



COVID-19

**Child Care & Development Block Grant
INFORMAL CARE Provider APPLICATION
(Family, Friends, and Neighbor)**

Date of the Application: _____

An Informal Provider, who expresses an interest in the program, must adhere to the following criteria and provide the necessary documents listed:

1. A copy of proof of physical address in U.S. Virgin Islands: (Only 1 below)
 - a. Rental Lease Agreements _____
 - b. Utility Bills _____
 - c. Proof of Ownership _____

2. A copy of valid ID (At least one of the following):
 - a. Driver's License _____
 - b. Passport _____
 - c. Bureau of Motor Vehicle V.I. Non-Driver ID _____
 - d. Permanent Resident Card _____

3. Proof of U.S. Citizens/Residency (At least one of the following)
 - a. U.S. or V.I. Birth Certificate _____
 - b. U.S. Passport _____
 - c. Permanent Resident Card _____

4. A copy of Social Security Card _____

5. V.I. Police Department Criminal Records Check _____

6. V.I. Sex Offender Registry Clearance _____

7. Proof of income- (*Last two check stubs if paid twice a month.
Last four check stubs if paid weekly or Employer's Letter
Verifying employment (full or part time) and rate of pay hourly wage*) _____

or per annum (Income Eligibility Determined on a case by case if over the established V.I. income thresholds for Child Care Block Grant)

Note: V.I. Police Department Criminal Records Check and V.I. Sex Offender Registry Clearance **is required for family members of the parent/guardian and child(ren) who are selected to be the Informal Provider.**

Note: To be deemed eligible to serve as an Informal Provider, you must:

- Be eighteen (18) years or older. _____
- Not live in the same household as the parent/guardian or child _____
- Not have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault, or a drug-related offense committed during the preceding 5 years, and cannot have been convicted of a violent misdemeanor committed as an adult against a child. _____

Self-Attestation of Environmental/Home Factors

Note: If at any time, the child(ren) will be cared for in your home environment you must complete the following table. By placing your signature in the signature space below, you are attesting or indicating, your home is in compliance with the physical environment, fire safety, and other general safety requirements. You may also be subject to unannounced visits to your home by the Department of Human Services Child Care Licensing Specialist.

Providers Information

Provider Name: _____ Date of Birth: _____ SS # _____

City/Town: _____ State: _____ Zip Code: _____

Physical Address: _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: _____ Cell Number: _____

Hours of care: _____

Days of care: _____

Parent's Name	Child's Name	Birthdate	Gender (M/F)	Relationship (Codes Below)	Case Number	Provider Fee

Codes for Relationship of Participant to Caregiver

- (1) Family (3) Neighbor
(2) Friend (4) Informal Provider NOT related to Parent/Guardian or Child

<i>Physical Environment</i>	<i>Yes</i>	<i>No</i>
Adequate floor space		
Surface clean, in good repair		
Adequate ventilation		
Warm and cold running water		
Working indoor toilets accessible		
Enough furniture and equipment for children		
Working telephone in home		
<i>Fire Safety</i>		
Working smoke detector		
Lockable interior doors can unlock from outside		
Heating/cooling devices vented, protected by guards, kept clear of combustible		
Stairways, hallways exit unobstructed		
Electrical cords in good condition		
<i>General Safety/Sanitation</i>		
Home and furnishings present not hazardous		
All toxic substances out of reach		
Glass doors clearly marked at a child's level		
Non-permanent barriers on stairs, ramps, balconies, porches,		
Electrical outlets accessible to children are covered		
Working flashlight available		
Adequate, safe outdoor play area adjacent to or within walking distance of home		
Garbage properly covered, stored and emptied		
First aid supplies accessible		
Individual towels and washcloths or disposable towels and washcloths		
Drinking water available		

Account for all other persons who may come in contact with the enrolled child(ren) in your care within your home setting.

<i>Name</i>	<i>Relation to caregiver (Codes Below)</i>	<i>Birthdate</i>	<i>Gender</i>	<i>Extent of contact</i>	<i>At home during care</i>

Relation of others in the home to a caregiver	Gender	Extent of contact	At home during care
(1) Spouse	(1) Male	(1) No contact	(1) At Home
(2) Son/Daughter	(2) Female	(2) Some contact	(2) Not at Home
(3) Brother/Sister		(3) Frequent contact	
(4) Friend			
(5) Neighbor			
(6) Other(specify)_____			

I, _____, attest that all the information provided in this
 (Print Your Name)
 Informal Provider Application is the truth, to the best of my knowledge.

 Signature of Informal Provider Applicant

 Date

Note: Application must be notarized before you submit it to DHS Office of Child Care and Regulatory Services

SUBSCRIBED AND SWORN TO
 before me this ____ day of _____

 NOTARY PUBLIC