

RELATIVE CARE PROVIDER COMPLIANCE CERTIFICATION FORM

Alliance for Children

COMPLETE ALL INFORMATION

11/2010

Provider Name: \_\_\_\_\_
Provider Address: \_\_\_\_\_ Street City State Zip Phone #: \_\_\_\_\_

Address where child care is provided: \_\_\_\_\_ Street City State Zip

A relative care provider is someone who meets the definition of relationship, i.e. sibling or step-sibling 18 or over providing care for sibling(s) 12 or under from a separate household, aunt, uncle, grandparent, step-aunt, step-uncle, step-grandparent, great aunt, great uncle, or great grandparent.

List the name(s) of the child(ren) in your care, including your own, and the relationship to the child(ren). For example, niece, nephew, grandchild, sibling, etc. Circle yes or no to tell us if you live with the child(ren).

Table with 4 columns: Child name, Relationship, Yes, No. Multiple rows for listing children.

I am related to the children I care for as defined above. I care for \_\_\_\_\_ child(ren).

BACKGROUND CHECK

All members of the household 18 and older, including myself, have resided in Utah for the last 5 years. YES NO [ ] [ ]

HEALTH AND SAFETY CERTIFICATION

- 1. I am at least 18 years of age, and physically and mentally capable of providing care to children. YES NO [ ] [ ]
2. My home is equipped with hot and cold running water, toilet facilities and is clean and safe. YES NO [ ] [ ]
... 12. Good hand washing practices will be maintained to discourage infection and contamination. YES NO [ ] [ ]

I HEREBY CERTIFY that all of the information in this document is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that information may be verified; and that deliberate misrepresentation will subject me to prosecution under applicable state and federal criminal statutes (CFDA 10.558), including placement on the national serious deficiency data base which will bar me from participating with the federal food program for seven years (CACFP 226.16 (l)).

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Institution is an equal opportunity provider.