

Child Care Provider Choice

Parent/Caretaker Name (please print): _____

Parent/Caretaker Telephone Number: _____

<p>I prefer to use one of the following Relative* Providers to care for my child(ren):</p> <p><input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling</p>	<p>I prefer to use a Regulated Provider to care for my child(ren):</p> <p>Note: If you need assistance in locating a provider for your child, please call ELRC Resource and Referral at 800-860-2281 or your Family specialist</p>
Relative Name: _____	Regulated Provider Name: _____
Relative address: _____	Regulated Provider Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Relative phone: _____	
Relative email (optional): _____	Regulated Provider Phone: _____
<p>I need a second provider for: <input type="checkbox"/> evenings <input type="checkbox"/> weekends <input type="checkbox"/> sleep time</p>	
<p>Provider Name: _____ Provider Phone: _____</p>	
<p>Provider address: _____ City: _____ Zip: _____</p>	

***The following requirements must be met for an individual to become a Relative Provider:**

- They must be related to the child by marriage, blood or court decree.
- They must be 18 or older; AND may not live with the child(ren) for whom they provide care.
- They must complete Federal certification/fingerprinting process - cost to relative provider is \$24.95*.
- They must complete the NSOR (National Sex Offender Registry) Clearance
- They must pass PA CareCheck (criminal history and child abuse clearances)- cost to relative provider is \$35.00*.
(The charge for CareCheck shall be deducted from the first child care payment by ELRC.)
- They must complete online "Recognizing and Reporting Child Abuse: Mandated Reporter" training course.
- They must sign an ELRC Provider Agreement and receive a 1099 tax reporting form.
- They may care for no more than three children (or six grandchildren).
- Both provider and parent/caregiver must sign an attestation form.

**Pricing subject to change without notice.*

For ELRC Use Only	
* Case Record # _____ / _____	
* PAC notify the FS of Relative Provider eligibility start date: _____	
* Has this relative provided care through ELRC in the past? Yes _____ No _____ RN# _____	
* Application Date: _____	Date of P/C's Eligibility Date: _____
* Submitted to PAC by, initials/date _____ / _____	