

# Provider Verification Needed

Before MDHHS can pay your child care provider, you must complete this form.

## Here's what you need to do:

### 1 Choose a child care provider.

- If you need help, search for licensed providers online at <https://Greatstarttoquality.org> or call **877-614-7328** for assistance.
- If your child care provider is a License Exempt provider and is not currently enrolled with the State of Michigan, they must complete the Child Development and Care (CDC) License Exempt Provider Application. The application can be found online at: <https://www.Michigan.gov/childcare>.

### 2 Sign and submit this form to MDHHS.

- **Submit online** at <https://Michigan.gov/mibridges>
- **Mail your form** in the envelope we sent you
- **Turn in your form** at your local MDHHS office

MDHHS will send you and your child care provider notices once the form is processed. If approved, the child care provider can begin billing.

# Provider Details

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Case Name            | Case Number          | Specialist           |

## Child Care Provider Information

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Provider             | Provider ID #        |

  
Provider Address (Street address, City, State, ZIP Code)

|                       |                      |
|-----------------------|----------------------|
| <input type="text"/>  | <input type="text"/> |
| Provider Phone Number | Provider Email       |

Where are the child(ren) listed below cared for?

|                                                     |                                              |                                                                                                                        |
|-----------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Licensed Child Care Center | <input type="checkbox"/> Licensed Group Home | <input type="checkbox"/> Licensed Family Home                                                                          |
| <input type="checkbox"/> Home where child lives     | <input type="checkbox"/> Provider's home     | ← If the provider is license-exempt and not related to the child(ren), care must be provided in the child(ren)'s home. |

## Child information

Please list all child(ren) in the family needing care.

← Need more room to write? Attach a list for additional children. Be sure to include the same information.

| Name of child        | Date of birth                                                      | Date child care began                                              | Is the child related to the provider?           | If yes, how are they related? |
|----------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|-------------------------------|
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> Y   <input type="text"/> N | <input type="text"/>          |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> Y   <input type="text"/> N | <input type="text"/>          |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> Y   <input type="text"/> N | <input type="text"/>          |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> Y   <input type="text"/> N | <input type="text"/>          |

☐ By checking this box, I understand I am giving my local MDHHS office permission to discuss all aspects of my CDC program information with my child's(ren) child care provider listed on this form. **Checking this box is voluntary.**

## Sign Here

I have told the truth; I understand that I can be held criminally/financially responsible for providing false information on this form. I certify that I have read and agree to all rules in the CDC Handbook posted online at [Michigan.gov/childcare](https://www.Michigan.gov/childcare).

|                                          |                      |
|------------------------------------------|----------------------|
| <input type="text"/>                     | <input type="text"/> |
| Signature of Parent or Substitute Parent | Date                 |

For more information and requirements, see the CDC Handbook at <https://www.Michigan.gov/childcare>. If you need help, contact your MDHHS specialist.

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Michigan Department of Health and Human Services