

## Division of Children and Family Services Child Care Subsidy Provider Relative Exempt Request Form

Intended Audience: Child Care Subsidy Providers

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Provider Name:	Subsidy ID:
Provider Address:	Phone Number:
from certain federal CCDF and CCDBG re of an Emergency Preparedness Plan, mai	<b>re</b> providers who solely care for children related to them are excluded equirements specific to some health and safety trainings, completion intenance of records of children in care, and completion of FBI is provided only if there are no other unrelated children who are cared
meet the below definition, please complete	Child Care provider caring only for a relative child or children, and te, and return this Relative Exempt Request. This form may also be meet the relative definition and are therefore exempt from the FBI
If you meet the relative exemption, you will Enrollment renewal.	ill still receive an annual inspection at the time of your Subsidy
Relatives are defined as grandparents, stepsiblings, aunts, and uncles.	, great-grandparents, step-grandparents, siblings or
Provider's relationship to child(ren) in care	e:
Provide information for all children currer	
Name of Child:	Master Case Number:
1.	
2.	
3.	
4.	
5.	
6.	
List all household members and their rela	tionship to the child(ren) in care:
Name of Household Member:	Relationship to Child(ren):
1.	
2.	
3.	
4.	
5.	
6.	
	closure of your Child Care Subsidy Enrollment. Verifications of relationship to partment's review. Submit this form to your assigned Resource Developer.
Provider Signature:	Date:
Provider signature above attests this information	tion is true and accurate.