Proof of ID and Residency for Child Care Providers

All legally exempt family and in-home child care providers must:

(1) provide proof of identity and residency in order to receive payment
(2) complete the top portion of page 2 of this notice.

Verification of Provider Identity
Providers must submit one of the following forms of documentation for WHEDCo to verify the provider’s identity (copies of the original document are acceptable):

- At least one of the following forms of a current valid photo ID issued by government, employer, school or other official/institution/agency including but not limited to:
  - Driver’s license/non-drivers identification card
  - Passport or visa
  - Naturalization or citizenship certificate
  - School or Military ID card
  - Employment Authorization Card
  - Permanent Resident Card
  - Government Benefit Card (e.g., Cash Assistance/Medicaid/Supplemental Nutrition Assistance Program)

- OR

- At least two of the following non-photo-IDs including but not limited to:
  - Social Security card
  - Birth certificate
  - Baptismal certificate
  - Government benefit card (e.g., Welfare/Medicaid/Food Stamps)
  - Life Insurance Policy

Verification of Provider Residence
Providers must submit one of the following forms of documentation, either a copy or an original to be copied by WHEDCo, to verify the provider’s residence. The provider may, for privacy reasons, cross out any specific financial information on the document.

- Statement from landlord on his/her official stationery*
- Lease or deed with the provider’s name
- Rent statement/receipt with preprinted address*
- Mortgage records
- Tax records for residence (property tax bill)
- A utility bill (electricity, gas, heating, oil, water or landline phone) with the provider’s address*
- A bank statement with the provider’s address*
- Provider’s school records indicating address*

* Documents cannot be more than 60 days old.

If a provider cannot verify their residence and/or care is taking place at a location other than the home of the child or provider, the provider must complete and submit the bottom portion of page 2 of this notice or provide to WHEDCo a notarized letter from the owner or primary tenant of the residence approving the use of their residence for such care along with the documentation listed above to verify the residence of the property owner or primary tenant.
LOCATION OF LEGALLY EXEMPT FAMILY AND IN-HOME CHILD CARE

Name of child _________________________________________________________________

Name of provider _______________________________________________________________

Location of child care __________________________________________________________

The above location is the address of (please check one):

[ ] Child in care

[ ] Provider (please check one)

[ ] I am able to provide verification of my residence

* [ ] I am not able to provide verification of my residence and the name of the owner or primary tenant is: ________________________________________________

* [ ] Third party location (not where you or the child in care lives)

Name of third party owner or tenant: ________________________________________________

* Attention Providers: If you have checked this box, stop here. No additional information is required to be completed below.

* [ ] I am not able to provide verification of my residence and the name of the owner or primary tenant is: ________________________________________________

* [ ] Third party location (not where you or the child in care lives)

Name of third party owner or tenant: ________________________________________________

* Attention Providers: If you have checked the box indicating that you are unable to verify your residence or you are providing care at a third party location, you must have the owner or primary tenant with whom you live, sign the statement below and have it notarized before providing the document to WHEDCo. A notarized letter from the owner or primary tenant of your residence approving the use of their residence for such care is also acceptable.

Notarized statement by owner or tenant:

I, ________________________________________________, the owner/primary tenant at _____________________________.

Name of owner/primary tenant

_______________________________________________________

Address

approve the use of my residence for child care provided by _____________________________.

Name of provider

to _____________________________.

Name of provider

Name of child

Signature of owner/primary tenant: _____________________________.

Date: _____________________________.

Sworn to and subscribed in my presence by _____________________________.

My commission expires: _____________________________.

Notary Name: _____________________________.

Notary Public

Date: _____________________________.

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