



Instructions for Completion of Provider Enrollment Form

PURPOSE:

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

INSTRUCTIONS:

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

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

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

FORM COMPLETION:

Enrollment Type Change – Choose only one of three enrollment options: employment related child care, preventive/protective child care, or both.

Effective Date - Enter month, day, year. This date is the date you complete this form.

Resource Identification Number - Enter your assigned Resource Identification Number from left to right leaving unused spaces blank at the end. If a Resource Identification Number is not yet assigned, leave blank.

SECTION 1

Provider Name - This line must be completed whether you report income under your Social Security Number (SSN) or Employer Identification Number (EIN).

Enter your own name here if you report income to the IRS under your Social Security Number. **Enter the name of your business** here only if you report income to the IRS with an Employer Identification Number (EIN).

Doing Business As (DBA) - Complete this line only if you report income to the IRS under your Social Security Number. If you have a business name, enter it. You must also indicate your first name, middle initial and last name on the line provided above.

Employer Identification Number or Social Security Number- Enter the number you use to report income to the IRS (Enter only one number, either the EIN# or the last four of the SSN#).

SECTION 2

Provider Address - Enter your physical, billing and/or mailing address (See **NOTE** on the front of this form)

Contact Person - Enter the name, telephone number and email address of the person to contact for questions (if the same leave blank).

SECTION 3

Services Provided Check the box for the child care service type you provide.

Return this form along with a completed Alternate W-9 Form to:

For Employment Related:

NH Department of Health and Human Services
 129 Pleasant Street
 ATTN: DCYF - CDB, Concord, NH 03301

For Preventive and Protective

NH Department of Health and Human Services
 129 Pleasant Street
 ATTN: DCYF - Provider Relations, Concord, NH 03301

RETENTION:

This form is retained by the Child Development Bureau in the Provider File.