**STATE OF MAINE**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of Child and Family Services**

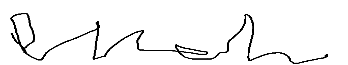
**Child Care Subsidy Program – Child Care Provider Information Sheet**

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| **\*Please have your Child Care Provider complete this form\*** |
| **Child Care Provider Responsible for Completion** |
| 1. Parent Name: |
| 1. Child(ren’s) Name(s): |
|  |
|  |
|  |
| 1. When is the child expected to attend your program? |

|  |  |  |
| --- | --- | --- |
| **Provider Information** | | |
| 1. Business Name: Standish Parks & Recreation | 1. What is your QRIS Step Level: License Exempt provider | |
| 1. Name of Contact Person: Ryan French | | 1. Phone Number: 207 642 2875 |
| 1. Address: 175 Northeast Rd, Standish, ME 04084 | | |
| 1. Email Address: rfrench@tsandish.org | | |
| 1. Do you currently participate in the Maine’s Quality Ratings and Improvement System?  Yes  No | | |
| 1. Provider Type: (select below) | | |
| Licensed License Number: | | |
| License Exempt Provider **\*Background check paperwork may take up to 45 days to process\***  **\*Additional paperwork will be sent for completion\***   * Must be 18 years old and may not reside at the same address as the child(ren); and * Can only watch a maximum of two (2) children * Must be a Maine resident for 6 months   **Check one:**  In *Providers* Home:  Unrelated  Related (must indicate relationship to child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In *Child’s* Home:  Unrelated  Related (must indicate relationship to child)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Age Program/Recreational | | |

By signing below you acknowledge that the Child Care Subsidy Program does not pay retroactively and the parent is responsible for all payments until you receive an award letter. If you are a new provider to the Child Care Subsidy Program you will be receiving additional paperwork that needs to be completed.

Providers Name (Print): Ryan French (Standish Parks & Recreation) Preferred Language: English

Provider’s Signature:  Date:

**\*Signature Required-Please sign, date and return to the following address:**

**Department of Health and Human Services**

**Office of Child and Family Services**

**Child Care Subsidy Program**

**2 Anthony Avenue**

**11 State House Station**

**Augusta, ME 04333-0011**

Tel: (207) 624-7999 Fax: (207) 287-6308 Toll Free: 1-877-680-5866 TTY users call Maine relay 711

Email: [CCSP.DHHS@Maine.gov](mailto:CCSP.DHHS@Maine.gov)