



Dear Regulated Child Care Provider:

To be approved as a regulated child care provider with Workforce Solutions Northeast Texas, please complete the required forms and documents as requested. The packet includes a *Regulated Provider Handbook* which is yours to keep and refer to as needed.

Here's what you need to do:

Find the attached "Regulated Provider Checklist- Eligibility Determination" form. Please complete everything on this checklist and return all forms and documents as requested.

Important things to remember:

Please do not return a partial packet. When you have completed and/or collected all required documentation, return all forms and documentation by mail, fax or email. Our fax numbers are (903) 794-8004 or (877) 329-6772. Our email address is ccs@netxworks.org. After faxing or emailing, please wait 30 minutes before calling to confirm receipt of documentation.

What to expect:

After we have received all the required documentation, we will send you a completed financial agreement for you to sign and send back. Once we receive the signed financial agreement we will contact you to inform you that you are an eligible regulated provider with Workforce Solutions Northeast Texas. If you have not heard from us within 10 days, please contact our office to inquire about the status of your application.

This is a parent choice program. We will call you to authorize child care when an eligible parent chooses your facility.

We thank you in advance of your cooperation.

Sincerely,

Workforce Solutions Northeast Texas
Child Care Services
(903) 794-8999 or (800) 874-3226

Mount Pleasant

312 N. Riddle
Mt. Pleasant, TX 75455
(903) 572-9841
(903) 572-0159 (Fax)

Paris

5210 S.E. Loop 286
Paris, TX 75460
(903) 784-4356
(903) 784-7267 (Fax)

Sulphur Springs

1716 Posey Lane
Sulphur Springs, TX 75482
(903) 885-7556
(903) 439-1012 (Fax)

Texarkana

1702 Hampton Road
Texarkana, TX 75503
(903) 794-4163
(903) 792-2976 (Fax)

Child Care Services

1702 Hampton Road
Texarkana, TX 75503
(903) 794-8999
(903) 794-8012 (Fax)

YOUR CHECKLIST

(For Regulated Provider Eligibility Determination)

Please use this checklist to help you complete the application package. All of this information may be mailed, faxed, or emailed to Workforce Solutions Northeast Texas Child Care Services. You may go to your nearest Workforce Solutions Northeast Texas center to use a computer, printer or fax machine free of charge. See <http://www.netxworkforce.org> for the location nearest you. For child care provider assistance call: (903) 794-8999 or (800) 874-3226

FORMS ALL REGULATED PROVIDERS NEED TO RETURN:

Copy of your License or Registration permit from the Department of Family and Protective Services

- Please submit to us a copy of your License or Registration Certificate issued by the Texas Department of Family and Protective Services.

Child Care Automated Attendance System Responsibilities, Reporting and Security Requirements Form (1 page)

- Please read this form and sign and date that you understand these requirements.

Published Rates (1 page)

- Please fill out the Published Rate worksheet with your published rates along with any annual fees, registration fees, etc. that you may charge. Once your packet is completed and sent in, a financial agreement will be completed and sent back to you to sign.

Form W-9 request for taxpayer ID number (1 page)

- Please fill out the form, sign and date it. Return to us.

Proof of EIN business name and IRS tax number

- Please submit to us proof of the EIN business name and IRS tax number. This can be an IRS letter issuing the number or a copy of your tax payment coupon.

Assignment of Authorized Representative Form (1 page)

- Please fill out the form, sign and date it. This form is to be completed and signed by all persons you give permission to sign your billing forms, including yourself. Return it to us.

Direct Deposit Form and cancelled check (1 page)

- Please fill out the form, sign and date it. You may attach a copy of your cancelled check or saving account deposit slip. Return to us.

Holiday Schedule Form (1 page)

- Please fill out the form, sign and date it. This form supplies the days the facility will be closed and allows us to pay you for those days that are authorized.

To be approved as a regulated child care provider with Workforce Solutions Northeast Texas, please complete the required forms and documents as requested. The packet includes your *Regulated Provider Handbook* where you will find important information about your rights and responsibilities if you are approved as a regulated provider with Workforce Solutions Northeast Texas. Please read the handbook carefully. This handbook is yours to keep and refer to as needed.

To determine if you are eligible, you must complete and return all papers and all information before we can authorize child care.

If you are determined to be eligible to participate with Workforce Solutions Northeast Texas, a client services specialist will call you when an eligible parent chooses your facility. After the telephone contact, you will be emailed/mailed an **Authorization for Child Care Enrollment (Form 2450)** which will give the authorized start and end dates for care, any parent share of cost, care days and type of care.

We cannot set up to pay you to care for a child until all requested documentation is received and you and the parent have been certified to be eligible.

Return all forms to Workforce Solutions Northeast Texas:

Fax all requested documentation to: (903) 794-8004 or (877) 329-6772;

or you may

Mail all requested documentation to: Workforce Solutions Northeast Texas, Attn: Child Care Services, 1702 Hampton Rd, Texarkana, TX 75503

or you may

Email all requested documentation to: ccs@netxworks.org

INCOMPLETE PAPERWORK MAY RESULT IN DELAYING DETERMINING ELIGIBILITY

Child Care Automated Attendance Systems Responsibilities, Reporting and Security Requirements

The CCAA system is designed to give parents the responsibility for reporting child care attendance and provide tracking and verification a child attended a particular child care facility.

Workforce Solutions Northeast Texas requires the provider review the CCAA system attendance and absence reports, at a minimum, every five days. We strongly recommend the provider check the system more frequently than once a week.

Providers must report to Workforce Solutions Northeast Texas Child Care Services days that do not match the referral in the CCAA portal within five days of receiving the authorization. Failure to report the discrepancy may result in withholding payment. Providers must report failed attendance reports and problems with the CCAA system to Child Care Services.

Providers must comply with the regulations and security requirements of CCAA listed on this form, and be aware that failing to do so may warrant corrective or adverse actions, such as implementing a Service Improvement Agreement (SIA), investigation and prosecution of fraud, closing intake, moving children to another provider selected by the parent, withholding provider payments or reimbursement of costs incurred, termination of child care services and recoupment of funds from the child care provider. **As a child care provider, you must report any misuse of the CCAA cards and PINs to Workforce Solutions Northeast Texas Child Care Services.**

The Provider understands and agrees with the following CCAA regulations and security requirements:

- **No employee of the child care facility is allowed to possess, have on the premises, have access to, accept, or use a parent’s or secondary cardholder’s CCAA card or personal identification numbers (PINs).**
- **No employee is allowed to perform the attendance/absence reporting function on behalf of a parent.** (Owners, Directors, or Assistant Directors of the child care facility cannot be designated as the secondary cardholder by a parent with a child enrolled at the facility).
- **Z’s are paid as absences. When the child reaches 65 days of absence within the clients eligibility periof, they will be dropped from the program at their redetermination. The parent will have to wait 12 months before they can reapply for the program.**
- **Providers cannot collect double reimbursements, i.e., from parents as well as from Boards, for non-reported attendance.**
- **Providers understand that a representative of Workforce Solutions Northeast Texas may monitor the use of the CCAA system/CCAA cards at any given time and as often as deemed necessary.**

By signing below, you agree to the above security requirements, as well as the responsibilities and reporting requirements.

Name of Facility

Owner/Provider Signature

Date

Provider Services Specialist Signature

Date

Published Rates

Provider Name: _____ License Number: _____

Effective Date: _____

Please complete the charts below with your published rates and additional fees, if applicable.

For any rate that would fit in more than one age group, please put under all age groups it pertains to. (For example, if you have a rate for 0-12 months and 13-24 months, put the 0-12 month rate under Infants, Group 1, and then put the 13-24 month rate under Infants, Group 2 and Toddlers, Group 1.)

Full Time Weekly Rates

(Full-time care is from six (6) to twelve (12) hours a day)

| Age Groups | Infants | Toddlers | Preschool | School |
|------------|---------------|----------------|-----------|--------------|
| | 0 - 17 months | 18 - 35 months | 3-5 years | 6 - 12 years |
| Group 1 | | | | |
| Group 2 | | | | |
| Group 3 | | | | |

Part Time Weekly Rates

(Part-time care is less than six (6) hours a day)

| Age Groups | Infants | Toddlers | Preschool | School |
|------------|---------------|----------------|-----------|--------------|
| | 0 - 17 months | 18 - 35 months | 3-5 years | 6 - 12 years |
| Group 1 | | | | |
| Group 2 | | | | |
| Group 3 | | | | |

Additional Yearly Fees

(If Applicable)

| | |
|--------------------------|--|
| Enrollment or Annual Fee | |
| Annual Supply Fee | |
| Other Fees | |

Request for Taxpayer Identification Number and Certification

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

| | | |
|--|---|---|
| Print or type See Specific Instructions on page 2 | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| List account number(s) here (optional) | | |

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|------------------------|
| Social security number |
| + |

or

| |
|--------------------------------|
| Employer identification number |
| + |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

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 on page 4.)

| | | |
|-----------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|-----------|----------------------------|--------|

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
- 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt recipients except for 9 |
| Broker transactions | Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt recipients 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt recipients 1 through 7 ² |

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or single-owner LLC | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Sole proprietorship or single-owner LLC | The owner ³ |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Assignment of Authorized Representative

This is to certify that:

| | |
|--|-----------|
| | |
| Name of Authorized Representative (Print), Title of Representative | Signature |

and/or

| | |
|--|-----------|
| | |
| Name of Authorized Representative (Print), Title of Representative | Signature |

and/or

| | |
|---|-----------|
| | |
| Name of Authorized Representative(Print), Title of Representative | Signature |

Is/are designated as the authorized representative(s) of:

Name of Facility: _____

Address: _____

City and State: _____

Provider Number: _____

The representative(s) designated above is/are authorized on behalf of the regulated provider to sign a Regulated Provider Financial Agreement with Workforce Solutions Northeast Texas to provide child care services to self-referred clients, to sign documents, billing and/or Declaration of Services and agree to abide by the rules, policies and procedures of the *Regulated Provider Handbook* and the Regulated Provider Financial Agreement.

| | | |
|--|--|--|
| | | |
|--|--|--|

Signature/Owner/Board Member

Title of Owner/Board Member

Date

Instructions for Assignment of Authorized Representative

This form is to inform Workforce Solutions Northeast Texas who you authorize to fill out and sign the billing documents and any other legal documents needing a signature. You may want this to only apply to yourself.

- Please print legibly the name(s) of who you will allow to sign documents for your facility on the left side of the page. Be sure to include yourself.
- Have those persons sign in the box on the right side of the page beside their printed name.
- Print the name, address, and your new provider number (found in the upper left corner of the Regulated Provider Financial Agreement).
- The last signature is for the owner or board member to sign, title of the person, and date.

Provider Direct Deposit Agreement

GUARANTY BANK AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we), hereby authorize Workforce Solutions Northeast Texas, hereinafter called Workforce Solutions, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effective until Workforce Solutions has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford Workforce Solutions and DEPOSITORY a reasonable opportunity to act on it.

| | | |
|----------------------------|-------|----------------|
| Financial Institution Name | | |
| City | State | Zip Code |
| Transit/ABA Number | | Account Number |

Signature

✓ Mark the type of Account:

Name (Print)

____ Savings Account

Date

____ Checking Account

TAPE YOUR VOIDED CHECK HERE

| | | |
|--|---------------------|-------------------|
| Ima Sample 507 Redbud Mt. Pleasant, TX 74555 | 123 | |
| PAY TO THE ORDER OF _____ | _____ | |
| _____ | _____ | |
| Guaranty Bank Mt. Pleasant, TX | | |
| Memo _____ | | |
| ↑ Transit/ABA Number | ↑ Account Number | ↑ Check Number |

Workforce Solutions Northeast Texas Child Care Services 2017 Holiday Schedule

Workforce Solutions Northeast Texas will pay for 9 holidays in 2016.

Listed below are 6 suggested days.

The first 3 lines are ***YOUR CHOICE***, giving you a total of 9 paid holidays.
(See attached 2017 Calendar for correct dates)

| | Holiday | Date Holiday Observed | Mark Y (for Yes) or N (for No) |
|----|------------------------|------------------------------|--------------------------------|
| 1. | | | Y N |
| 2. | | | Y N |
| 3. | | | Y N |
| 4. | Memorial Day | May 29, 2017 (Monday) | Y N |
| 5. | Independence Day | July 4, 2017 (Tuesday) | Y N |
| 6. | Labor Day | September 4, 2017 (Monday) | Y N |
| 7. | Thanksgiving Day | November 23, 2017 (Thursday) | Y N |
| 8. | Day After Thanksgiving | November 24, 2017 (Friday) | Y N |
| 9. | Christmas Day | December 25, 2017 (Monday) | Y N |

Please list all other holidays or scheduled closings for your center in the space below.

Reminder: these will be considered unauthorized holidays/closures and you will not be paid for these days. ***Failure to list closures may cause a delay in payment.***

| Holiday or Scheduled Closure | Date Observed |
|------------------------------|---------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Name of Facility (please print)

Provider Signature

Date

365

January 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|---|-----|-----|-----|-----|-----|-----|-----|
| 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 3 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 4 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 5 | 29 | 30 | 31 | | | | |

365

February 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|---|-----|-----|-----|-----|-----|-----|-----|
| 5 | | | | 1 | 2 | 3 | 4 |
| 6 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 7 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 8 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 9 | 26 | 27 | 28 | | | | |

365

March 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 9 | | | | 1 | 2 | 3 | 4 |
| 10 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 12 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 13 | 26 | 27 | 28 | 29 | 30 | 31 | |

365

April 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 13 | | | | | | | 1 |
| 14 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 17 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 18 | 30 | | | | | | |

365

May 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 18 | | 1 | 2 | 3 | 4 | 5 | 6 |
| 19 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 20 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 22 | 28 | 29 | 30 | 31 | | | |

365

June 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 22 | | | | | 1 | 2 | 3 |
| 23 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 24 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 25 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 26 | 25 | 26 | 27 | 28 | 29 | 30 | |

365

July 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 26 | | | | | | | 1 |
| 27 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 28 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 29 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 30 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 31 | 30 | 31 | | | | | |

365

August 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 31 | | | 1 | 2 | 3 | 4 | 5 |
| 32 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 33 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 34 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 35 | 27 | 28 | 29 | 30 | 31 | | |

365

September 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 35 | | | | | | 1 | 2 |
| 36 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 37 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 38 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 39 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |

365

October 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 40 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 41 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 42 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 43 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 44 | 29 | 30 | 31 | | | | |

365

November 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 44 | | | | 1 | 2 | 3 | 4 |
| 45 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 46 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 47 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 48 | 26 | 27 | 28 | 29 | 30 | | |

365

December 2017

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 48 | | | | | | 1 | 2 |
| 49 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 50 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 51 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 52 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 1 | 31 | | | | | | |

1 Jan New Year's Day
16 Jan Martin Luther King Day
12 Feb Lincoln's Birthday
14 Feb Valentine's Day
20 Feb Presidents Day
28 Feb Mardi Gras Carnival
12 Mar Daylight Saving (Start)

17 Mar St. Patrick's Day
1 Apr April Fool's Day
14 Apr Good Friday
16 Apr Easter
17 Apr Easter Monday
5 May Cinco de Mayo
14 May Mother's Day

20 May Armed Forces Day
29 May Memorial Day
4 Jun Pentecost
5 Jun Pentecost Monday
14 Jun Flag Day
18 Jun Father's Day
4 Jul Independence Day

4 Sep Labor Day
11 Sep September 11th
17 Sep Citizenship Day
22 Sep Native American Day
9 Oct Columbus Day
16 Oct Boss's Day
21 Oct Sweetest Day

31 Oct Halloween
5 Nov Daylight Saving (End)
11 Nov Veterans' Day
23 Nov Thanksgiving
7 Dec Pearl Harbor
25 Dec Christmas Day
31 Dec New Year's Eve

Calendar & Holidays

2017

Calendar-365.com