

**CHILD CARE SUBSIDY APPLICATION -
MAIN PROVIDER**

*(See reverse for paperwork burden statement
and Privacy Act Statement)*

OMB No.: 3090-0275 Expires: 10/31/2003

1. NAME OF PARENT *(Last, first, middle initial)*

PARENTS: To get child care subsidy for your child(ren) who qualify you as a head of household or you legally claim as tax dependents, have **the provider complete and sign this form**. Copy of provider's license is required. Separate applications for each provider you use are required. To submit this application see "Return This Form To:" section on the back of the form.

SECTION I - INFORMATION ON PROVIDER

2. TYPE <i>(Check one)</i> <input type="checkbox"/> FAMILY CHILD CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FEDERAL CHILD CARE CENTER		3. NAME	5. TELEPHONE NUMBER	
4. ADDRESS		6. FAX NUMBER		
		7. E-MAIL ADDRESS <i>(if available)</i>		
8. TAX IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER	9. PROVIDER'S LICENSE NUMBER	10. STATE IN WHICH LICENSE ISSUED	11. NUMBER OF CHILDREN ENROLLED IN PARENT'S <i>(ITEM 1)</i> FAMILY	
12. FULL NAME OF CHILD(REN) ENROLLED AND ENROLLMENT DATE		13a. DOES CHILD RECEIVE ANY OTHER SCHOLARSHIP OR SUBSIDY?		
a. NAME	DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b. NAME	DATE	13b. IF "YES", HOW MUCH? <i>(WEEKLY AMOUNT)</i>	14. TOTAL WEEKLY FEE <i>(For all children in family)</i>	
c. NAME	DATE			

SECTION II - INFORMATION ON FINANCIAL INSTITUTION'S ACCOUNT FOR PAYMENT TO PROVIDER

15. NAME OF FINANCIAL INSTITUTION	16. ADDRESS
17. TYPE OF ACCOUNT <i>(For payment deposit)</i> <i>(Check one)</i> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols.
18. ACCOUNT NUMBER	The routing number must be nine digits.
19. ROUTING NUMBER	You can check with your financial institution to get the correct routing and account numbers.

SECTION III - SIGNATURE OF PROVIDER

I understand and agree that by my completion of this form and participation in this program, I will indemnify, defend, and hold forever harmless, the U.S. Government and GSA from and against any and all claims, judgments, losses, suits, or threatened proceedings, criminal and administrative, including but not limited to, attorney and investigative fees, costs, and expenses which are incurred and imposed upon the provider which may arise out of or incident to the rendering of any services provided to the child care center by the provider in which liability is caused by the negligent act or omission to act by the provider or its agents, employees or anyone for whose act the provider may be liable.

I also understand that it is a Federal crime under United States Code, Title 18, section 1001, to make a false statement on this form. If I make a false statement, I may be subject to criminal prosecution and punishment including a fine, imprisonment, or both.

I certify that the above information is true and correct to the best of my knowledge.

20. SIGNATURE	21. DATE SIGNED
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RETURN THIS FORM (BY MAIL OR FAX) TO:

GSA, External Services (6BCE)
1500 East Bannister Road, Room 1061
Kansas City, MO 64131
Fax number: 816-926-3642

Public reporting burden for this collection of information is estimated to average 24 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (3090-0275), Washington, DC 20503.

PRIVACY ACT STATEMENT

PURPOSE: This form is used to collect fee data from a child care provider when a GSA employee applies for child care subsidy under the GSA Child Care Subsidy Program.

AUTHORITY: Public Law 107-67, Section 630 and Executive Order 9397.

USES: The primary use of the information is by the GSA Office of the Chief People Officer to determine eligibility for and the amount of a child care subsidy for GSA employees. The information may be routinely disclosed: to Federal, State, and local law enforcement agencies when there may be a violation of civil or criminal law; to the Office of Personnel Management or the General Accounting Office for evaluation of the subsidy program; to a Member of Congress or staff in response to a request for assistance by the employee of record; to another Federal agency or to a court under judicial proceedings; and to an expert, consultant, or contractor of GSA when needed to further the implementation and operation of this program.

DISCLOSURE OF INFORMATION: Furnishing the information on this form, including the Tax Identification Number by the provider, is voluntary. Without this information, however, no subsidy can be approved, and the application will be rejected.
