

CTSI Child Care Assistance Program Provider Application

Your Name Your Social Security Number Your Telephone Number

Your Street Address Your Mailing Address

Please indicate the type of care you provide:

- In-Home Care (in your home)
- In the Child's Home
- Relative Care (you are related to the child)
- Day Care Center (more than 12 children)
- Group Home (no more than 12 children)

Are you currently registered or certified with the Child Care Division? Yes No

If yes, please write your Provider Number here: _____

And, attach a copy of your State Childcare Certification Sheet

Childcare Providers must complete two online trainings, Introduction to Child Care Health and Safety (ICCHS) and Recognizing and Reporting Child Abuse and Neglect (RRCAN). You can access these trainings at the Oregon Early Learning Division website <https://oregonearlylearning.com> . Select Providers and Educators, Self Study Trainings. After completing the courses you must print out and mail in a copy of the certificates to verify you completed the trainings.

If you provide care in your home, list you and all adults age eighteen (18) and older who live in your home. If you provide care in the child(ren)'s home, list yourself only. Person's named below must enroll in the Office of Child Care's Central Background Registry. Under Oregon law, persons convicted of child abuse and certain other crimes may not be listed or live with a listed provider (OAR 412-10-565).

<u>Name of Adults (List yourself first)</u>	<u>Male</u>	<u>Female</u>	<u>Birth date</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Yes No

Do you provide care to more than three (3) children at any one time who are from more than one family? (For Program Use: State Registration required?)

Give the following information for the child(ren) you will be caring for:

Child's Name	Hourly Rate	Related to You?		If related, How?
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Give the following information for any other child(ren) you currently provide care for:

Child's Name	Days and Hours in Care

Provider Agreement

CTSI Child Care Assistance Program requires that you agree to certain condition before you get your payments. The requirements are as follows:

- ☞ If required, I will participate in all scheduled provider training;
- ☞ I will keep accurate records and submit payment claims on a timely basis;
- ☞ I understand claims must be submitted within ninety (90) days from the date child care was provided or they will not be paid;
- ☞ I will allow CTSI Child Care Assistance Program to review my records upon request;
- ☞ I will give parents information about immunizations;
- ☞ I will take steps to prevent the spread of infectious disease;
- ☞ I will let parents of the child(ren) in my care have access to their child(ren) at all times;
- ☞ I will inform CTSI Child Care Assistance of any arrests or convictions of myself or any person living with me;
- ☞ I will inform CTSI Child Care Assistance of name and address changes, or changes of who lives with me;
- ☞ I will supervise the child(ren) in my care at all times;
- ☞ I will not use physical punishment or threats to manage any child's behavior; and
- ☞ I will not indulge in or be under the influence of any alcohol or drugs while providing child care.
- ☞ I understand that I am employed by the parent whom I provide childcare for, and I am not an employee of the Confederated Tribes of Siletz Indians of Oregon or the CTSI Childcare Assistance Program.
- ☞ I understand that if care is provided in the child's home that the parent is responsible for meeting any minimum wage requirements.
- ☞ I understand that I must enroll in the Central Background Registry and complete online trainings for Health and safety.

I agree to the above requirements. By signing this form, I state the information I have given is true and complete. I understand caregivers must be age eighteen (18) and older. I understand that if I do not meet the provider requirements, my listing may close or be denied.

Provider's Signature

Date

Please check "Yes" if we have your permission to refer clients to you: Yes No

Note: The client is responsible to pay for childcare until you are certified. Until certified, you are not eligible to receive payments from CTSI Childcare Assistance Program.

Tribal Child Care Provider Self Certification Form

Name of Provider: _____ Address: _____

Date form completed: _____ Maximum number of children in care will be: _____

Age range: _____ Number of adults caring for children: _____

ITEM	YES	NO	N/A	COMMENTS
1. Child-to-caregiver ratios and group size meet or exceed state standards.				
2. Background checks are completed on adults working with or around children.				
3. Caregivers are participating in appropriate training.				
4. Infants are placed to sleep on their backs.				
5. Infants are always held during bottle feeding.				
6. Written, appropriate policies and procedures are in place.				
7. The child care setting is safe and meets tribal, state, or local fire and safety regulations.				
8. Approved, properly maintained multi-purpose fire extinguishers are readily available.				
9. Operating smoke detectors are in place.				
10. There are 2 unblocked exits on each level.				
11. All windows are in good repair. Glass, screens, and locks are in good condition.				
12. The premises are free of hazardous levels of lead paint.				
13. There is sufficient heating and cooling within the facility to maintain a temperature that will not harm children.				
14. The home is clean and free of litter and rubbish and in good repair.				
15. Electrical wall sockets are covered when children are present.				
16. Food storage and preparation area are clean.				
17. Drinking water is accessible to children while indoors or outdoors.				
18. Nutritious meals and snacks are provided.				
19. Children do not have access to hazardous materials, including guns.				
20. Garbage is disposed of often enough to prevent the development of odor, or attract insects and rodents.				

Provider Name: _____ Date: _____

ITEM	YES	NO	N/A	COMMENTS
21. The outside play area is free of litter, trash, weeds, and other dangerous objects.				
22. Car safety seats and restraint devices are available and used when transporting children.				
23. Toys and play equipment are clean and safe.				
24. Toys, equipment, and books are age- and developmentally-appropriate.				
25. Outside play area is fenced or adult supervised.				
26. Outside equipment is safe and in good repair.				
27. First aid kit and emergency supplies are available.				
28. Emergency evacuation plan is posted.				
29. Children have age-appropriate immunizations.				
30. Proper sanitation practices are observed to reduce the spread of infectious disease.				
31. Appropriate hand washing procedures are used by staff and children.				
32. Written policy is in place which identifies inclusion, exclusion, and dismissal of ill children.				
33. Standard precautions for cleaning up body fluids are followed.				

Please list other adults living in your home.

I certify that all information above is accurate and that I will maintain all tribal child care requirements when caring for children receiving Tribal reimbursement.

Provider Signature _____

Date _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see Instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
OR									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Instructions for Application for Enrollment in the Office of Child Care's Central Background Registry

The CBR-601 application is used for:

- New enrollment in the Office of Child Care's Central Background Registry
- Renewing enrollment or reopening an expired Registry enrollment

Requirements:

You must be enrolled in the Office of Child Care's Central Background Registry if you are 18 years or older and:

- The owner, operator, employee, or volunteer of a program regulated by the Office of Child Care (OCC)
- The operator, employee, or volunteer of an Oregon pre-kindergarten or federal Head Start program
- A contractor or employee of a contractor who provides early childhood special education or early intervention services
- A provider or resident of a registered or certified family child care home
- An employee, regular visitor, or individual who has unsupervised contact with children in a regulated child care facility
- Designated employee or volunteer of a Metro service district
- Designated employee or volunteer of the Safe Families For Children Program
- An employee or contractor of child care services for the nine federally recognized tribes in Oregon or administrators of the Tribal Child Care and Development Fund.

NOTE: Your enrollment in the Central Background Registry will be valid for five years unless you are suspended or removed. The Office of Child Care will mail you a renewal notice approximately four months before your expiration date.

IMPORTANT: It is your responsibility to notify the Office of Child Care in writing of a change of name, address or phone number during the five year enrollment period so that we can update your information on file. Please include your Central Background Registry enrollment number with all correspondence with the Office of Child Care.

Application Checklist:

Before submitting your application for Enrollment in the Central Background Registry to the Office of Child Care, complete the following checklist. Please remove the instruction sheet from the application before sending the form to the Office of Child Care.

Failure to submit a complete application will delay processing

- Completed and signed form CBR-601 *Application for Enrollment in the Office of Child Care's Central Background Registry*
- Form CO-512 Statement of No Social Security Number if applicable
- Written explanation and documentation for response to Section 5: Background Information section of application (if applicable)

Mail application with original signature to: Office of Child Care
700 Summer St. NE
Salem, OR 97301

Note: For renewal applications, mail your application at least 30 days prior to the enrollment expiration date.

SEE INSTRUCTIONS - "How to complete form CBR-601 Application for Enrollment in the Office of Child Care's Central Background Registry"

If you have questions, please call the Office of Child Care Central Office at 503-947-1400 or 1-800-556-6616, or go to the Office of Child Care website at www.oregonearlylearning.com for more information.

CBR

Application for Enrollment in the Office of Child Care's Central Background Registry

Section 1: Application Type

<input type="checkbox"/> NEW- No previous enrollment	<input type="checkbox"/> RENEW- R _____ Enrollment to expire within 4 months	<input type="checkbox"/> REOPEN- R _____ Enrollment is expired or closed
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Section 2: Applicant Information

Last Name	First Name	Middle	Date Of Birth (mm/dd/yy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN (required)		Other Names Used (aliases)
Physical Address		Mailing Address (if different, include city, state, zip)	
City	State	Zip	County of Residence
Email	Driver's License Number	Issue State	Phone Number

Section 3: Preferred Language NOTE: Not all Office of Child Care materials are available in other languages

English
 Spanish
 Vietnamese
 Russian
 Chinese
 Other: _____

Section 4: Employment, Volunteer, or Association**Section 4A:**

- 1) Are you currently employed, volunteering, or associated with a **licensed** child care home, center, or **requesting agency**? YES NO
- 2) Are you currently employed, volunteering, or associated with home or center that is **planning on becoming licensed**? YES NO
(see Section 4 of instruction page for more information on answering this question)

IF "YES", COMPLETE FACILITY INFORMATION BELOW. IF "NO", GO TO SECTION 4B

Facility Name Tenas Illahee Childcare Center Physical Address 930 W. Buford Avenue, Siletz, OR 97380
 OCC License or ID No RA836 Phone No 541-444-2450 Position or Relationship Childcare Worker/Provider

Section 4B:

- Are you seeking to be employed, volunteer, or be associated with a **licensed** child care home, center, or **requesting agency**? YES NO
(see Section 4 of instruction page for more information on answering this question)

Section 5: Background Information (use additional page if necessary)

- 1) Have you lived outside of Oregon anytime during the last 5 years before today's date? YES NO
If yes, complete the Out of State Information form, CBR-602
- 2) Have you ever been convicted of any crime (misdemeanors or felonies) or committed an offense as a juvenile? YES NO
- 3) Have you been arrested or cited for a crime that has not been resolved, or are you in a diversion program, or committed an offense as a juvenile with a final disposition not yet reached? YES NO
- 4) Have you ever been part of a child abuse or child neglect investigation? Unsure YES NO
- 5) Have you ever been the subject of a substantiated finding of adult abuse or neglect? Unsure YES NO
- 6) Have you ever been a foster care provider? YES NO
- 7) If you answered yes to questions 6, did any state agency take any legal action against your license/certification or did you surrender your license/certification lieu of legal action? YES NO

IMPORTANT: If you answered "YES" to questions two, three, four or five please list the specific incident(s) on a separate piece of paper. Describe the circumstances surrounding the incident(s), including associated legal, court proceedings or results of the investigation, and a description of any personal changes you have made to address the issues that led to the incident(s). You must indicate the YEAR and the STATE in which the incident(s) occurred.

If you answered "YES" to questions seven, please list the legal action(s) on a separate piece of paper. Describe the circumstances surrounding the legal actions(s), including associated legal, court proceedings or results of the action, and a description of any personal changes you have made to address the issues that led to the incident(s). You must indicate the YEAR and the STATE in which the actions (s) occurred.

Continued on back (signature and date required)

FOR OFFICE OF CHILD CARE REPRESENTATIVE TO COMPLETE

	Run Date/Initials	Pending	Approve Date/Initials	C&C: <input type="checkbox"/> Y <input type="checkbox"/> N Intake Initials: Continue Process <input type="checkbox"/> Y <input type="checkbox"/> N Compliance Initials:	
CPS:		<input type="checkbox"/>		Conditional Enroll Date:	R
LEDS		<input type="checkbox"/>		Date of Final Approval:	
FBI:		<input type="checkbox"/>		Deny Date:	Withdraw Date:

Section 6: Privacy and Authorization Statement

I have read and understand the instructions for completing this form. I authorize the Office of Child Care to use my Social Security Number as identification for the background checks. I understand that the Office of Child Care will conduct a criminal history and child welfare background check on me. I authorize the Office of Child Care to use my fingerprints to obtain information about me from the Federal Bureau of Investigation and Oregon State Police. I authorize the Office of Child Care to obtain information about me from law enforcement agencies, courts, child protective service agencies, adult protective services, and foster care agencies in Oregon and other states; and sex offender registries in Oregon and other jurisdictions I certify that the information I have provided is correct and complete. I understand that if I give false or incomplete information, I may be denied enrollment in or removed from the Registry.

The Office of Child Care has the authority to collect information pursuant to ORS 329A.030 and ORS 181A.195 to conduct the background check. The information obtained from the background check is used to make a decision on your enrollment into the Central Background Registry. The information is kept in accordance with 181A.220, 192.365, 329A.030, Title 28, United States Code, Section 50.12, OAR (166-300-0015 Schedule Number: 2006-0017). I understand that the information I provide in Sections 4 and 5 of this application may be used to verify information provided to the Office of Child Care, including information provided as part of other applications.

Results from background checks may be shared between authorized Criminal Justice and Designated Agencies. All other secondary dissemination of background check information by authorized agencies or personnel is prohibited unless expressly permitted by Oregon Revised Statute.

I understand that by enrolling in the Office of Child Care's Central Background Registry I will automatically be enrolled in the Oregon Registry Online (ORO), a system that manages training and education records for licensing requirements. I understand that my individual contact and training and education information submitted to ORO may be disclosed to authorized personnel with the Office of Child Care, Oregon Center for Career Development, Department of Human Services, Teaching Research Institute, Oregon Child Care Resource and Referral Network, 211 info and local child care resource and referral programs.

Applicant's Signature

Applicant's Signature Date

Preparer's Signature (if applicable)

I have read this form to the applicant. The applicant has told me that he/she swears or affirms that all the information provided on this form is, and any attachments hereto, are true and accurate and agrees with the registry privacy and authorization statement. Furthermore, I have witnessed the applicant sign, or mark in the signature block of this form.

Preparer's Signature Date

Preparer Agency Phone Number

HOW TO COMPLETE FORM CBR-601 APPLICATION FOR ENROLLMENT IN THE OFFICE OF CHILD CARE'S CENTRAL BACKGROUND REGISTRY

Refer to these instructions as you fill out each section. The application will be considered incomplete if any required information is missing. An incomplete application will be returned to you and may delay processing time.

Section 1: Application Type

Indicate what type of application you are submitting. If you are renewing or reopening your Registry enrollment with the Office of Child Care, please include your Registry number in the space provided at the top of the application. If you are unable to obtain your Registry number, you may contact the Office of Child Care Central Office at 503-947-1400 or 1-800-556-6616 for more information.

Section 2: Application Information

Please include all applicable information in Section 2 of the form, including your Social Security Number (SSN). The SSN is required for processing the application.

If you do not have an SSN, please include a signed form CO-512 Statement of No Social Security Number with your application. You may download this form from the Office of Child Care website at www.oregonearlylearning.com, or call the Office of Child Care Central Office at 503-947-1400 or 1-800-556-6616 to request a form be mailed to you.

Section 3: Language

Select only one language. If you check "other", please specify the language and/or dialect. However, be advised not all printed materials are available in other languages.

Section 4: Employed, Volunteering or Associated

Section 4A:

If you are currently employed, volunteering or associated* with a **licensed** child care home, center or a requesting agency check "**YES**" to question number one. If the facility is not a **licensed** child care home, center or requesting agency, check "**NO**" to question number one.

If you are currently employed, volunteering or associated* with a child care home or center that is **planning on becoming licensed**, check "**YES**" to question number two. If the facility is not a licensed child care home, center or requesting agency, and is not planning on becoming licensed, check "**NO**" to question number two. If you checked "**YES**" to either question, complete the facility information section and skip to Section 5. See position and association examples below. If you checked "**NO**" to both questions, go to Section 4B.

Position and Relationship Examples: Owner, Executive Director, Director, Substitute Director, Head Teacher, Teacher, Substitute Teacher, Aide I, Aide II, Assistant I, Assistant II, Provider, Substitute Provider, Spouse/Partner, Daughter, Son, Volunteer, Other Adult (e.g. visitor)

Requesting Agency: A childhood care and education program or individual providing care to children which is regulated by Office of Child Care, an early childhood care and education program, or a program that provides early childhood special education or early intervention services.

Requesting Agency Examples: Pre-kindergarten, Parent-as-Teacher, Early Intervention or Early Childhood Special Education Program funded by the Oregon Department of Education.

Section 4B:

If you are **seeking** to be employed, volunteer, or to be associated* with a licensed child care home, center, a requesting agency, or a facility that is planning to become licensed, check **“YES”**. If you are not seeking employment in one of these facilities check **“NO”**.

***Note:** This includes individuals who are currently working, volunteering, or are a frequent visitor that may have unsupervised contact with children at a licensed child care home, center, or a requesting agency or are living in the home.

NOTICE: If you check **“NO”** to all three questions, the Office of Child Care is not authorized to process your application and it will be returned to the mailing address you have listed on the application.

Section 5: Background Information

Answer **“NO”** to **question number one** if you have resided **only** in Oregon during the previous 5 years. Permanent established residency is **not affected** by out-of-state vacation periods.

If you answer **“YES”** to **question number one** you must list all states resided in during the previous 5 years.

Check **“YES”** to **question number two** if you have any felony or misdemeanor convictions in your past

Check **“YES”** to **question number two** if you have committed an offense as a juvenile

Check **“YES”** to **question number three** if you have been arrested or cited for a felony or misdemeanor or committed an offense as a juvenile AND with a final disposition not yet reached

Check **“YES”** to **question number four** if you were a part of (reporting abuse as a mandatory reporter or being a victim of the investigation does not affect this question) Check **“YES”** to question number five if you were a part of...(reporting abuse as a mandatory reporter or being a victim of the investigation does not affect this question)

Check **“YES”** to **question number seven** if your have been a licensed foster care provider and the state agency took legal action against license or you surrender your license instead of legal action taken place against your license

If you answer **“YES”** to **questions two, three, four, five, and/or seven** please read carefully the section **“IMPORTANT”** on the application for further instructions.

All subject individuals will receive instructions on how to complete the Federal Bureau of Investigation fingerprint check.

Section 6: Privacy and Authorization Statement

An original signature is required in order to process the application.



Out of State Information

Please list all of the states you currently reside or previously resided.

Last, First, MI: _____	Resided from: (mm/yy – mm/yy)
Physical Address: _____	(–)
City: _____ State: _____	
Zip Code: _____ County: _____	

Last, First, MI: _____	Resided from: (mm/yy – mm/yy)
Physical Address: _____	(–)
City: _____ State: _____	
Zip Code: _____ County: _____	

Last, First, MI: _____	Resided from: (mm/yy – mm/yy)
Physical Address: _____	(–)
City: _____ State: _____	
Zip Code: _____ County: _____	

Last, First, MI: _____	Resided from: (mm/yy – mm/yy)
Physical Address: _____	(–)
City: _____ State: _____	
Zip Code: _____ County: _____	

