



**OFFICE USE ONLY**

Enrollment Type:                                          
                                 **New**        **Change**        **Renewal**        **Reopen**

Enrollment Begin Date: \_\_\_\_\_

License-Exempt Background Check:    Start Date: \_\_\_\_\_        End Date: \_\_\_\_\_

Child Care License Number: \_\_\_\_\_

License Begin Date: \_\_\_\_\_        End Date: \_\_\_\_\_

Suffix: \_\_\_\_\_        Provider Code: \_\_\_\_\_

AW9:     Yes     No

1099:     Yes     No



## Instructions for Completion of Provider Enrollment Form

### PURPOSE:

The Child Care Provider Enrollment form is used to enroll child care providers who provide child care services and request a child care scholarship payment from the Department of Health and Human Services (DHHS).

### INSTRUCTIONS:

Enrolled child care providers are subject to all Department rules, regulations, policies, and procedures. No payments will be made to any provider until the enrollment process has been completed and the provider has been notified by DHHS. DHHS does not withhold tax money for child care providers receiving child care payments for services. Payment of taxes is the responsibility of the child care provider.

All child care providers will be assigned a Resource Identification (ID) Number.

**Reporting Changes:** Providers are required to report all changes to DHHS such as changes of address, incorporation, or provider name and if you change from using a Social Security Number (SSN) to an Employer Identification Number (EIN). Changes must be reported to DHHS by submitting them on a new Form 1862 and Alternate W-9 Form to the address listed below. These two forms must be mailed together.

### FORM COMPLETION:

- **Enrollment Type Change** – Choose only one of three enrollment options: employment related child care, preventive/protective child care (DCYF) Division for Children Youth and Families, or both.
- **Effective Date** - Enter month, day, year. This date is the date you complete this form.
- **Resource Identification Number** - Enter your assigned Resource Identification Number from left to right leaving unused spaces blank at the end. If a Resource Identification Number is not yet assigned, leave blank.

### Section 1

- **Provider Name** - This line must be completed whether you report income under your Social Security Number (SSN) or Employer Identification Number (EIN).
- Enter your own name here if you report income to the IRS under your Social Security Number. **Enter the name of your business** here only if you report income to the IRS with an Employer Identification Number (EIN).
- **Doing Business As (DBA)** - Complete this line only if you report income to the IRS under your Social Security Number. If you have a business name, enter it. You must also indicate your first name, middle initial and last name on the line provided above.
- **Employer Identification Number or Social Security Number**- Enter the number you use to report income to the IRS (Enter only one number, either the EIN# or the last four of the SSN#).

## Section 2

- **Primary Language Spoken** – Indicate the primary language spoken by the child care provider.
  - Indicate **Yes** if an interpreter is required.
- **Provider Address** - Enter your physical, billing and/or mailing address (See **NOTE** on the front of this form).
- **Contact Person** - Enter the name, telephone number and email address of the person to contact for questions (if the same leave blank).

## Section 3

- **Services Provided** - Check the box for the child care service type you provide. For License-Exempt Family/Friend/Neighbor indicate the age range of care provided, hours of care provided, and days the program operates (Monday-Friday, Sunday-Sunday, Evenings or Other). If 'Other' is selected, please explain. For License-Exempt Center indicate the age range of care provided, hours of care provided and whether the program operates year round, school year or summer only.
- Return this form along with a completed Alternate W-9 Form to:

NH Department of Health and Human Services  
DHES – BCDHSC  
Attn: Enrollment Specialist  
129 Pleasant Street  
Concord, NH 03301

### **RETENTION:**

This form is retained by the Bureau of Child Development and Head Start Collaboration in the provider file.