

# STATE OF COLORADO



Colorado Department of Human Services  
people who help people

OFFICE OF EARLY CHILDHOOD  
Mary Anne Snyder, Director

DIVISION OF EARLY CARE AND LEARNING  
David A. Collins, Director  
1575 Sherman Street, 1<sup>st</sup> Floor  
Denver, Colorado 80203-1714  
Phone: 303-866-5958  
[www.colorado.gov/cdhs](http://www.colorado.gov/cdhs)



John W. Hickenlooper

Reggie Bicha  
Executive Director

Thank you for your willingness to be a Qualified Family Child Care Home Provider for the Colorado Child Care Assistance Program (CCCAP). Your County Department of Human/Social Services will work with you and the State CCCAP team to process your application.

Here is the process:

1. The following must be completed and received by the Larimer County Department of Human Services to begin the approval process.

**Approval to become a Qualified Provider cannot be considered until we receive everything listed below (filled out completely and/or signed.)**

Please use the check boxes to assist you in preparing your mailing to us.

- Qualified Family Child Care Home Provider Fiscal Agreement
- Payment Choice Letter
- W-9 (*We only need page 1 back*)
- Qualified Family Child Care Home Provider Information Form
- Authorization to Supply Information
- Affidavit of Citizenship (*To be completed by the applicant and spouse/significant other.*)
- Self Assurance Form (*This form requires the client [parent of child] signature also.*)
- Copy of Driver's License or government issued ID with current legal name and address. (*This is required for the applicant and the applicant's spouse/significant other.*) Please enlarge to 130% when making your copy. See attached for other acceptable forms of ID.
- Copy of Social Security card with current legal name. (*This is required for the applicant and the applicant's spouse/significant other.*) Please enlarge to 130% when making your copy.
- Point of Service (POS) Device Provider Agreement (to be signed at POS training)

**Return the paperwork to:**

Child Care Accounting  
Larimer County Department of Human Services  
2601 Midpoint Drive, Suite 112  
Fort Collins, CO 80525

**Please contact child care accounting at 498-7623 with any question you may have.**

- 1.
2. You must:
  - Be eighteen (18) years of age or older
  - Agree to submit to a Fingerprint-Based Criminal Background Check with the Colorado Bureau of Investigation (CBI) and Federal Bureau of Investigation (FBI) for yourself and all those who live in your home where the care will be given who are 18 years of age and older.
3. Fill out the forms, fingerprint card(s), carefully and thoroughly. Please read the included instructions.
4. Take the fingerprint card(s) provided to your local law enforcement agency for processing (there may be a nominal charge for this service).

5. Send the fingerprint card(s), required fees (described below), and a copy of the Qualified Family Child Care Home Provider Information Form, to the state office at the address below.
6. Be prompt and timely with this paperwork, the date it is received at the state Division of Early Care and Learning will be stamped on your Information Form and the date of receipt will affect the start date of CCCAP payments.

**\*\*Please note: If you are approved as a Qualified Family Child Care Home Provider for Larimer County CCAP the child care authorization begin date is not the date that the client applied for benefits. It is the date that all forms are received and considered “complete” by the Colorado Department of Human Services. This is not a guarantee and is dependent upon the final outcome of the background check.\*\***

After the requested paperwork is received, we will conduct an internal background check. If you pass our internal check, you will be mailed additional information. This will include instructions for completing the mandatory fingerprinting for every household member 18 and older. The table below indicates fees charged by the Colorado Bureau of Investigation and the Federal Bureau of Investigation. You will be responsible for payment of these fees if/when you submit your fingerprint cards to the Colorado Department of Human Services. **DO NOT SEND FEES TO LARIMER COUNTY**

**What happens next?**

- A state CCCAP Specialist will review your Qualified Family Child Care Home Provider Information Form, verify proper pre-screening was completed by the county, process the payment, and submit the fingerprint card(s) to the Colorado Bureau of Investigations and the Federal Bureau of Investigations.
- The county representative will track the progress of the criminal background check (CBC) process and, according to individual county policy, proceed with entering your signed Fiscal Agreement in the system at the proper time.
- Your county representative will arrange for you to attend a training session (required) on the care and use of the Point-of-Service (POS) device and explanation of the payment system.
- When your Fiscal Agreement is entered in the system, a POS device (used for payments) will be shipped to your physical address via FedEx within seven business days. A signature at delivery is required.

<b>*FEES DUE With This Application (NO CASH OR Personal CHECKS). All fees must be in ONE payment</b>			
CBI and FBI Fees	\$39.50 per person 18 yrs +	X No. of persons_____	=Total \$
Application Fee	\$10.00 for entire application one time only; <b>do not add for additions to a previously cleared, open Provider</b>		+ \$ 10.00
<b>TOTAL of <u>ONE</u> Money Order or Cashier’s Check (NO CASH OR Personal Check)</b>			Total of 2 boxes above
<b>Make Payable to “CDHS”</b>			* \$
Mail to: Colorado Dept of Human Services, Attn: Qualified Provider, 1575 Sherman St., First Floor, Denver, CO 80203			

In addition, a \$20.00 fee will be charged at the time of service by the Larimer County’s Sheriff’s Department for each set of fingerprints needed.

Keep in touch with your county representative. They can answer your questions and provide you with updates:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Our Mission is to Design and Deliver Quality Human Services that Improve the Safety and Independence of the People of Colorado  
Rev 07/2013





**DEPARTMENT OF HUMAN SERVICES**

**Child Care Assistance Program**

1501 Blue Spruce Drive  
Fort Collins, CO 80524  
(970) 498-6300  
Fax: (970) 498-7987

Dear Child Care Provider,

You have a choice of how you will receive your child care payment. Below are the choices you have and a little information about each choice.

**Direct Deposit**

- Your payment will go directly into your checking or savings account. The first month may need to be on a Colorado Quest Card. The following month, your payment will go to your bank account. With Direct Deposit your payment should be available to you the Wednesday or Thursday after our payroll closes.

**Colorado EBT – Quest Card**

- The Quest Card is issued to you and your childcare payments are put on the card. The card is somewhat like a debit card. You can access your money at grocery stores, other retailers and ATM’s (remember ATM’s do charge a fee, which would reduce your amount). You will have access to your money on the Monday after our payroll closes. This is the fastest way to get your payment. You will need to come into our Fort Collins office to get your card and to select your Personal Identification Number (PIN). If you already have an EBT Quest Card, your childcare payments can be added to your existing card.

**PLEASE SELECT ONLY ONE OF THE FOLLOWING CHOICES:**

- I currently receive direct deposit and would like to continue.
- Direct Deposit into Checking or Savings account (please fill out the form “ACH FORM FOR COLORADO PROVIDERS, For Direct Deposit Payments” & return it with your packet.
- Check here if you already have an EBT Card and would like your childcare payments added on to your card.
- New Colorado EBT Quest Card (Contact Gail Graham at 498-7623)

**Pick up your Colorado EBT Quest Card at:**  
Larimer County Department of Human Services  
1501 Blue Spruce Drive  
Fort Collins, CO 80524

**\* Bring a picture I.D.**

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number or Provider ID#

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## Annual Qualified Exempt Child Care Provider Fiscal Agreement

### Child Care Assistance Program

This Agreement is entered into and between LARIMER COUNTY DEPARTMENT OF HUMAN SERVICES, herein

referred to as "Department" and \_\_\_\_\_

\_\_\_\_\_, herein referred to as "qualified provider" who will provide child care at the following

address: \_\_\_\_\_

This Agreement shall be in effect from \_\_\_\_\_ to \_\_\_\_\_.

#### Qualified Provider Agrees to the following:

1. Submit to a fingerprint based criminal background check along with a review of the state administered database for child abuse and neglect and provide the names and fingerprints of all adults age 18 and over who reside in the provider's home where care is provided for the same purpose.
2. Notify the Department within ten (10) calendar days of any circumstances resulting in the presence of a new adult age 18 and over, or a minor turning 18, in the provider's residence where care is provided.
3. Report to the Department any changes in phone number and/or address no less than ten (10) calendar days prior to the change.
4. Provide verification of Lawful Presence in the United States and provide an affidavit of citizenship and supporting documentation to the Department for provider (and spouse, if applicable).
5. Sign an attestation of mental competence declaring no one in the child care provider home where the care is provided has been determined to be insane or mentally incompetent by a court of competent jurisdiction; or specifically declaring the mental incompetence or insanity is not of such a degree that the provider cannot safely operate as a qualified provider.
6. Allow parents or adult caretakers immediate access to the child(ren) in care.
7. Accept referrals for child care without discrimination with regard to race, color, national origin, age, sex, religion, or physical, intellectual or mental disability. For additional care needs rates, develop an individualized care plan for children with additional care needs and provide a copy to the county on an annual basis or sooner period of time determined by plan.
8. Provide children with adequate food, shelter, and rest.
9. Maintain as strictly confidential all information concerning children and their families. Use the CO Attendance System as instructed and maintain principles of confidential access. Childcare providers shall not hold, transfer or use an adult caretaker or teen parent's individual attendance credentials. If intentional misuse is founded by any county or state agency, the child care provider will be subject to fiscal agreement termination.
10. Protect children from abuse/neglect and report any suspected child abuse and neglect to the Department 1-844-1-844-CO-4-KIDS (1-844-264-5437)
11. Hold the County Department of Human Services, Colorado Department of Human Services, and the State of Colorado harmless for any loss or actions caused by the performance of this Agreement.
12. Provide child care at the address listed above and ensure that care is provided only by the person listed above. Provide care for children under this agreement only if authorized by the Department in advance. Do not provide any unlicensed child care. Violations of this nature will be reported to CDHS licensing staff.
13. Sign the child care Fiscal Agreement and all other state required forms (county may have additional county-only forms for signature).
14. Notify the Department of unexplained, frequent and/or consistent absences within ten (10) calendar days of an established pattern.
15. Collect the full parental fee each month within the month of care. Parental fees are due to the provider from the parent or adult caretaker within the month of care. Providers shall report non-payment of parent fees no later than sixty (60) calendar days after the end of the month the parent fees are due unless county policy requires it earlier. The unpaid parent fees must be reported in writing by FAX, email, mail, or on a manual claim form.
16. Not charge parents or adult caretakers' rates in excess of those agreed upon as part of the Fiscal Agreement . The rate in the Fiscal Agreement is the maximum allowable rate of reimbursement for the care provided and includes any

portion for which the parent or adult caretaker is responsible. Providers may not receive payments for days in which they were not available to provide care. The provider will be paid the rates agreed upon within the Fiscal Agreement Rate Information.

17. Understand this fiscal agreement is effective on the date the county receives the signed fiscal agreement from the provider and in accordance with the county background check clearance dates. All additional required forms and documentation shall be in the county's provider file. Providers will not be reimbursed for any care provided before this fiscal agreement start date and after the fiscal agreement end date. The provider is required to use the CO Attendance System(ATS) to transmit recorded attendance and as the billing mechanism for care provided. Non-use of ATS must be approved.
18. Refer to and follow the instructions included in the CO Attendance System (ATS) User Manual.
19. Maintain internet service or access to internet service/wi-fi to ensure ATS is able to transmit attendance information to the Department for payment. The provider shall not hold any parent or adult caretaker responsible for the cost of care if the transactions are not transmitted timely by the provider. Any transactions not uploaded daily must be uploaded at least within nine (9) days of care for payment.
20. Ensure the parent/teen parent/adult caretaker uses his/her ATS individual attendance credentials to daily check the child(ren) into and out of care for attendance documentation and payment. Missed check-in and check-out entries may be entered by parent or provider and confirmed by parent/adult caretaker within nine (9) days of the date of service. The Department does not guarantee payment to the Provider if the transaction status on ATS is not "confirmed" by the CCCAP parent/teen parent/adult caretaker on ATS or if the attendance is not accurately recorded through ATS. Understand the automated process allows for use of system and entry of corrections within nine (9) days of care. Only approved/confirmed attendance transactions will be reimbursed by the Department. Forfeit payment for care that could have been paid through the automated process if actions were not taken to enter corrections within nine (9) days of care. ATS must be uploaded at least within 9 days of care for payment.
21. The parent or adult caretaker shall be responsible for payment and the Department shall not be held liable if the child care is not authorized. or the parent or adult caretaker does not accurately record attendance or confirm attendance through ATS..
22. Contact the county department within two business days if ATS stops working for any reason to troubleshoot. Documented approval for non-use of ATS for payment is required.
23. Maintain sign in/out sheets for children in care if the ATS system is not in use. These records shall be maintained for three years plus the current year and are to be made available to the Department upon request even if the provider no longer has an open Fiscal Agreement. The sign-in/out sheets must include no less than: the date of care; the full name of the child(ren); accurate sign-in time; authorized adult caretaker legible signature for sign-in time; accurate sign-out time; authorized adult caretaker legible signature for sign-out time. Use of ATS meets sign in/out requirements.
24. Bill the department on the State prescribed manual claim form for authorized services provided. Manual bills are only accepted under certain rare circumstances or exceptions for pre-approved providers not reimbursed automatically based on approved ATS transactions. County policy may require submission of attendance records to support requests for manual payment. Forfeit payment for services when the original manual claim form is submitted to the Department more than sixty (60) days following the month of care.
25. Never keep in their possession (whether at the location where care is provided or in any other place) a client's ATS Individual-attendance credentials.
26. Understand that if the provider commits fraudulent billing or activities the provider will be subject to fiscal agreement termination.
27. Grant the Department the authority to inspect the location(s) where care is provided for the presence of CCAP ATS Individual Attendance credentials or any other suspicious billing information. Upon discovery of these materials the provider understands the Department has the right to seize these materials and/or evidence of these materials.
28. Return any overpayment. All overpayments will be recovered including, but not limited to, inaccurate or fraudulent billing. If at the time any overpayment is established while your fiscal agreement is active, the amount of the overpayment will be deducted beginning with the next child care payment and every payment thereafter until the overpayment is paid in full, unless negotiated otherwise by the county through a signed repayment agreement. The county shall collect the overpayment in accordance with standard collection procedures which may include State Income Tax intercept if your fiscal agreement is inactive. Fraudulent billing will be prosecuted.

## Provider Rights:

1. When a provider contends that the county has not made adequate payment based on program rules for care provided, the provider has the right to an informal conference with county staff pursuant to 9 CCR 2503-1 at Section 3.914.G (effective 12/31/2017 at section 3.914.1.H).
  - Providers may request a conference in writing within 15 days of the date of the action.
  - This request should be addressed to the county director of the county Department of Social/Human services responsible for the action.
  - Provider may request that State CCCAP staff participate in the conference. That participation may be by telephone conference.
  - The conference shall be held within two weeks of the date the request for a conference is received by the county.
  - The purpose of the conference is limited to discussion about the payments in dispute and the relevant rules regarding payment.
  - The final decision of the county shall be mailed to the provider within 15 days of the conference date.
2. A provider may request an informal conference if s/he disputes the termination of a Fiscal Agreement pursuant to 9 CCR 2503-1 at Section 3.913.1.A.8.
  - Providers may request a conference in writing within 15 days of the date of the action.
  - This request should be addressed to the county director of the county Department of Social/Human services responsible for the action.
  - The conference shall be held within two weeks of the date the request for a conference is received by the county.
  - The purpose of the conference is limited to discussion about the termination of the fiscal agreement pursuant to 9 CCR 2503-1 at Section 3.914.G/H..
  - The final decision of the county shall be mailed to the provider within 15 days of the conference date.
3. A non-relative qualified exempt child care provider may appeal the county's decision to deny or terminate a Fiscal Agreement due to the department's decision regarding adherence to health and safety standards pursuant to 9 CCR 2503-1 at Section 3.913.1.A.9
  - Providers may request an appeal in writing within 15 days of the county's decision.
  - This request should be addressed in writing to the Executive Director of the State Department of Human Services or his/her designee: 1575 Sherman Street, Denver, CO 80203.
  - The executive director's decision is a final agency decision subject to judicial review by the state district court under § 24-4-106, C.R.S.

**Department Agrees to:**

1. Provide CO Attendance System (ATS) training instructions and user guide information.
2. Enter the Fiscal Agreement into the Childcare Automated Tracking System (CHATS) within five (5) business days of receipt of the completed Fiscal Agreement and all supporting documentation.
3. Determine client's eligibility for child care services within fifteen (15) days of receiving the complete application packet including verification.
4. Send Child Care Authorization Notices to the provider within seven (7) working days of the Department's initial approval or prior to making any changes in eligibility for each child such as parental fees, authorized amount of care, added or deleted children, and/or any other changes to child care arrangements.
5. Exercise the Department option to reimburse the qualified child care provider for care from the date the accurately completed fingerprint packet, supporting forms, and correct fees for the provider's household are received by the CDHS Division of Early Care and Learning; OR
6. Exercise the Department option to enter the Fiscal Agreement and make payments after the results are returned from the Colorado Bureau of Investigation and Federal Bureau of Investigation. The Department shall not pay for any care provided prior to the date the fingerprint based criminal background check results are returned. The parent or adult caretaker shall be responsible for payment for care provided before the results are returned.
7. Reimburse the provider for authorized, attended, and properly recorded and transmitted child care in accordance with Colorado Child Care Assistance Program rules. Payment to the provider is the total cost of the lesser of authorized and attended care based on rates set by this Agreement minus the parental fee (if applicable).

Either party may terminate this Agreement by giving the other party fifteen (15) calendar days' notice. This Agreement may be terminated without advance notice if a child's health or safety is endangered; - if the Department has concerns involving the provider or a resident in the provider's home; or if the Department or CDHS verifies the provider possesses any CCAP individual attendance verification credentials.

By signing this Agreement, the provider acknowledges receipt of information regarding the rules and policies of the Colorado Child Care Assistance Program at [www.coloradoofficeofearlychildhood.com](http://www.coloradoofficeofearlychildhood.com). The provider shall receive a copy of the signed Fiscal Agreement.

QUALIFIED FAMILY CHILD CARE HOME PROVIDER		DEPARTMENT OF SOCIAL/HUMAN SERVICES	
_____		Keith Bainer_____	
Print Name		Print Name	
_____		_____	
Signature	Date	Signature	Date
_____		1501 Blue Spruce_____	
Mailing Address		Address	
_____		Fort Collins, CO 80524_____ 970-498-6300_____	
City, State, Zip	Phone Number	City, State, Zip	Phone Number
_____		_____	
Unique Email Address			



## Qualified Provider Fiscal Agreement Rates

### Regular Care

Care during standard business hours of 6 a.m. and 6 p.m.

#### Full Time Rates (5.01 to 11.00 hours per day)

Rate Type	0 to 6 months	6 to 12 months	12 to 18 months	18 to 24 months	24 to 30 months	30 to 36 months	36 months to School Age	School Age up to 13 <sup>th</sup> birthday
Regular	\$14.00	\$14.00	\$14.00	\$12.50	\$12.50	\$12.50	\$10.50	\$10.50

#### Part Time Rates (up to 5.00 hours per day)

Rate Type	0 to 6 months	6 to 12 months	12 to 18 months	18 to 24 months	24 to 30 months	30 to 36 months	36 months to School Age	School Age up to 13 <sup>th</sup> birthday
Regular	\$7.70	\$7.70	\$7.70	\$6.88	\$6.88	\$6.88	\$5.78	\$5.78

#### Part Time/Full Time Rates (11.01 to 17.00 hours per day)

Rate Type	0 to 6 months	6 to 12 months	12 to 18 months	18 to 24 months	24 to 30 months	30 to 36 months	36 months to School Age	School Age up to 13 <sup>th</sup> birthday
Regular	\$21.70	\$21.70	\$21.70	\$19.38	\$19.38	\$19.38	\$16.28	\$16.28

#### Full Time/Full Time Rates (17.01 to 23.59 hours per day)

Rate Type	0 to 6 months	6 to 12 months	12 to 18 months	18 to 24 months	24 to 30 months	30 to 36 months	36 months to School Age	School Age up to 13 <sup>th</sup> birthday
Regular	\$28.00	\$28.00	\$28.00	\$25.00	\$25.00	\$25.00	\$21.00	\$21.00

### ALTERNATIVE CARE

**Evening Care:** When 25% or more of the total time that the child is in care is between the hours of 6 p.m. to 6 a.m.

**Weekend Care:** Care given to a child between the hours of 6 p.m. Friday and 6 a.m. Monday.

#### Full Time Alternative Rates (5.01 to 11.00 hours per day)

Rate Type	0 to 6 months	6 to 12 months	12 to 18 months	18 to 24 months	24 to 30 months	30 to 36 months	36 months to School Age	School Age up to 13 <sup>th</sup> birthday
Alternative	\$16.00	\$16.00	\$16.00	\$16.00	\$16.00	\$16.00	\$16.00	\$16.00

**Part Time Alternative Rates (up to 5.00 hours per day)**

Rate Type	0 to 6 months	6 to 12 months	12 to 18 months	18 to 24 months	24 to 30 months	30 to 36 months	36 months to School Age	School Age
Alternative	\$8.80	\$8.80	\$8.80	\$8.80	\$8.80	\$8.80	\$8.80	\$8.80

**Part Time/Full Time Alternative Rates (11.01 to 17.00 hours per day)**

Rate Type	0 to 6 months	6 to 12 months	12 to 18 months	18 to 24 months	24 to 30 months	30 to 36 months	36 months to School Age	School Age up to 13 <sup>th</sup> birthday
Alternative	\$24.80	\$24.80	\$24.80	\$24.80	\$24.80	\$24.80	\$24.80	\$24.80

**Full Time/Full Time Alternative Rates (17.01 to 23.59 hours per day)**

Rate Type	0 to 6 months	6 to 12 months	12 to 18 months	18 to 24 months	24 to 30 months	30 to 36 months	36 months to School Age	School Age up to 13 <sup>th</sup> birthday
Alternative	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00

\*\*\* Disability rates will be reviewed by Larimer County CCAP. Rates will vary based upon the type and severity of the child’s needs, according to the special needs policy in Larimer County. Please have the parent contact their child care worker or coach for more information.\*\*\*

***By signing this document, the provider acknowledges receipt of the Colorado Child Care Assistance Program fee schedule for Larimer County.***

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**Provider Signature**

**Date**

**Provider ID#**



## Provider Direct Deposit Enrollment Form For Colorado Cash Assistance Benefits

***PROVIDER NUMBER REQUIRED FOR ENTRY*** (if you are unsure of your provider number please reach out to your local county office)		
Child Care (CC)	Foster/Adoptive (CW) (5+ digits)	CBMS CW/TANF & AF-Burial (9 digit EFT Number)
LEAP (LE)	CORE, CASE (CW3) (5+ digits)	CBMS Nursing Home (NH) (5+ digits)
Name of person completing this section:		Phone (include area code) (____) _____ - _____

I am completing this form to: (please check one option only)

- Enroll in ACH Direct Deposit into my personal bank account
- Change my Direct Deposit banking information or  Cancel Direct Deposit

I (we) hereby authorize Colorado Department of Human Services (CDHS), to initiate credit entries, and if necessary, reverse any incorrect EFT credit entries made in error to the bank account indicated below, in accordance with standard banking procedures, for payments related to the Colorado Electronic Benefit Transfer (EBT) Programs.

Provider Name (or Business Name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (including area code) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Federal E.I.N. Number \_\_\_\_ - \_\_\_\_\_

OR

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Bank Account Information (please check one option only):  Checking Account or  Savings Account

Bank Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Routing Number (9-digit) \_\_\_\_\_

(Check with your bank to ensure that this number is correct for direct deposit)

This agreement is to remain in effect until CDHS, has received written notification of its termination in such time and manner to afford CDHS a reasonable opportunity to act on it. It is the responsibility of the vendor/provider to fill out and submit a new Authorization Agreement to CDHS if the vendor/provider changes or closes the account.

\_\_\_\_\_  
Provider/Vendor Signature

\_\_\_\_\_  
Date

Please return the completed form and voided check or bank letter to the State EBT Program using one of the methods below to begin receiving payments by direct deposit. Please keep a copy of this form for your records.

- Email: [cdhs\\_ebt\\_policy@state.co.us](mailto:cdhs_ebt_policy@state.co.us) (preferred method)
- Fax: (303)866-4403
- Mail: CDHS/EBT Program, 1575 Sherman St., 3<sup>rd</sup> Floor, Denver, Colorado 80203



## Formulario de inscripción de depósito directo del proveedor para beneficios de ayuda en efectivo de Colorado

<b>***SE REQUIERE EL NÚMERO DE PROVEEDOR ***</b> (si no está seguro del número de su proveedor comuníquese con la oficina local de su condado)		
Cuidado infantil (CC)	Tutelar/adoptivo (CW) (5+ dígitos)	CBMS CW/TANF y AF-Burial (entierro) (Número EFT de 9 dígitos)
LEAP (LE)	CORE, CASE (CW3) (5+ dígitos)	Residencia de ancianos de CBMS (NH) (5+ dígitos)
Nombre de la persona que llena esta sección:		Teléfono (incluir el código de área) (____) _____ - _____

**Lleno este formulario para: (marque solo una opción)**

- Inscribir el depósito directo ACH en mi cuenta bancaria personal
- Cambiar mi información bancaria de depósito directo    o     Cancelar el depósito directo

Autorizo/autorizamos por este medio al Departamento de Servicios Humanos de Colorado (CDHS) a dar crédito, y si fuera necesario, reversar cualquier crédito incorrecto, mediante transferencia electrónica de fondos, (Electronic Funds Transfer, EFT) a la cuenta bancaria que se indica más abajo, de conformidad con los procedimientos bancarios convencionales, para pagos relacionados con los programas de transferencia electrónica de beneficios (Electronic Benefit Transfer, EBT) de Colorado.

Nombre del proveedor (o nombre comercial) \_\_\_\_\_

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_

Número de teléfono (incluir el código de área) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E.I.N. (N.º de ident. el empleador) federal \_\_\_\_\_ - \_\_\_\_\_

O

Número del seguro social \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Información de la cuenta bancaria (marque solo una opción):**  Cuenta bancaria    o     Cuenta de ahorros

Número de cuenta bancaria \_\_\_\_\_

Nombre del banco \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_

Número de ruta y tránsito (9-dígitos) \_\_\_\_\_

(Consulte a su banco para asegurarse de que este número sea correcto para depósito directo)

Este acuerdo seguirá vigente hasta que CDHS haya recibido la notificación por escrito de su terminación en tiempo y manera que dé a CDHS una posibilidad razonable de obrar en consecuencia. El proveedor/la empresa proveedora será responsable de llenar y presentar un nuevo acuerdo de autorización a CDHS si el proveedor/la empresa proveedora cambia o cierra la cuenta.

\_\_\_\_\_  
Firma del proveedor/empresa proveedora      Fecha

Devuelva el formulario completado y un cheque anulado o una carta del banco al programa de EBT estatal mediante uno de los métodos que se indican a continuación para comenzar a recibir pagos por depósito directo. Guarde una copia de este formulario como constancia.

- Correo electrónico: [cdhs\\_ebt\\_policy@state.co.us](mailto:cdhs_ebt_policy@state.co.us) (método preferente)
- Fax: (303)866-4403
- Correo postal: CDHS/EBT Program, 1575 Sherman St., 3<sup>rd</sup> Floor, Denver, Colorado 80203

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.)	
	Requester's name and address (optional)	
	<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>										
				-			-			
<b>or</b>										
<b>Employer identification number</b>										
				-						

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a) 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



County Name: \_\_\_\_\_ Provider ID#: \_\_\_\_\_

Colorado Department of Human Services: Division of Early Care and Learning  
**QUALIFIED FAMILY CHILD CARE HOME PROVIDER INFORMATION FORM**

All sections of this form must be completed, signed, with fingerprints properly completed (see instructions) and proper fee\* included. Any omissions or errors may result in the entire application packet being returned to the county. Please be sure to review your submission carefully. **\*\*\*Please PRINT Clearly\*\*\***

**1. Provider Name:** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

*Mailing Address (if different):* \_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

Are you lawfully present in the United States? Yes \_\_\_\_ No \_\_\_\_

Date of Birth: month: \_\_\_\_ day: \_\_\_\_ year: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_

Alias, AKA or Previous Name(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**I attest that no one in the home where the care is provided has been determined to be insane or mentally incompetent by a court of competent jurisdiction; or specifically that the mental incompetence or insanity is not of such a degree that I cannot safely operate as a qualified provider.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OTHER PERSONS IN YOUR HOME:** Include all relatives, non-relatives and temporary residents, **regardless of age**. Only persons 18 years of age and older must sign this form.

Are you adding individual(s) to a previously approved provider's household? Yes \_\_\_\_ No \_\_\_\_

**2.** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

Alias, AKA or Previous Name(s): \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_ Relationship to provider \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**3.** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

Alias, AKA or Previous Name(s): \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_ Relationship to provider \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**4.** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

Alias, AKA or Previous Name(s): \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_ Relationship to provider \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

See other side

Please complete this form and submit it with fingerprint card(s) and fees any time a new person moves into your home who is 18 years of age or older or if you have a child in your home who turns 18 during your contract period if care is ever provided in your home.

You and each adult, 18 years of age or older who resides in your home as described above, shall be subject to a fingerprint-based criminal history records check along with a review of the state administered database for child abuse and neglect. Counties may choose to also review this database for household members under the age of 18.

**What happens next?** In order to protect children in the State of Colorado there are some steps that need to be completed in order for Larimer County Department of Human Services to complete the fiscal agreement process with you. These steps must be completed within 30 days.

Once you have had your fingerprints taken, you need to mail all of the enclosed forms and fingerprint card(s) to The Office of Early Childhood, Division of Early Care and Learning, CCCAP Program in the provided envelope, along with a cashier's check or money order made out to the Colorado Department of Human Services (CDHS) for the total of all fees, (no personal checks are accepted). Please use the check list at the end of this letter to ensure that you have mailed all required documents.

**Fingerprint Cards** – You must take the enclosed fingerprint card(s) with you to the Larimer County Sheriff's Department. Do not bend, tear or soil the card. Please leave all fields blank. This information will be printed on the card by the Sheriff's Department.

- The Larimer County Sheriff's Department is located at 2501 Midpoint Drive in Fort Collins.
- Fingerprinting hours are from 8:00 a.m. to 4:30 p.m. Monday thru Friday. Phone: (970) 498-5100.
- **There will be a \$20.00 charge (cash only)** that must be paid before prints can be taken.

**Processing of Fingerprint Cards** – The following fees must be paid for the processing of the fingerprint cards. The worksheet below details these fees. These fees must be paid with a cashier's check or money order made out to the Colorado Department of Human Services (CDHS).

<b>*FEES DUE WITH THIS APPLICATION</b>			
CBI and FBI Fees	\$39.50 per person 18 years of age or older	X No. of persons_____	=Total \$
Application Fee	\$10.00 for entire application one time only; <b>do not add for additions to the household</b>		+ \$ 10.00
<b>Submit one Certified Cashier's Check or Money Order for a total of: Make the funds payable to "CDHS"</b>			Total of 2 boxes above * \$
*County: Please send a copy of this form (original is submitted to the County), fingerprint card(s), and fee to: <b>CDHS, Division of Early Care and Learning 1575 Sherman St. 1<sup>st</sup> Floor, Attn: CCCAP, Denver, CO 80203</b>			

**Please save your receipts. If you are approved as a Qualified Family Child Care Home Provider you may be eligible for reimbursement on some of the fees that you paid out.**

What you need to mail to The Office of Early Childhood, Division of Early Care and Learning, CCCAP Program are:

- 1  Completed Qualified Family Child Care Home Provider Information Form
- 2  Completed Authorization to Supply Information
- 3  Fingerprint cards for every person living in your household, 18 years of age or older
- 4  Payment via cashier's check or money order for the processing of the fingerprint cards (**no personal checks**)
  - Total Amount for the cashiers check or money \_\_\_\_\_
  - Payable to Colorado Department of Humans Services (CDHS).

Please note that authorization for child care cannot begin until all forms and exact payment (from line 4 above) has been received by the Colorado Department of Human Services and all background checks have cleared. If the paperwork is not complete or readable, it will be sent back to you. This will delay your potential "start" date as a Qualified Family Child Care Home Provider. If someone in the household fails to clear the background check, you cannot become a Qualified Family Child Care Home Provider for Larimer County Child Care Program. Call 498-6300 if you need assistance.

**AUTHORIZATION TO SUPPLY INFORMATION**

I hereby authorize the person, agency, or institution entered below, to supply information requested by the **Colorado Department of Human Services** as a condition of contracting to provide "Qualified Child Care" with my local county department of social/human services, and to allow the inspection and reproduction of records pertaining to me or any other household member. I understand, based on the information received, my local county department of social/human services may be unable to enter into a fiscal agreement with me.

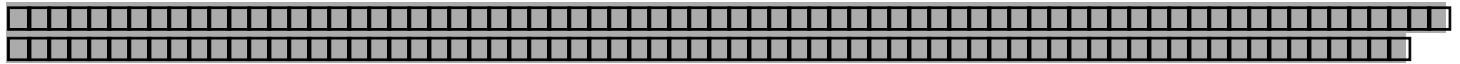
- 1. Colorado Department of Human Services Child Welfare Automated System
- 2. Colorado Bureau of Investigation
- 3. Federal Bureau of Investigation

This authorization is given only in connection with its use by designated Colorado Department of Human Services employees and/or designated employees of other agencies who will be accessing information to determine my eligibility to provide "Qualified Child Care". I understand this authorization shall be in effect unless rescinded by me in writing.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Provider ID Number

\_\_\_\_\_  
Date



**STATEMENT OF CRIMINAL HISTORY— Please attach an additional sheet if necessary**

(1) Has any member of your household been arrested or convicted of a crime? Yes  No

(2) Has any member of your household been investigated, charged with or convicted of child abuse, neglect or child molestation? Yes  No

If you answered yes to either or both questions above you must provide the household members name, copies of any pertinent court documents and a detailed explanation of the circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I provided is accurate and complete. I am aware that a fingerprint-based background check will be performed. Any arrests/convictions for any degree of crime, violent or non-violent, may result in the county not entering into, or ending a fiscal agreement for a qualified family child care home provider.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.



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**AFFIDAVIT**

**for the Colorado Department of Human Services  
as Proof of Lawful Presence in the United States**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a legal Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

A public benefit is any grant, contract, loan, professional license, or commercial license provided by an agency of a State or Local Government or by Appropriated Funds of a State or Local Government as provided in 8 U.S.C. 1621.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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## AFFIDAVIT

### for the Colorado Department of Human Services as Proof of Lawful Presence in the United States

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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COLORADO DEPARTMENT OF HUMAN SERVICES
CHILD CARE STANDARDS FOR QUALIFIED PROVIDERS
SELF-ASSURANCE FORM / CLIENT ACKNOWLEDGEMENT

Provider Name: \_\_\_\_\_

Provider #: \_\_\_\_\_

Care will be provided by:  Relative Provider  Non-Relative Provider

Where?  Qualified Provider's Home  Child's Home

Provider, please answer each of the following questions by placing an X in the appropriate box.

- A. PROVIDER
1. Do you have an interest in and knowledge of children and a concern for their proper care and well being?
2. Have any of your own children ever been placed in foster care or a residential treatment facility?
3. Are you at least 18 years of age? Date of Birth: \_\_\_\_\_
4. Do you have adequate physical stamina and mental capacity to meet the needs of the children?
5. Are you free of other responsibilities and demands that would interfere with the provision of care, individual attention, and nurturing for the children in care?
6. Are you experienced in the care of children, knowledgeable of their needs and development, and able to deal effectively with problems, emergencies, and discipline?
7. Are you able to work cooperatively with the clients and agency in providing appropriate discipline, care, and direction for the children that will not be in conflict with parental practices?
8. 1) Are you willing to participate in training programs?
2) Are you aware of the "Back to Sleep" Initiative that recommends all infants be put to sleep on their backs in order to reduce the incidence of Sudden Infant Death Syndrome (SIDS)?

- B. HOUSE AND YARD
Is your house and yard maintained free from hazards to health and safety?

- C. EQUIPMENT
Do you have materials and equipment appropriate for the age of children in care and in good repair that will be available for both active and quiet play?

- D. FEEDING AND HEALTH CARE OF THE CHILDREN
1. Will you serve the children nutritious meals suited to the age and special needs of the children in care and to the period of time children are in care?
2. Will you provide daily activities that promote normal physical, mental, social and emotional development of children and sufficient rest periods?

- E. NUMBER OF CHILDREN IN CARE
a. Qualified Care in the Child's Own Home: When children are in care in their own home, there is no limit to the number of children in care as long as they are all residents of that home
b. Qualified Care in the Qualified Provider's Home: Children in the home for whom the Provider is the legal guardian or parent are not limited, AND
• Relative provider may care for any number of children related to the provider as the grandparent, brother, sister, step brother, step sister, uncle, aunt, niece, nephew or cousin of the child by marriage, blood, court decree or adoption, AND/OR
• Non-relative provider may care for children from one family household (in addition to children who are related to the Provider as above)

F. REMARKS
If you cannot agree to all of these assurances, your application must be verified by the County Department and may result in non-approval.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_ Provider's Printed Name \_\_\_\_\_

ATTENTION CLIENT: QUALIFIED PROVIDER STATUS
By signing below I state that I have reviewed the assurances above and understand the following statements. This provider is not required to obtain a child care license or meet monitoring requirements for licensed providers by Colorado law. The parent assumes the responsibility to monitor the care provided to the child. Non-licensed providers may apply for a license if they choose to do so. The local county department will make information available to parents on how to assess and choose child care settings.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_ Client's Printed Name \_\_\_\_\_

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# Provider Information Bulletin

To: CCAP Providers  
From: CHATS Implementation Team  
Date: July 1, 2010  
Re: Provider Training and Registration

Child Care  
Assistance  
Program

# CCAP

## Mandatory Provider Training and Class Registration Information

The new Childcare Assistance Tracking System or CHATS has been implemented in five pilot counties in the State which include; El Paso, Lincoln, Larimer, Summit and Weld counties. This is the system that is used to track attendance that generates payment to child care providers that accommodate the State's Child Care Assistance Program, CCAP.

It was also introduced that the State is **requiring** all providers to attend a Provider Training Workshop.

**Licensed Child Care Centers,  
Licensed Family Child Care Homes, and  
Qualified Family Child Care Homes**

You should already be working with your County on a new Fiscal Agreement and Point-of-Service (POS) Agreement in order to remain a CCAP Provider.

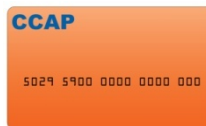
**\*\*\*THIS IS A REQUIREMENT IN ORDER TO BE CONTRACTED WITH LARIMER COUNTY\*\*\***

To register for the classes below, please contact the registration person listed below. Providers may attend any of the trainings offered.

If you have any questions about training, Fiscal or POS Agreements or general questions about the new system, please email [CHATS.ReplacementProject@state.co.us](mailto:CHATS.ReplacementProject@state.co.us)

Thank you,

Larimer County CCAP



Date & Time	Location	Call for Registration
<b>First Wednesday</b> of each month. 1:30 p.m.	Room 124 2573 Midpoint Drive, Suite 108 Fort Collins, CO 80525	Gail (970) 498-7623 or Karen (970) 498-7627