Choosing a Child Care Provider • Subsidy Program Requirements
Supporting Early Education and Development (SEED)

Carson City
2527 N. Carson, Ste. 255
Carson City, NV 89706
775-684-0880 | 775-887-1365-f
866-434-2221-Toll Free

Reno – Reno Town Mall
4055 S. Virginia St
Reno, NV 89502
775-746-5511 | 775-746-5530-f
Please address mail to:
The Children’s Cabinet

Reno-Rock Boulevard (Main)
1090 S. Rock Blvd.
Reno, NV 89502
775-856-6200 | 775-856-6208-f
800-753-5500-Toll Free

All parents are encouraged to participate in child care consultation. Finding child care that meets a family’s needs is often a huge task. Fortunately, parents have several options, all of which we will support in various ways. The Children’s Cabinet will provide you with consumer education materials that further explain child care options and quality standards so parents can make informed choices.

1. Choose the type of child care you want to use:

License Child Care: Child care that meets licensing criteria and is monitored by a licensing agency.
- Licensed Family Child Care: Child care that takes place in the home of an individual who is licensed for up to 6 children.
- Licensed Group Homes: Child care that takes place in the home of an individual who is licensed for up to 12 children.
- Child Care Centers: Child care that takes place in an environment other than an individual’s home, usually a building especially designed for child care and serves more than 12 children.

Family, Friend & Neighbor (FFN) Child Care: Child care that meets minimal health and safety standards and capacity requirements. FFN care is not licensed or monitored. The Children’s Cabinet does not provide referrals to FFN child care.
- Relative Child Care: Child care provided by a relative either in the relative’s home or your home*
- Out of Home Non-Relative Child Care: Child care that is provided by a friend or neighbor in their home.
- In Home Non-Relative Child Care: Child care that is provided by a friend or neighbor in your home*

*All care that occurs in the client’s (your) home has a two (2) child minimum. There are no exceptions.

2. Select Your Child Care Provider

PLEASE NOTE: Regardless of which type of provider you choose, all providers must be registered with the subsidy program before your appointment with your case manager.

Licensed Child Care Provider
1. Call (see numbers above) or visit the Children’s Cabinet and ask for a Child Care Resource & Referral Specialist. You will get a list of providers based on the information you provide to the CCR&R Specialist.
2. Call the providers ask if they have openings for children in your child(ren)’s age group.
3. If a provider has openings, ask him/her if the child care home or center is registered with the Children’s Cabinet Subsidy Program. If not, ask if he/she would be willing to register with the program.
   - If yes, contact the CCR&R Specialist so we can send the provider a registration packet.
   - If no, please continue your search for a provider.
4. Visit the providers you have chosen to make sure that the provider will meet your and your child’s needs (see the Quality Brochure in your packet for a checklist).
5. Follow-up with the provider before your appointment with your case manager to make sure the provider has registered with the subsidy program.

Family, Friend & Neighbor (FFN) Child Care Provider
1. Identify someone you trust who is willing to care for your child(ren) on a long-term basis.
2. Review all the FFN provider requirements (on the back of this page) with this person.
3. Call to schedule an appointment with a FFN Specialist PRIOR to your appointment with your case manager. Your provider MUST attend this appointment with you. See locations above.
4. IMPORTANT!!! You cannot be enrolled on the subsidy program until you and your provider have attended this appointment and all required paperwork is complete (see back of page).
   - If your provider lives greater than 25 miles away from a Children’s Cabinet office, provider enrollment can occur over the phone.
5. If your provider does not comply with program requirements, the provider will be dropped from the program and you will need to find a new provider.

IMPORTANT! Review the FFN Provider Requirements on Back.

Nationally Quality Assured by Child Care Aware of America®
**Family, Friend & Neighbor (FFN) Provider Requirements**

### Relative Care
Relative who cares for your child(ren) either in your home (must care for AT LEAST two (2) children) or in his/hers.

**PROVIDER MUST HAVE...**
- Nevada ID or other documentation verifying the verify the provider is at least 18 years old.
- Social Security Card or other proof of work authorization document to verify he or she is legal to receive income in the United States.
- Verification of Residency (e.g., phone bill, power bill or other utility bill not older than 1 year).
- Comprehensive Background Check completed within 90 days of registration for the provider within 3 days of registration for all household members 18 years of age and older.
- Business License (requirements based on the county where care will occur)

**PROVIDER WILL BE ASKED TO...**
- Read & sign the subsidy service agreement form.
- Complete provider registration form.
- Complete a W-9 IRS form.
- Sign a Background Disclosure statement.
- Have an active telephone where child care services will take place.
- Maintain a smoke detector, fire extinguisher and a first aid kit.
- Complete a home safety survey of the home where the provider is caring for your children.
- Agree to a Health & Safety Standards Home Visit to take place within 30 days of registering for the subsidy program.
- Complete 24 hours of pre-service training within 90 days of registration.
- Complete 24 hours of training every year while caring for children on the subsidy program.
- Agree to a Health & Safety Standards Home Visit to take place within 30 days of registering for the subsidy program.
- Complete 24 hours of training every year while caring for children on the subsidy program.

### Out of Home Non-Relative
Person not related to you, who cares for your child(ren) in their home.

Washoe County providers can only care for one (1) child on the Subsidy Program.

**PROVIDER MUST HAVE...**
- Nevada ID or other documentation to verify the provider is at least 18 years old.
- Social Security Card or other proof of work authorization document to verify he or she is legal to receive income in the United States.
- Verification of Residency (e.g., phone bill, power bill or other utility bill not older than 2 months).
- Negative TB Test OR statement of good health from a medical professional.
- Comprehensive Background Check completed within 24 hours of registration for the provider within 3 days of registration for all household members 18 years of age and older.
- Business License (requirements based on the county where care will occur)

**PROVIDER WILL BE ASKED TO...**
- Read & sign the subsidy service agreement form.
- Complete provider registration form.
- Complete a W-9 IRS form.
- Sign a Background Disclosure statement.
- Have an active telephone where child care services will take place.
- Maintain a smoke detector, fire extinguisher and a first aid kit.
- Complete a home safety survey of the home where the provider is caring for your children.
- Agree to a Health & Safety Standards Home Visit to take place within 30 days of registering for the subsidy program.
- Complete 24 hours of pre-service training within 90 days of registration.
- Complete 24 hours of training every year while caring for children on the subsidy program.

**YOU WILL BE ASKED TO...**
- Provide copies of your child(ren)’s immunization records to your care provider AND the Children’s Cabinet.

### In Home Non-Relative
Person not related to you, who cares for your child(ren) in your home. Must care for AT LEAST two (2) children.

**PROVIDER MUST HAVE...**
- Nevada ID or other documentation to verify the provider is at least 18 years old.
- Social Security Card or other proof of work authorization document to verify he or she is legal to receive income in the United States.
- Verification of Residency (e.g., phone bill, power bill or other utility bill not older than 2 months).
- Comprehensive Background Check completed within 24 hours of registration for the provider.
- Business License (requirements based on the county where care will occur)

**PROVIDER WILL BE ASKED TO...**
- Read & sign the subsidy service agreement form.
- Complete provider registration form.
- Complete a W-9 IRS form.
- Sign a Background Disclosure statement.
- Have an active telephone where child care services will take place.
- Maintain a smoke detector, fire extinguisher and a first aid kit.
- Complete a home safety survey of your home.
- Agree to a Health & Safety Standards Home Visit to take place within 30 days of registering for the subsidy program.
- Complete 24 hours of pre-service training within 90 days of registration.
- Complete 24 hours of training every year while caring for children on the subsidy program.

**YOU WILL BE ASKED TO...**
- Sign an employer’s responsibility form. Because the provider will be caring for your children in your home, you are considered an employer and are responsible to pay the IRS associated employee taxes.

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Please Note: The following individuals CANNOT qualify as an FFN provider:
- Anyone with a criminal conviction or pending charges. Call for a complete list of criminal convictions.
- Natural/adoptive parent or legal guardian
- Anyone living in the same residence as the child (except for children with special needs).
- Any client receiving subsidy assistance.

Unannounced home visit by The Children’s Cabinet can occur if we believe the health and/or safety of the child is at risk or when providers are out of compliance with the subsidy program.
The Division of Welfare and Supportive Services (DWSS) works in partnership with The Children’s Cabinet and the Las Vegas Urban League to provide child care assistance to low income families so that parents can work. The Child Care and Development Program (CCDP) pays a portion of child care costs for eligible families based on household income and family size. Anyone can apply for child care assistance and receive a formal evaluation.

How to Apply

You can contact any of the following locations in person, by phone, fax, or email to apply for assistance or receive more information about our program. Additionally, you may apply for assistance online via Access Nevada at https://accessnevada.dwss.nv.gov.

In Southern Nevada

<table>
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<tr>
<th>ADMINISTRATION</th>
<th>FLAMINGO OFFICE</th>
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<tbody>
<tr>
<td>2470 N. Decatur, Ste. 150</td>
<td>3320 E. Flamingo Rd</td>
</tr>
<tr>
<td>Las Vegas, NV 89108</td>
<td>Suite #49</td>
</tr>
<tr>
<td>Phone: (702) 473-9400</td>
<td>Las Vegas, NV 89121</td>
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<tr>
<td>Toll Free: (855) 4UL-KIDS</td>
<td>Phone: (702) 570-5161</td>
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<tr>
<td>Fax: (702) 405-8583</td>
<td>Fax: (702) 331-1417</td>
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<tr>
<td>Eligibility Fax: (702)410-9906</td>
<td>Email: <a href="mailto:childcareinfo@lvul.org">childcareinfo@lvul.org</a></td>
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In Northern Nevada

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<th>ADMINISTRATION</th>
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<th>CARSON OFFICE</th>
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<td>1090 S. Rock Blvd.</td>
<td>4055 S. Virginia St</td>
<td>2527 N. Carson St, Ste. #255</td>
</tr>
<tr>
<td>Reno, NV 89502</td>
<td>Reno, NV 89502</td>
<td>Carson City, NV 89706</td>
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<tr>
<td>Phone: (775) 856-6210</td>
<td>Phone: (775) 746-5511</td>
<td>Phone: (775) 684-0880</td>
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<tr>
<td>Fax: (775) 856-6208</td>
<td>Fax: (775) 746-5530</td>
<td>Fax: (775) 887-1365</td>
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<tr>
<td>Toll Free: 1-800-753-5500</td>
<td>Email: <a href="mailto:mail@childrenscabinet.org">mail@childrenscabinet.org</a></td>
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<td>Email: <a href="mailto:mail@childrenscabinet.org">mail@childrenscabinet.org</a></td>
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</table>

Help Finding a Child Care Provider

Quality child care supports your child’s growth and school readiness. If you need help finding a quality child care provider or other resource, contact one of our Child Care Resource and Referral program staff members by calling The Children’s Cabinet or the Las Vegas Urban League (listed above).

KEEP THIS PAGE FOR YOUR RECORDS
Who Can Apply
Anyone can apply for child care assistance for their child. No person will be discriminated against for any reason (such as race, age, color, religion, sex, disability, political belief, sexual orientation, or national origin) in any Division of Welfare and Supportive Services (DWSS) program. To file a complaint, please contact the Chief of the Child Care and Development Program (CCDP) located at 1470 College Parkway, Carson City, Nevada 89706. You can also file a complaint at any DWSS district office or child care office and your complaint will be forwarded to the Child Care Chief.

Eligibility
The following must be verified to see if you are eligible for Child Care Assistance.

- Proof of:
  - Citizenship for all children applying for child care;
  - Identification for all adult household members;
  - Nevada residency;
  - All income;
  - Relationship for all household members;
  - Custody;
- Purpose of Care – every required adult (and minor parent) must be in an approved activity, such as working, looking for work, going to school or training, participating in DWSS approved activities related to preparation for employment, or other activities authorized by the CCDP;
- Documentation for any child(ren) in your home who has a special need.

Social Security Numbers
You will be asked to provide Social Security Numbers (SSN) for all persons (including yourself) who are applying for assistance; SSNs are used to verify your income and resources and to conduct computer matching with other agencies. It is also used to gather workforce information, conduct investigations, recover overpaid benefits and to ensure duplicate benefits are not received. Providing or applying for a SSN is voluntary. You are not required to provide a social security number and your eligibility will not be denied due to the failure to provide a SSN for required household members. If you do not want to provide your social security number, please write “refused” in the social security number fields on the application. If you provide a social security number on the application, you must provide verification.

Selection of a Child Care Provider
You must also select a child care provider that meets the needs of your family. Parents are encouraged to work with the Child Care Resource and Referral and to visit more than one provider before making a decision. Your provider must meet the following:

- Must not be the natural or adoptive parent or guardian to the child, whether or not they live with the child;
- Must not live in the same house as the child;
- Must not have an active child care case for their own child(ren);
- Providers must be enrolled with the CCDP and in good standing;

Important Information – The CCDP may send information that requires you to respond. You should make arrangements for your mail if you are away from home so you can respond by the due date. If you do not respond by the due date and/or we lose contact with you, your case may be terminated.

Special Accommodations
This application is available in English and Spanish. Please contact us if you need a Spanish version or an interpreter.

Acomodaciones Especiales
Esta solicitud está disponible en inglés y español. Por favor comuníquese con nosotros si necesita una versión en español o un intérprete.
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Child Care and Development Program

FILL IN ALL BLANKS FOR EVERYONE WHO CURRENTLY LIVES IN THE HOME WITH YOU, WHETHER YOU CONSIDER THEM HOUSEHOLD MEMBERS OR NOT. If you need additional space, please use a second application or separate piece of paper.

PLEASE ENTER RACE/ETHNICITY/MARITAL STATUS CODES FOR EACH HOUSEHOLD MEMBER IN THE BOXES BELOW:

- **Ethnicity:**  
  - H = Hispanic/Latino  
  - N = Non-Hispanic/Latino
- **Race:**  
  - A – Asian;  
  - B – Black or African American;  
  - I – American Indian or Alaska Native;  
  - N – Native Hawaiian or Pacific Islander;  
  - W – White
- **Marital Status:**  
  - S – Single;  
  - M – Married;  
  - N – Separated;  
  - D – Divorced;  
  - W – Widowed

### ADULTS:

<table>
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<tr>
<th>Legal Name</th>
<th>Relationship to You</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>State or Country of Birth</th>
<th>Social Security Number</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Marital Status</th>
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### CHILDREN (Under the age of 18):

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<th>Legal Name</th>
<th>Relationship to You</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>State or Country of Birth</th>
<th>US Citizen Y/N</th>
<th>Social Security Number</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Need Child Care?</th>
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Home Address:  
Mailing Address:  
Phone  
E-Mail Address:

Please Answer the Following Questions About Your Household:

1. **Is your Family Homeless (lack a fixed, regular, and adequate nighttime residence)?**  
   - Yes  
   - No
   If Yes, Please Explain: __________________________

2. **Is any household member in the Military?**  
   - Yes  
   - No
   If Yes, Name: __________________________ Active Duty or Reserve? __________________________

3. **Is any adult (or minor parent) in your household unable to work and/or attend a training program?**  
   - Yes  
   - No
   If Yes, Name: __________________________ Reason: __________________________

4. **Do any of the children in the household have special needs?**  
   - Yes  
   - No
   If Yes, Name: __________________________ Reason: __________________________ Current IEP or IFSP for child? 
   Name: __________________________ Reason: __________________________ Current IEP or IFSP for child? 
   Name: __________________________ Reason: __________________________ Current IEP or IFSP for child? 
   Name: __________________________ Reason: __________________________ Current IEP or IFSP for child?
5. Is any household member, including a minor child, temporarily out of the home?  □ Yes  □ No  
   If Yes, Name: ___________________________ Reason: ___________________________________________ Expected date of Return: ________

6. Is any household member pregnant?  □ Yes  □ No  
   If Yes, Name: ___________________________ Anticipated Delivery Date: ____________________________

7. Has any household member received TANF cash benefits?  □ Yes  □ No  
   If Yes, Name: ___________________________ When: ___________________________ Where: ____________________________

8. Is anyone currently disqualified from any DWSS program for an intentional program violation (IPV)?  □ Yes  □ No  
   If Yes, Name: ___________________________ Program: ___________________________ Start Date: ____________________________

9. Does your household have assets with a value over one million dollars ($1,000,000)?  □ Yes  □ No  
   If Yes, Name: ___________________________ Type of Asset: ____________________________

10. Do you expect any other changes in the next six (6) months?  □ Yes  □ No  
   If Yes, Please Explain: ________________________________________________________________________________

11. Is anyone paying all or part of your expenses (rent, utilities, child care, etc.) for you?  □ Yes  □ No  
   If Yes, who: ___________________________ Amount paid: ___________________________ How Often: ____________________________

12. Are both parents of the children living in the home?  □ Yes  □ No  

   If No, Please Complete the Information Below About the Child(ren)’s Mother and/or Father that does not live with you.  

   Attach Additional Pages, if Necessary.

<table>
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<tr>
<th>Child’s Name</th>
<th>Name and Address of Parent not residing in the Household</th>
<th>Receive Child Support?</th>
<th>Amount</th>
<th>How Often</th>
<th>Received through which medium?</th>
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<td>□ D.A.’s Office</td>
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<td>Address: ___________________________</td>
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<td>□ Court Agreement</td>
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<td>Phone: ( )</td>
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<td>Phone: ( )</td>
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<td>□ Private Agreement</td>
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</table>

INCOME/BENEFITS (OTHER THAN EMPLOYMENT INCOME):  Please attach verification of income received in the previous 30 days

- □ 01– TANF
- □ 02– SNAP
- □ 03– Housing Assistance
- □ 04– Foster Care Payments
- □ 05– Veteran’s Benefits
- □ 06– Lump Sum Payments
- □ 07– Military Allocations
- □ 08– Worker’s Compensation
- □ 09 – Temporary Disability Insurance
- □ 10 – Educational Assistance/Pell Grants
- □ 11 – Unemployment
- □ 12 – Contributions or Loans
- □ 13 – Railroad Retirement
- □ 14 – Insurance Settlements
- □ 15– WIC
- □ 16 – Tips
- □ 17 – Dividends
- □ 18 – Royalties
- □ 19 – Interest
- □ 20 – Winnings
- □ 21 – Alimony
- □ 22 – Supplemental Security Income (SSI)
- □ 23 – Social Security Disability Benefits
- □ 24 – Social Security Survivors Benefits
- □ 25 – Social Security Retirement Benefits
- □ 26– Pensions/Retirement Trusts
- □ 27 – Adoption Subsidies
- □ 28 - Medicaid
- □ Other: ____________________________

<table>
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<tr>
<th>Income Type #</th>
<th>Who Receives the Income</th>
<th>Amount</th>
<th>How Often</th>
<th>Income Type #</th>
<th>Who Receives the Income</th>
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</table>
**EMPLOYMENT:** Please list current employer and any employer each household member has worked for since your last application for child care assistance. This includes self-employment, in-kind activities and odd jobs.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Start Date/End Date</th>
<th>Employer Name Address and Telephone Number</th>
<th>Average Weekly Hours</th>
<th>Rate of Pay</th>
<th>How Often Paid</th>
<th>Schedule/Shift</th>
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<td>Monthly</td>
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**TRAINING/EDUCATION:** If any of the adults in the household are students participating in a training program or attending school, please complete the following.

In addition, please provide verification of your schedule.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Training Site/School Name Address and Phone</th>
<th>Beginning Date</th>
<th>End Date</th>
<th>Schedule</th>
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</thead>
<tbody>
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<td>Name:</td>
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</table>

**CHILD’S SCHOOL INFORMATION:**

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Name of School</th>
<th>School Schedule/School Track</th>
<th>Current Grade Level</th>
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</table>

**CHILD CARE PROVIDER:**

<table>
<thead>
<tr>
<th>Child or Children’s Names</th>
<th>Provider Name Address and Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
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<td>Address:</td>
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**YOUR RIGHTS**
Anyone who has been denied, terminated, or had benefits reduced will receive a notice and instructions for requesting a hearing if you do not agree with the action taken. You can request a hearing by writing your local child care office, Division of Welfare and Supportive Services (DWSS) district office or administration office. You can also request a hearing by signing and returning the Notice of Appeal you receive. You must request a hearing within 90 days of the notice date or within 14 days if you want continued benefits while your hearing is pending a decision.

If you request a hearing, you will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. This written authorization must be given to the DWSS office before the conference/hearing. Please contact us if you need information on legal services that may be available to you at no cost.

If you disagree with your hearing decision, you can appeal your case to your local District Court of the State of Nevada.

**AUTHORIZATION/RESPONSIBILITY**

The Child Care and Development Program is funded by State and federal grants. Any information provided on this form can be investigated. Criminal prosecution and other penalties may be applied to you and/or other adult members of your household according to state and federal law. If you make a false or misleading statement, misrepresent, hide or withhold facts to get or keep child care assistance, your benefits may be reduced/denied/terminated. Additionally, you may not be eligible for future assistance, and you are responsible to pay back all monies, services and benefits for which you were not entitled. Information provided is strictly confidential and is used only to determine eligibility for child care assistance.

By signing below, you authorize the Child Care and Development Program and/or the Division of Welfare and Supportive Services to make any investigation concerning you or other members of your household or your children’s legal/putative parent(s) that is necessary to determine eligibility for child care assistance administered by the Child Care and Development Program.

By signing below, you authorize the release of information about your household members to the Child Care and Development Program including, wage information, information made confidential by law or otherwise, and patient information privileged under NRS 49.225 or any other provision of law or otherwise. You release the holder of such information from liability, if any, resulting from disclosure of the required information. A reproduced copy of this authorization legally constitutes an original copy.

By signing below, you acknowledge that you understand the questions on this application and the penalty for hiding or giving false information. In addition, you understand that if you make a false or misleading statement, hide or withhold facts to get or keep child care assistance, your benefits may be reduced, denied, or terminated and you may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law.

In addition, by signing below, you confirm that the provider(s) listed above reflect the choice made by you, the parent/caretaker, and you agree to indemnify and hold harmless the State of Nevada, the Child Care and Development Program, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of, or in any way connected with the provider chosen by you.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.

<table>
<thead>
<tr>
<th>Signature or Mark of Applicant (Parent/Guardian)</th>
<th>Date</th>
<th>Signature or Mark of Spouse/Second Parent/Guardian of Child(ren)</th>
<th>Date</th>
</tr>
</thead>
</table>

5

2151-WC (10-15)
IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?
(Please check one)
☐ YES  ☐ NO

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT NOTICE: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance you will be provided by this agency.

Signature

Date

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.
BOX 3 - NAME Please write your name exactly as it appears on the Nevada driver’s license, ID card, or Social Security card referenced in Box 8. If you do not have any of these forms of identification, please see the instructions for Box 8.

BOX 4 - HOME ADDRESS Your home address is the street address assigned to the location at which you reside. If you reside at a location that has not been assigned a street address, a description of the location at which you actually reside must be provided. A P.O. Box cannot be listed as a home address.

BOX 8 - IDENTIFICATION REQUIREMENTS Federal and state law require you to provide your NV driver’s license or NV ID number. If you do not have either, you must provide the last 4 digits of your social security number (SSN). If you do not have any of these three forms of identification, please contact your County Clerk/Registrar after you have completed and returned this form.

BOX 11 - PARTY REGISTRATION Mark your choice of a qualified party, “Nonpartisan” or “Other.” If you mark “Other,” you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the primary election.

CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE

USE BLACK INK – PLEASE PRINT CLEARLY

WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO $20,000.

1 Are you a citizen of the United States of America? Will you be 18 years of age or over on or before Election Day? If you checked “no” in response to either of these questions, do not complete this form.

2 Check boxes that apply and complete items 3-14
   - New Registration
   - Party Affiliation Change
   - Name Change
   - Address Change

3 Last Name (Only)    First Name (Only)    Middle Name (Only)    Jr. Sr. II III IV

4 Home Street Address (No P.O. Box/Business Address. See Instructions.) Apt. #    City    State    Zip Code

5 Mailing Address—If different from above. (P.O. Box or Mail Service Address) Birth Date (M/D/YR) Place of Birth (State or Country)

8 NV Driver’s License No./NV ID Card No./Last 4 of SSN Telephone No. (Opt.) E-mail Address (Opt.)

11 Party Registration—Check Only One Box
   - Democratic Party
   - Independent American Party
   - Libertarian Party
   - Nonpartisan (no party affiliation)
   - Republican Party
   - Other Party – Write In Below

12 "I swear or affirm • I am a U.S. citizen • I will be at least 18 years old by the date of the next election • I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election • The present address listed herein is my sole legal place of residence and I claim no other place as my legal residence • I am not laboring under any felony conviction or other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjury that the foregoing is true and correct."

   SIGNATURE OF APPLICANT (REQUIRED) DATE (REQUIRED)

13 Your name and residence address where you were last registered to vote. (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)

14 Important! If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.

Name    Mailing Address    City/State/Zip Code    Signature

VALIDATING AGENCY USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.