in accordance with 922 KAR 1:330, Child protective services [~~corporal physical discipline on any child(ren) entrusted in my care, including the use of spanking, shaking, or paddling, as a means of punishment, discipline, behavior modification or for any other reason. "Corporal physical discipline" means the deliberate infliction of physical pain and does not include spontaneous physical contact which is intended to protect a child from immediate danger.~~

☐ ~~I agree to provide a safe and healthy environment for children in my care and to help them to grow, develop and learn through age appropriate activities~~].

☐ I have read and understand that subsidized child care payments will not be authorized to me unless all requirements of registration are met. I understand I am not an employee or contractor of the Cabinet for Health and Family Services. I certify that all information provided on this application form is complete and correct. I understand that if I give false information or withhold information, I may be subject to prosecution for fraud.

☐ **I understand the Child Care Assistance Program will not pay for services for more than [~~three (3) unrelated children or up to~~] six (6) children [~~if they are a sibling group and~~] related to me. I understand that the maximum number of children I may care for during the hours of operation is eight (8), which includes my own children and [~~,~~] other related children[~~, and unrelated children~~]. Related means having one of the following relationships with the registered relative provider: grandchild, great-grandchild, niece, nephew, or sibling if the registered relative provider lives in a separate residence.**

☐ **[~~I understand Registered Providers who are not a relative and are providing care in the child's home will be required to have annual home safety inspections.~~**

☐ **~~A DCC-107A Registered Provider Home Safety Checklist is completed.~~]**

☐ **I understand I must provide verification of obtaining [~~six (6) hours of Orientation for Early Care and Education Professionals,~~] one and a half (1 ½) hours of Pediatric Abusive Head Trauma training, certification of age-appropriate CPR and first aid, and training on CCAP billing and the DCC-94E Child Care Daily Attendance Record.**

_____ _____

Date Signature of Child Care Provider Applicant