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Air Force Home Community Care (AF HCC) Program
CHILD CARE PROVIDER ELIGIBILITY APPLICATION

Provider/Program Doing Business As (DBA) Name:

As it appears on license/registration

Type of Provider/Program (Check one)
 Family Child Care Home Group Home

Regulatory Status (Check one)
 Licensed (*All approved providers must be able to provide care on Saturday and Sunday from 6:00am – 6:00pm*)
 Other _____

Child Capacity _____
 Age Group Served _____

Provider/Program Taxpayer Identification Number (TIN): _____

Provider/Program Contact Information
Address where care is to be provided:

Street Name and Number _____ City _____ State _____ Zip Code _____

County in which care is provided: _____ Contact Name: _____

Provider Telephone Number: _____

Email address (*to be used for all communication*): _____

Accreditation Information If Applicable
Family Child Care Homes will be compensated \$12 an hour per child if they are NAFCC Accredited
**please submit a copy of your NAFCC Accreditation Certificate*
 National Association for Family Child Care (NAFCC)

Adults & Staff Members Over 18 at the Home
Please identify all adults at the facility including the license holder, employees, assistants, volunteers and family members

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Children Under 18 Years Living in the Home

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

** Provider may care for up to 6 children, including his/her own children under the age of 8 and only two children under the age of 2, or the number in compliance with state child care ratios. The program will abide by the lowest number.*

Licensing Information

Licensing Agency Contact Name: _____

Licensing Agency Contact Phone #: _____

Date of Last Inspection: _____ Licensing Capacity: _____

Personal Liability Insurance
Personal liability insurance coverage of \$500,000 is required to be an HCC provider.

Please provide the following information:

Name of Insurance Company (ies): _____

Policy Amounts (if combination): _____

Name and Phone # of Insurance Agent(s): _____

Please read the following questions, circle your response, and sign and date this section

Have you had any documented complaints as an FCC provider in the past 12 months: Y / N

Have you ever had your FCC child care license suspended, revoked or subjected to enforcement action?: Y / N

Have you ever been arrested/convicted of any crime involving children, drugs or alcohol?: Y / N

Signature

Date

Provider/Program Responsibilities and Certification

In addition to this application, I will submit the documents below for review:

(Fax, mail, or email these documents to Child Care Aware of America- Provider Services.)

- Child Care License
- If applicable, an accreditation certificate. See page 1 for a listing
- Background Check and State Child Abuse/Neglect Registry Check Documentation
- CPR/First Aid Documentation
- Liability Insurance Policy Documents
- Licensing Inspection Report
- High School Diploma/GED or continuing education documents

I [the Provider/Program] understand/agree that **(must check all boxes)**:

- All the information submitted on this application as well as any supporting documentation are true and correct to the best of my knowledge.
- Provider/program will continue to meet all minimum requirements set by the state and agrees to comply with all AF HCC policies necessary for reimbursement.
- Provider/program will notify Child Care Aware ® America of any and all changes of program information or status while enrolled in the program.
- Provider/program understands the Air Force reserves the right to inspect any approved family childcare home.
- Failure to comply with the policies and regulations of The United States Air Force Home Community Care Program and Child Care Aware ® of America will result in involuntary dismissal from the program.

I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in NACCRRRA Military Programs.

Provider Signature

Date