

CHILD CARE SUBSIDY APPLICATION FORM DEPARTMENT _____

(Insert Federal Agency Name)

The department _____ may contact the applicant to request clarification on the subsidy application.
(Insert name of organization administering the program)

You must attach the following documents:

1. Pay statements for the most recent two pay periods for each parent or guardian;
2. A copy of your most recent Federal and State income tax returns;
3. A copy of your child care provider's most recent license or statement of compliance with State and/or local child care regulations; and
4. A completed OPM form 1644, signed by the provider(s) below.

Section I - Parent / Legal Guardian Information			
Applications that are not fully completed or do not contain the information listed below will not be processed and will be returned to the applicant. If you do not provide all of the information requested, you will not receive a subsidy award. When more than one parent works for the Federal Government, subsidies cannot be awarded for the child/children by more than one Federal agency.			
1. Name <i>(Last, first, middle initial)</i>	2. Social Security Number (SSN)	3. Grade	
4. Work address <i>(Include street number, city, state and ZIP code)</i>		5. Work e-mail address	
7. Home address <i>(Include street number, city, state and ZIP code)</i>		6. Work telephone number	
		8. Home e-mail address	
10. Category of parent <input type="checkbox"/> Single <input type="checkbox"/> Couple		11. Spouse federal employee <input type="checkbox"/> Yes <input type="checkbox"/> No	
		12. Name of spouse <i>(Last, first, middle initial)</i>	
13. Employing agency of spouse		14. Grade of spouse	
15. Total family income as reported on adjusted gross income line of most recent IRS form 1040/1040A <div style="text-align: right;"><i>*Include a copy of the IRS form</i></div>			
Section II - Child Information			
List information for all children for whom you are applying for a subsidy. <i>(If you are applying for more than three children please attach the pertinent information to this form)</i>			
1a. Name of first child	b. SSN of child	c. Date of birth <i>(MM/DD/YYYY)</i>	
d. Name of child care provider	e. Weekly child care cost	f. Date of enrollment <i>(MM/DD/YYYY)</i>	
g. Type of application <i>(Check one)</i> <input type="checkbox"/> New family <input type="checkbox"/> Adding/changing family information <input type="checkbox"/> Reapplication <i>(previously enrolled, not current)</i> <input type="checkbox"/> Annual recertification <input type="checkbox"/> Changing provider information <i>(attach new license and OPM Form 1644)</i>			
h. Is any other form of State, County or Local subsidy being received for the child(ren)? <input type="checkbox"/> Yes <i>(If "Yes", complete i. and j.)</i> <input type="checkbox"/> No		i. Source of subsidy	
k. Address of provider <i>(Include street number, city, state and ZIP code)</i>		j. Amount of subsidy	
		l. Telephone number of child care provider	
m. Type of care <i>(Check one)</i>		<input type="checkbox"/> Center-based care	
		<input type="checkbox"/> Family home-based care	

Section II - Child Information (Continued)

2a. Name of second child	b. SSN of child	c. Date of birth (MM/DD/YYYY)
d. Name of childcare provider	e. Weekly childcare cost	f. Date of enrollment (MM/DD/YYYY)
g. Type of application (Check one) <input type="checkbox"/> New family <input type="checkbox"/> Adding/changing family information <input type="checkbox"/> Reapplication (previously enrolled, not current) <input type="checkbox"/> Annual recertification <input type="checkbox"/> Changing provider information (attach new license and OPM Form 1644)		
h. Is any other form of State, County or Local subsidy being received for the child(ren)? <input type="checkbox"/> Yes (If "Yes", complete i. and j.) <input type="checkbox"/> No	i. Source of subsidy	
	j. Amount of subsidy	
k. Address of provider (Include street number, city, state and ZIP code)		l. Telephone number of child care provider
		m. Type of care (Check one) <input type="checkbox"/> Center-based care <input type="checkbox"/> Family home-based care
3a. Name of third child	b. SSN of child	c. Date of birth (MM/DD/YYYY)
d. Name of child care provider	e. Weekly child care cost	f. Date of enrollment (MM/DD/YYYY)
g. Type of application (Check one) <input type="checkbox"/> New family <input type="checkbox"/> Adding/changing family information <input type="checkbox"/> Reapplication (previously enrolled, not current) <input type="checkbox"/> Annual recertification <input type="checkbox"/> Changing provider information (attach new license and OPM Form 1644)		
h. Is any other form of State, County or Local subsidy being received for the child(ren)? <input type="checkbox"/> Yes (If "Yes", complete i. and j.) <input type="checkbox"/> No	i. Source of subsidy	
	j. Amount of subsidy	
k. Address of provider (Include street number, city, state and ZIP code)		l. Telephone number of child care provider
		m. Type of care (Check one) <input type="checkbox"/> Center-based care <input type="checkbox"/> Family home-based care

Section III - Signature of Parent / Legal Guardian

I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.

I certify that the above information is true and correct to the best of my knowledge.

_____ Signature

_____ Date of signature (MM/DD/YYYY)

Privacy Act Statement

Public Law 107-67, § 630 (September, 2001) confers regulatory authority on OPM for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers will be for identification purposes in determining eligibility for child care subsidy. The primary use of information regarding family income (copies of pay slips and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also used to determine eligibility for child care subsidy. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

CHILD CARE PROVIDER INFORMATION FOR THE CHILD CARE SUBSIDY PROGRAM FOR FEDERAL EMPLOYEES

This information is required by law for the agency administrator of the Child Care Subsidy Program to verify licensure and/or regulation status. Once you are notified by a Federal employee that they submitted an application for child care subsidy from their Federal agency, please complete this form and return it to the parent.

Section I - Parent Information						
1. Name of parent/legal guardian with child in the provider's care			2. Federal agency of parent			
Section II - Provider Information						
1. Type of provider (<i>Check one</i>)						
<input type="checkbox"/> Family Child Care <input type="checkbox"/> Child Care Center <input type="checkbox"/> Federally Sponsored Child Care Center						
2. Name of child care provider						
3. Address of child care provider (<i>Include street number, city, state and ZIP code</i>)			4. Provider e-mail address			
			5. Provider telephone number			
6. Tax identification number or Social Security Number			7. Provider fax number			
8. License number of provider		9. State in which license is issued		10. License expiration date (<i>MM/DD/YYYY</i>)		
Section III - Child Information						
Please furnish the information below for each Federal employee who applied for subsidy at your facility:						
a. Name of each child in Section I parent's family enrolled (<i>Last, first, middle initial</i>)	b. Enrollment date (<i>MM/DD/YYYY</i>)	c. Does the child receive any other subsidy? (<i>If "Yes", complete d. and e.</i>)		d. Source of subsidy	e. Amount of subsidy	f. Total weekly fee for child
		Yes	No			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

**Section IV - Information on Provider's Financial Institution's Account for Payment to Provider
(Used only by Agencies that Self-Administer the Program)**

1. Name of financial institution	2. Financial institution's routing number
3. Address of financial institution <i>(Include street number, city, state, and ZIP code)</i>	4. Type of account <i>(For payment deposit) (Check one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	5. Provider's account number

Section V - Signature of Provider

I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both.

1. Name of provider	2. Title of provider representative
3. Signature of provider <i>(I certify that the above information is true and correct to the best of my knowledge.)</i>	4. Date of signature <i>(MM/DD/YYYY)</i>

Privacy Act Statement

Public Law 106-554, § 633 (September 29, 2000) confers regulatory authority on OPM for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers and tax identification numbers will be for identification purposes in determining eligibility for child care subsidy. The primary use of information regarding family income (copies of pay slips and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also used to determine eligibility for child care subsidy. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

Public Burden Statement

We think this form takes an average of 10 minutes to complete including the time for getting the needed data and reviewing both the instructions and completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction (3206-0240), Washington, DC 20415-7900. The OMB Number, 3206-0240, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.