



CHILD CARE SUBSIDY PROGRAMS (CCSP)
CCSP Provider Information

Please type or print clearly. Incomplete information may delay approval for payment.

DATE
CSCC TELEPHONE NUMBER
CSCC EMAIL
CLIENT IDENTIFICATION NUMBER
CLIENT APPLICATION NUMBER
PARENT / GUARDIAN'S NAME
SSPS PROVIDER NUMBER (IF KNOWN)
PROVIDER TELEPHONE NUMBER
PROVIDER EMAIL ADDRESS
EXPECTED START DATE FOR CARE

PROVIDER'S NAME AND ADDRESS
 The provider's name and address given to us is public information and can be given to anyone who requests it.

LAST NAME (OR FACILITY NAME)	FIRST NAME AND MIDDLE INITIAL
PROVIDER'S PHYSICAL ADDRESS (NOT MAILING ADDRESS)	
PROVIDER'S MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS	
CITY	STATE ZIP CODE

Provider Type

- Licensed Child Care Center
 Licensed Family Home Child Care
 Family, Friend and Neighbor (WCCC Only)

Enter the days and times you will provide care for the following children.

FIRST, LAST AND MIDDLE INITIAL OF CHILDREN IN CARE	BIRTHDATE	DAYS AND TIMES CARE WILL BE PROVIDED, SPECIFY BEFORE AND AFTER SCHOOL TIMES