**USDA Child Care Subsidy Administration Program (CCS)**
United States Department of Agriculture

## U.S. Customs and Border Protection (CBP) Child Care Subsidy (CCS) Program
## Certification to Add Child/Children

_____Printed name of qualifying CBP Employee

**Employee/Family Information** *(List all Children Employee/Family is requesting a CBP Benefit to include those children already enrolled in the program)*

| | | |
|---|---|---|
| ***Child's Full Name*** | ***Date of Birth (DOB)*** | ***Enrollment Date*** |
| ***Child's Full Name*** | ***Date of Birth (DOB)*** | ***Enrollment Date*** |
| ***Child's Full Name*** | ***Date of Birth (DOB)*** | ***Enrollment Date*** |

**Child Care Provider Information**

Are all children attending the same Child Care Provider: _____Yes _____No

- My child/children will continue to use the provider currently on file with the USDA: _____Yes _____ No
  - ✓ Provider must complete, sign and return directly to you the Family Enrollment Provider Cost Verification Form CBP 2015-01 for each child for your submission to the USDA.
- My child/children will be changing Child Care Providers effective on the following date: _____

  Provider Name: _____

  Provider Address: _____

  City: _____ State: _____ Zip: _____

  Contact Name/Phone Number of Provider: _____

  - ✓ Provider must complete, sign and return directly to you (the Employee), the Family Enrollment Provider Cost Verification Form CBP 2015-01 for each child for your submission to the USDA.
  - ✓ Child must be enrolled and have a start date within 30 days of submission of this document before benefits can be awarded.
  - ✓ Child Care Provider must be a USDA approved Provider in order for application to be processed.
    Employees who are looking for a preapproved USDA Child Care Provider and for Child Care Providers who wish to enroll in the USDA Child Care Subsidy Program should visit the USDA Child Care Provider website for information
  - ✓ If your Child Care Provider is not already a USDA approved Provider, your application for a CBP Benefit will be delayed as the Provider will need to complete the application process and be approved first.

I understand and agree to the terms and conditions mandated by the CBP Child Care Subsidy Program and that the CBP Benefit awarded to me for this request will continue to be based upon the financial information that was originally provided to the USDA with my initial Application or Recertification.

By signing this form, I certify that I am the parent or legal guardian of the child/children listed above and I may be required to submit proof of such, in order to receive reduced fee child care.

_____ _____
***Signature of Qualifying CBP Employee / Last 4 of SSN*** ***Date***

Submit to the USDA
Email: cbp.childcare@gsa.gov
Phone: (866) 508-0371 | Fax: (816) 823-5482
2300 Main St – 2SE, KCMO 64108