

**U.S. Customs and Border Protection
Child Care Subsidy Program
Household Childcare Provider Requirements Form**

CBP employees who employ a household childcare provider (such as a nanny or au pair) to provide childcare services for their child(ren) are eligible to participate in the [Child Care Subsidy Program \(CCSP\)](#).

In addition to the [documentation required for every CCSP application](#), an employee who chooses to utilize a household employee must submit this completed form and the documents listed below in Section IV with their initial [CCSP application](#). Employees with additional questions may reach out to the Family Support Program Manager at FAMILYCARE@cbp.dhs.gov.

I. CBP EMPLOYEE IDENTIFYING INFORMATION	
Employee Name:	Personal Phone Number: Work Phone Number:
Work Email Address:	
Personal Email Address:	
Employer Identification Number (EIN):	
II. HOUSEHOLD CHILDCARE PROVIDER IDENTIFYING INFORMATION	
Provider Name:	Phone Number:
Email Address:	
Address where care is provided:	
III. CBP EMPLOYEE STATEMENTS <i>(initial each line)</i>	
<p>_____ I attest that the Household Childcare Provider is 18 years or older and is not the parent and/or legal guardian of the child receiving care.</p> <p>_____ I attest that the Household Childcare Provider has undergone State and Federal Background Checks that would indicate whether the potential provider is unsuitable to provide childcare. I affirm that there are no child-welfare-related convictions in the background check and that I have determined the provider is suitable.</p> <p>_____ I attest that the Household Childcare Provider has legal status and is authorized to work in the United States (i.e., U.S. citizen, lawful permanent resident, or holds temporary legal status such as a valid employment authorization document or visa).</p> <p>_____ I attest that the Household Childcare Provider meets any requirements to be licensed and/or regulated in the state where care is provided, if applicable.</p> <p>_____ I attest that I will pay the Household Childcare Provider in accordance with state (requirements may vary) and federal requirements, and I acknowledge that the</p>	

appropriate tax forms will be issued by the CCSP vendor to the Household Childcare Provider. Please note: employees are responsible for researching and complying with their state and federal requirements.

Falsifying information, making misstatements or misrepresentations, and/or failing to provide honest and complete information may result in appropriate disciplinary action.

IV. REQUIRED ATTACHMENTS

(the following documents must be provided with the completed form)

- Copy of the workers' compensation insurance policy;
- Signed contract between the Household Childcare Provider and the employee (although no specific format or template is required, the contract must outline, at a minimum, the daily requirements, schedule, and hourly rate);
- Copy of Employee's Federal Employer Identification Number (EIN) Confirmation Letter or equivalent;
- Copy of Household Childcare Provider's current CPR and First Aid certification;
- Copy of Household Childcare Provider's State and Federal Background Checks;
- Copy of Household Childcare Provider's state-issued driver's license or identification card; and
- Other requirements as necessary.

In consideration of being allowed to participate in the child care subsidy program, I, the undersigned, as well as my heirs, executors, administrators, and assigns, agree to forever release, discharge, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to my or my dependent's participation in the above-referenced program.

I fully attest and acknowledge that I am participating in this program voluntarily, and at my own initiative, risk, and responsibility. I further attest that no other promises or representations have been made to me in regards to the above-referenced terms, either orally or in writing.

I hereby certify that, to the best of my knowledge, the information provided on or attached to this form is true and accurate.

Employee Signature

Date